

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503508
Decision Date:	7/14/2025	Hearing Date:	4/16/2025
Hearing Officer:	Patrick Grogan	Record Open to:	6/13/25

Appearances for Appellant:



Appearance for MassHealth:

Yisell Medina, MassHealth Taunton


Interpreter:

N/A



*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, Eligibility over 65, Verifications
Decision Date:	7/14/2025	Hearing Date:	4/16/2025
MassHealth's Rep.:	Yisell Medina	Appellant's Reps.:	
Hearing Location:	Remote (Tel)	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 2, 2025, MassHealth denied the Appellant's application for MassHealth Long-Term-Care Services in a Nursing Facility because MassHealth determined that the Appellant did not provide 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 March 17, 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 the Appellant's application for MassHealth Long-Term-Care Services in a Nursing Facility because MassHealth determined that the Appellant did not provide necessary information MassHealth requires to decide the Appellant's eligibility within the required time frame (see 130 CMR 515.008 and Exhibit 1).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant did not provide necessary information MassHealth requires to decide the Appellant's eligibility for MassHealth Long-Term-Care Services in a Nursing Facility within the required time frame (see 130 CMR 515.008 and Exhibit 1).

Summary of Evidence

The Appellant, an individual over the age of [REDACTED] filed an application for MassHealth Long-Term-Care Services in a Nursing Facility. A denial, dated January 2, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1) The Appellant, the Appellant's Representative, as well as the Appellant's son, appeared at the hearing telephonically and all were sworn. MassHealth was represented by a member of the Taunton Enrollment Center.

At the Hearing, MassHealth explained that the Appellant had filed a long-term-care application. (Testimony). MassHealth listed 4 items outstanding for MassHealth to make a determination regarding eligibility: 1) verification of income from a named annuity; 2) Personal Needs Allowance, (PNA) A) personal needs account information and running balance, and B) private payment statement including information related to the payments; 3) notification of admission to a facility (SC1); and 4) nursing facility screen notification. (Exhibit 6, Testimony). The Record was left open until May 30, 2025 for the Appellant to provide the required information and until June 13, 2025 for MassHealth to review. (Exhibit 6).

On June 13, 2025, MassHealth informed the parties that the financial information had been received, however, information related to the nursing facility had not been received. (Exhibit 7) After correspondence between the parties, the nursing facility information remained outstanding, and the Record closed. (Exhibit 7)

Findings of Fact

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

1. The Appellant, an individual over the age of [REDACTED] filed an application for MassHealth Long-Term-Care Services in a Nursing Facility. (Testimony, Exhibit 1)
2. A denial, dated January 2, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1)
3. At the Hearing, MassHealth explained that the Appellant had filed a long-term-care

application. (Testimony). MassHealth listed 4 items outstanding for MassHealth to make a determination regarding eligibility: 1) verification of income from a named annuity; 2) Personal Needs Allowance, (PNA) A) personal needs account information and running balance, and B) private payment statement including information related to the payments; 3) notification of admission to a facility (SC1); and 4) nursing facility screen notification. (Exhibit 6, Testimony).

4. The Record was left open until May 30, 2025 for the Appellant to provide the required information and until June 13, 2025 for MassHealth to review. (Exhibit 6).
5. On June 13, 2025, MassHealth informed the parties that the financial information had been received, however, information related to the nursing facility had not been received. (Exhibit 7)
6. After correspondence between the parties, the nursing facility information remained outstanding, and the Record closed. (Exhibit 7).

Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). 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 [REDACTED] 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 a person over the age of [REDACTED]. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

MassHealth may provide coverage for low- and moderate-income individuals and couples:

515.002: Introduction to MassHealth

- (A) The MassHealth agency is responsible for the administration and delivery of health-care services to low- and moderate-income individuals and couples.
- (B) 130 CMR 515.000 through 522.000: Other Division Programs provide the MassHealth requirements for persons who are institutionalized, [REDACTED] years of age or older, or who would be institutionalized without community-based services in accordance with all applicable laws, including Title XIX of the Social Security Act.

In order to receive MassHealth benefits for long-term-care services, an application must be filed:

516.001: Application for Benefits

(A) Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

As a threshold to coverage, MassHealth must determine eligibility of an Appellant. 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.

Here, MassHealth required additional information to determine eligibility, and despite requests for additional information, ultimately did not receive the information required for the determination. (Testimony, 130 CMR 516.001(B)) A Notice of denial was sent to the Appellant in accordance with the Regulations. (Exhibit 1, 130 CMR 516.001 (C)).

516.001: Application for Benefits

(B) Corroborative Information. The MassHealth agency requests all corroborative information necessary to determine eligibility.

(1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the application.

(2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

(C) Receipt of Corroborative Information. If the requested information, with the exception of verification of citizenship, identity, and immigration status, is

received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

The Appellant chose to appeal, and at the Hearing, additional time was granted to provide MassHealth the information necessary to determine the Appellant's eligibility. (Exhibit 6) Upon expiration of the Record Open period for the Appellant, although documents had been received, not all of the documents required by MassHealth to make an eligibility determination had been received. (Exhibit 7)

Here, the Appellant has not cooperated with MassHealth to provide the necessary initial information and corroborative information for MassHealth to make a determination regarding eligibility for MassHealth benefits, despite multiple opportunities to do so. Accordingly, the Appellant has not met the burden to show that MassHealth's denial due to its inability to determine eligibility is invalid. Accordingly, 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.

Patrick Grogan
Hearing Officer
Board of Hearings

cc:

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