

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502020
Decision Date:	5/19/2025	Hearing Date:	03/14/2025
Hearing Officer:	Emily Sabo	Record Open to:	04/11/2025

Appearances for Appellant:




Appearance for MassHealth:

Kim McAvinchey, Tewksbury 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:	5/19/2025	Hearing Date:	03/14/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Reps.:	
Hearing Location:	Taunton MassHealth Enrollment Center (Telephone)	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 January 21, 2025, MassHealth notified the Appellant that it was ending coverage, effective February 4, 2025, because the Appellant did not provide MassHealth with the information necessary to determine her eligibility. 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on January 31, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth ended the Appellant's MassHealth coverage, effective February 4, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in terminating her MassHealth coverage because the Appellant did not provide MassHealth with the information necessary to determine her eligibility.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is an adult under the age of 65, who was admitted to the facility on [REDACTED] 2024 and submitted an application for MassHealth on November 6, 2024. The MassHealth representative testified that MassHealth sent a request for verifying information on December 3, 2024, and denied the application on January 21, 2025, because no verifications had been received. The MassHealth representative testified that as of the date of the hearing, no verifications had been received.

The Appellant's representatives verified the Appellant's identity. One of the Appellant's representatives testified that she had faxed over an SC-1 for the Appellant and requested a two-week record open period to submit the remaining verifications. The MassHealth representative objected to the record open period on the grounds that the Appellant's representatives had had several months to submit the verifications and had not done so. The Appellant's representatives explained that there have been a number of challenges due to the Appellant having Alzheimer's.

The record was held open until March 28, 2025, for the Appellant's representatives to submit the outstanding verifications, and until April 11, 2025, for MassHealth to review and respond. On March 27, 2025, the Appellant's representative requested an extension due to it being hard for the Appellant's family members to gather information because they work full time. Exhibit 6. In light of MassHealth's objection at hearing, the hearing officer denied the request. *Id.* The Appellant's representative submitted some information. *Id.* The MassHealth representative responded that while the Appellant's representative had submitted two months of bank statements, the other verifications remained outstanding and MassHealth was unable to verify the Appellant's assets and determine her eligibility. Exhibit 7.

Findings of Fact

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

1. The Appellant is an adult under the age of 65. Exhibit 4.
2. The Appellant was admitted to the facility on [REDACTED] 2024 and submitted an application for MassHealth long-term care on November 6, 2024. Testimony.
3. The Appellant's application was denied by MassHealth on January 21, 2025, for failure to submit requested verifications in the time allowed. Testimony and Exhibit 2.
4. The Appellant filed a timely appeal with the Board of Hearings on January 31, 2025. Exhibit 2.

5. The record was held open until March 28, 2025, for the Appellant and her representatives to submit the requested information. Exhibit 6.
6. The Appellant's representative submitted some information during the record open period. Exhibit 6.
7. The MassHealth representative responded that verifications were still missing, including bank statements and explanations of larger deposits and withdrawals, life insurance policy, personal needs account, room and board statement, and explanation of where Social Security income is deposited. The MassHealth representative responded that MassHealth was unable to verify the Appellant's assets and determine her eligibility. Exhibits 5 and 7.

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 515.008 provide that:

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.

130 CMR 515.008.

MassHealth terminated the Appellant's MassHealth benefits because the Appellant failed to submit the necessary information to determine the Appellant's eligibility. 130 CMR 515.008(A). During the record open period, the Appellant did not submit the requested information necessary to determine the Appellant's eligibility. Therefore, the Appellant has not demonstrated that

MassHealth erred in terminating the Appellant's MassHealth benefits by notice dated January 21, 2025. 130 CMR 515.008(A).

Accordingly, the 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.

Emily Sabo
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780