

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504195
Decision Date:	7/7/2025	Hearing Date:	04/18/2025
Hearing Officer:	Christopher Jones	Record Open to:	05/30/2025

Appearances for Appellant:




Appearances for MassHealth:

Jenya Kruglyansky – Tewksbury Ongoing Unit
at Hearing
Maria Piedade – Taunton Integration Unit for
Record Open



*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:	7/7/2025	Hearing Date:	04/18/2025
MassHealth's Reps.:	Jenya Kruglyansky; Maria Piedade	Appellant's Reps.:	
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 February 26, 2025, MassHealth denied community benefits because the appellant failed to provide information MassHealth needed to determine his eligibility. (Exhibit 1; 130 CMR 515.008; 516.003.) The appellant filed this timely appeal on March 13, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

The appellant's representatives identified a long-term-care conversion denial as the true grounds for appeal. The hearing record was left open until May 30, 2025, to explore the history of the conversion application, and for the appellant to submit missing verifications.

Action Taken by MassHealth

MassHealth denied a long-term-care conversion application on December 9, 2024, and again on January 21, 2025. On February 26, 2025, MassHealth's computer system auto-generated a denial of community benefits for not providing asset verifications.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001,

in determining that the appellant is ineligible for coverage for failing to cooperate and verify resources.

Summary of Evidence

At the hearing, MassHealth's representative testified that the appealed notice was automatically generated because MassHealth could not auto-renew the appellant's community eligibility. The verifications MassHealth needs are: a life insurance policy; and bank statements from one account from October 2023 to present. The appellant is over the age of [REDACTED] and he has historically been covered by MassHealth Standard in the community for almost 10 years. This community coverage ended on September 17, 2024. The appellant was then covered by the Medicare Savings Program ("MSP") – Qualified Medicare Beneficiaries ("QMB") benefit.

The appellant's representatives explained that their appeal was not seeking community benefits, but long-term-care benefits. The appellant's representatives worked for the nursing facility at which the appellant is residing. The appellant's representatives testified that the appellant entered their facility in the early fall of [REDACTED] and they submitted a long-term-care conversion application on December 6, 2024. The nursing facility filed an Authorized Representative Designation ("ARD") form with this application. They did not have the notices in front of them, so they did not know whether the notice they appealed was for community benefits or long-term care.

MassHealth's representative saw a conversion application that had been filed in August 2024. MassHealth sent out a request for information to the appellant's community address on September 3, 2024. This information was due back to MassHealth by December 2, 2024. The information sought was the same asset information that caused the community denial notice to be issued. MassHealth denied this application on December 9, 2024, and mailed a copy of the denial notice to the appellant's community residence. MassHealth's representative confirmed that the second conversion application was received on December 6, 2024, but MassHealth took no action on that application because there was still a pending application from August when it was received. MassHealth's representative confirmed that the nursing facility did not appear to have been copied on the December 9, 2024 denial notice, despite having filed an ARD prior to that notice going out. However, MassHealth's representative testified that she did not work on long-term care applications, so she was unable to provide further responses as to whether this was the correct way to handle the duplicate applications.

The appellant's representatives requested that the record be left open for them to verify the appellant's assets. It was noted that a preliminary issue is whether the conversion application should still be considered active. The hearing record was left open for MassHealth to connect with the appropriate department to answer questions regarding the conversion application process. During the record open correspondence, MassHealth's Integration Unit referenced 130 CMR 516.002, to argue that a second conversion application received before a final determination is issued is consolidated into the first application. MassHealth also noted that the agency did not

issue a final denial on the conversion applications until January 21, 2025. That denial notice was copied to the nursing facility.

Because the appellant's fair hearing request was within 60 days of the January 21, 2025 denial, MassHealth's representative agreed to honor the conversion applications as part of this appeal. A case worker was assigned from the Integration Unit to process any verifications submitted as part of this appeal. The hearing record was then left open until May 23, 2025, for the appellant to submit the needed verifications. MassHealth was allowed until May 30, 2025, to review and respond to any submissions. The appellant's representatives did not submit any verifications, and the hearing record was closed. The appellant's representatives belatedly reached out to request an extension, citing staffing changes and the appellant's noncooperation. The untimely extension request was denied.

Findings of Fact

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

- 1) The appellant is over the age of [REDACTED] and he had been covered by MassHealth Standard in the community prior to entering the nursing facility. (Testimony by MassHealth's hearing representative; Exhibit 4.)
- 2) A long-term-care conversion application was filed in [REDACTED] Shortly thereafter, the appellant entered the nursing facility at which he currently resides. (Testimony by MassHealth's hearing representative and the appellant's representatives.)
- 3) A request for information was mailed out by MassHealth on September 3, 2024, and responses were due by December 2, 2024. (Testimony by MassHealth's hearing representative.)
- 4) The appellant filed a second conversion application on December 6, 2024. (Testimony by MassHealth's hearing representative.)
- 5) On December 9, 2024, MassHealth denied the conversion application because the appellant did not provide the needed verifications. The appellant's nursing facility was not copied on this notice. (Testimony by MassHealth's hearing representative.)
- 6) On January 21, 2025, MassHealth mailed out a final denial notice regarding the conversion applications, and this notice was mailed to the nursing facility. (Exhibit 6.)
- 7) The appellant filed a fair hearing request on March 13, 2025. (Exhibit 2.)
- 8) The hearing record was left open for the appellant to provide needed verifications. Nothing was submitted. (Exhibit 5.)

Analysis and Conclusions of Law

MassHealth applicants must establish financial eligibility, which includes showing that their countable assets are below a threshold and that they reduced their assets in accordance with state and federal law. (See 130 CMR 520.000.) To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. (See 130 CMR 516.001.) If MassHealth requires corroborative information, “the requested information must be received within 30 days of the date of the request” (130 CMR 516.001(B)(2); cf. EOM 23-09 (Mar. 2023).)¹ If a MassHealth member fails to cooperate with MassHealth, MassHealth will deny the member’s application. (See 130 CMR 515.008(C); 130 CMR 516.001(C).) “If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication.” (130 CMR 516.002(A).)

Though some confusion was created by the timeline of the appellant’s applications, the appellant was ultimately allowed months to provide the asset verifications needed instead of the usual 30 days.² The appellant failed to submit any requested information despite the extension afforded through the fair hearing process. For this reason, this appeal is DENIED.

Order for MassHealth

None.

¹ MassHealth temporarily extended “the time that non-MAGI applicants and members ... have for verifying eligibility factors and providing corroborative information, from 30 days to 90 days.” (EOM 23-09 (Mar. 2023).) This extended verification timeline was revoked, effective September 9, 2024. (EOM 25-03 (Feb. 2025).) Some of the timeline confusion detailed in this appeal can be attributed to these policy changes.

² Even counting from the December 6, 2024 application, the appellant had nearly 6 months.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: [REDACTED]
[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957