

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501941
Decision Date:	4/2/2025	Hearing Date:	03/03/2025
Hearing Officer:	Radha Tilva	Record Open to:	03/28/2025

Appearance for Appellant:



Appearance for MassHealth:

Mandy Kau Lam, Chelsea MEC Rep.



*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:	LTC – eligibility
Decision Date:	4/2/2025	Hearing Date:	03/03/2025
MassHealth’s Rep.:	Mandy Kau Lam	Appellant’s Rep.:	[REDACTED]
Hearing Location:	telephonic	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 December 10, 2024, MassHealth determined that appellant is not eligible for MassHealth long-term care benefits because appellant did not give the information needed to determine eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on January 30, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant’s application for MassHealth long-term care benefits.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant is ineligible for MassHealth benefits for failing to provide the requested information.

Summary of Evidence

The MassHealth representative and the representative for appellant both appeared by telephone. The MassHealth representative explained that appellant applied for MassHealth long-term care

benefits on October 9, 2024, seeking an eligibility start date of September 9, 2024. MassHealth sent a request for information to the appellant on November 4, 2024, with a due date of December 4, 2024. On December 10, 2024, MassHealth issued the denial notice on appeal. The MassHealth representative stated that she received some documents on December 27, 2024, but did not receive all of them. The items that remained outstanding from bank account [REDACTED] included:

1. Verify the monthly deduction from [REDACTED] ? If it is life insurance, send in letter with current face and cash value or else verify it is term. Send in proof if it is not life insurance.
2. Verify what the monthly transfers to [REDACTED] from \$300-\$700 are paid for. Send in checks and bills paid.
3. On 11/19/24, there was a transaction of \$500 transferred to checking account [REDACTED] If this account belongs to appellant, send in 10/2023-10/2024 bank statements. Verify source of all deposits and where withdrawals of \$1000 and over went from all accounts back to 10/2023. Send in checks and bills paid. If it is NOT her account, send in proof that this is not her account.

On March 25, 2025, the appellant's representative stated that she was unable to obtain any of the information requested by MassHealth at hearing, because the appellant was unwilling to cooperate (Exhibit 5). The MassHealth representative stated on March 27, 2025, that she received none of the requested documents as well (*Id.*).

Findings of Fact

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

1. Appellant applied for MassHealth long-term care benefits on October 9, 2024, seeking an eligibility start date of September 9, 2024.
2. MassHealth sent a request for information to the appellant on November 4, 2024, with a due date of December 4, 2024.
3. On December 10, 2024, MassHealth issued the denial notice on appeal.
4. Some of the verifications were submitted and received on December 24, 2024; however, some of the documents remained outstanding as of the hearing date, March 3, 2024.
5. The record was left open until March 26, 2025 for the submission of missing documents.
6. On March 25, 2025, the appellant's representative stated that she was unable to obtain the

missing verifications discussed at hearing because of appellant's failure to cooperate.

7. On March 27, 2025, the MassHealth case worker stated that she did not receive any of the requested documents.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged ■ or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries (130 CMR 515.002). The appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of receipt of the application (130 CMR 516.001(B)). The notice advises the applicant that the requested verifications must be received within 30 days of the date of the request, and of the consequences of failure to provide the information (130 CMR 516.001(B)). Under the regulations, if the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)).

In this case, the appellant was provided with the appropriate 30 days to provide the information necessary for an eligibility determination. As of the date of the notice on appeal, the appellant had not provided that information. The appellant's representative did not dispute the fact that the appellant received proper notices requesting information (130 CMR 516.001).

The record was held open to give the appellant the opportunity to provide information necessary to determine eligibility (Exhibit 4). During the record open period, MassHealth did not receive all the information necessary to determine eligibility (Exhibit 5).

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage (130 CMR 516.001(C)). The decision made by MassHealth was correct.

This appeal is DENIED.

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104