

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2500666
Decision Date:	5/9/2025	Hearing Date:	02/11/2025
Hearing Officer:	Sharon Dehmand	Record Open to:	03/19/2025 04/09/2025 05/09/2025

Appearance for Appellant:



Appearance for MassHealth:

Stacy Kirby, Taunton MEC



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	DENIED	Issue:	Long Term Care; Verifications
Decision Date:	5/9/2025	Hearing Date:	02/11/2025
MassHealth's Rep.:	Stacy Kirby	Appellant's Rep.:	
Hearing Location:	Remote	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated November 12, 2024, MassHealth informed the appellant that his current coverage will be ending on November 26, 2024 because he did not provide the necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. See 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on January 10, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth coverage effective on November 26, 2024 because he did not provide the necessary information required to decide the appellant's eligibility.

Issue

Whether MassHealth was correct in determining that the appellant did not provide the necessary information required to decide eligibility within the required time frame pursuant to 130 CMR 515.008.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant was represented by a representative from the nursing facility who confirmed his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant was admitted to a nursing facility on [REDACTED] 2023. A long-term care conversion application was submitted on the appellant's behalf on July 30, 2024, seeking a coverage start date of May 1, 2024. On August 6, 2024 as part of the eligibility process, MassHealth issued a request for information (VC-1), seeking verifications. No verifications were submitted by the due date of November 4, 2024. Through a notice dated November 12, 2024, MassHealth informed the appellant that his current coverage will be ending on November 26, 2024, because he did not provide the necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. Specifically, MassHealth representative stated that the [REDACTED] Bank statements from July 1, 2023 to present were still outstanding.

The appellant's representative testified that the bank would only respond to the member. The appellant contacted the bank and was informed that he would need to either visit a local branch in person or submit a written request for the bank statements along with a copy of his valid identification. The appellant complied; however, the request was denied because the identification provided was expired. The appellant's representative stated that the facility is currently assisting the appellant in arranging for an appointment with the DMV to obtain a valid form of identification and to resubmit his request to the bank after obtaining his identification.

The record was held open until March 12, 2025, for the appellant to submit the missing verifications, and until March 19, 2025, for MassHealth to review and respond. See Exhibit 6, p.1. Through an email on February 20, 2025, the appellant's representative stated that an appointment at the DMV was set for March 12, 2025, and requested an extension to the record open period. See Exhibit 7, p. 4. An extension to the record open period was allowed to April 2, 2025, for the appellant and until April 9, 2025 for MassHealth. See Exhibit 6, p.2. Through an email on April 2, 2025, the appellant's representative stated that the appellant was hospitalized and missed his DMV appointment and requested another extension to the record open. See Exhibit 7, p. 3. An extension to the record open period was allowed to May 2, 2025, for the appellant and until May 9, 2025 for MassHealth. See Exhibit 6, p. 3. Through an email on April 30, 2025, the appellant's representative stated that the appellant again missed his DMV appointment because he misplaced his hearing aids and did not feel comfortable proceeding with the DMV appointment and requested a third extension to the record open period. See Exhibit 7, p. 1. The appellant's request was denied. The record open period for the appellant ended on May 2, 2025. No verifications were submitted.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is under the age of 65 and lives in a long-term care facility. (Testimony and Exhibit 4).
2. On June 30, 2024, a conversion application for the appellant was received by MassHealth seeking a coverage start date of May 1, 2024. (Testimony).
3. On August 6, 2024, as part of the eligibility process, MassHealth issued a request for information (VC-1), seeking verifications. No verifications were submitted by the due date of November 4, 2024. (Testimony).
4. On November 12, 2024, MassHealth informed the appellant that his current coverage will be ending on November 26, 2024, because he did not provide the necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. (Testimony and Exhibit 1).
5. MassHealth determined that the [REDACTED] Bank statements from July 1, 2023 to present were still outstanding. (Testimony and Exhibit 1).
6. The appellant filed this appeal in a timely manner on January 10, 2025. (Exhibit 2).
7. As of the hearing on February 11, 2025, the appellant had not provided the outstanding bank statements. (Testimony).
8. The record was held open until March 19, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 6).
9. On February 20, 2025 and April 2, 2025, the appellant's representative requested two additional extensions of time to the record open period which were granted. (Exhibit 6 and Exhibit 7).
10. The record was held open until May 9, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 6).
11. On April 30, 2025, the appellant's representative requested a third extension of time to the record open period which was denied. (Exhibit 7).

12. No submissions have been received from the appellants' representative.

Analysis and Conclusions of Law

MassHealth administers and is responsible for delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

In this case, the appellant is under the age of 65 but resides in a nursing facility. As such he is an institutionalized person of any age and subject to the requirements of the provisions of Volume II. See 130 CMR 515.002.

In order to determine an appellant's eligibility, it is incumbent upon an applicant to cooperate with MassHealth and provide necessary information for a determination:

515.008: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

See 130 CMR 515.008.

Here, there is no dispute that MassHealth required additional information to determine eligibility. Despite the request for additional information, ultimately MassHealth did not receive the

information required for a determination. See 130 CMR 516.001(B); Exhibit 1. A Notice of termination was sent to the appellant in accordance with the regulations. See 130 CMR 516.001 (C)¹; Exhibit 1.

During the hearing held on February 11, 2025, the MassHealth representative testified that the [REDACTED] Bank statements from July 1, 2023 to present were still outstanding. The record was left open until March 19, 2025, for the appellant to submit the outstanding verifications and for MassHealth to respond to the submissions. See 130 CMR 610.004(record open is a period of time determined by the hearing officer that, if allowed by the hearing officer within his or her discretion, permits either party to a fair hearing the opportunity to submit post-hearing documentation, relevant evidence, or legal arguments); Exhibit 6.

Further extensions were requested and granted until May 9, 2025. See 130 CMR 610.065(A)(4). Through an email on April 30, 2025, the appellant's representative asked for further extension of time because the appellant had missed his latest appointment at the DMV. See Exhibit 7. This request was denied. See 130 CMR 610.004(hearing officer has discretion whether to allow a record open).

An Appellant has a duty to cooperate with MassHealth and provide necessary information. See 130 CMR 515.008(A). An Appellant must provide corroborative information for MassHealth to determine eligibility. See generally 130 CMR 516.001. Despite the granting of two additional extensions to the record open period and the passage of nearly three months since the hearing, the appellant has failed to submit the requested verifications. As such, the appellant has not met his obligation to provide MassHealth with the necessary information it needs to determine eligibility. See 130 CMR 610.012(C)(1)(the decision of the hearing officer is based only on those matters that are presented at the hearing or during a record open period).

Moreover, an appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006). Here, the appellant's representative agreed to provide the missing verifications but failed to do so. Accordingly, I find that MassHealth correctly determined that the appellant did not provide the necessary information required to decide eligibility within the required time frame.

For the foregoing reasons, this appeal is DENIED.²

¹ Effective April 1, 2023, "MassHealth will extend the time that non-MAGI applicants and members will have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days. This extension will provide more time to respond to a Request for Information and submit verifications and information necessary for MassHealth to make an eligibility determination." See Eligibility Operations Memo (EOM 23-04).

² Any subsequent MassHealth notices will carry their own separate appeal rights.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

cc: Appellant Representative: [REDACTED]
[REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616