

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505647
Decision Date:	09/23/2025	Hearing Date:	5/20/2025
Hearing Officer:	Patrick Grogan	Record Open to:	8/1/2025

Appearance for Appellant:



Appearance for MassHealth:

Stacy Kirby,
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:	Eligibility under 65, LTC, Verifications
Decision Date:	09/23/2025	Hearing Date:	05/20/2025
MassHealth's Rep.:	Stacy Kirby	Appellant's Rep.:	[REDACTED]
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 March 6, 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 April 8, 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 under the age of 65, filed an application for MassHealth Long-Term-Care Services in a Nursing Facility. A denial, dated March 6, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1) The Appellant's Representative/Health Care Proxy appeared on behalf of the Appellant 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). Although the Notice listed multiple items outstanding, at Hearing, MassHealth stated the sole remaining verification was information related to a named bank account. Specifically, the Appellant's submission did not list any account balances, and a \$14,056 deposit had been received within the lookback period, with no indication for what the funds were utilized. (Testimony, Exhibit 1) The Record was left open until June 6, 2025 for the Appellant to provide the required information and until June 13, 2025 for MassHealth to review. (Exhibit 6).

On June 5, 2025, the Appeal Representative wrote requesting assistance with obtaining the information from the named bank. (Exhibit 7) In response, additional information was requested from the Appellant for issuance of the subpoena. (Exhibit 7). On June 17, 2025, the Appellant provided the necessary information for issuance of the subpoena. On June 17, 2025, without objection, a subpoena issued to the Appellant. (Exhibits 8 and 9) The Record Open period was extended, and the Appellant, through the Appeal Representative/Health Care Proxy, received instructions for service of the subpoena:

Attached, please find a copy of a subpoena based upon the information provided. The Appellant must serve the subpoena, and the Return of Service is to be remitted to the Board of Hearings. (see attached). The subpoena return date is July 18, 2025. The Record is extended for the Appellant until July 25, 2025, and for MassHealth until August 1, 2025. The new decision due date is October 8, 2025. (Exhibit 8, Exhibit 9)

The Record Open period expired with no further communication received from the Parties¹. No Return of Service from the subpoena was ever received. On August 6, 2025, inquiry was posed

¹ On August 5, 2025, after expiration of the Record Open period, a fax was received from the facility in which the Appellant resides. The fax was composed of a cover sheet as well as a new Fair Hearing Request. This was received beyond the Record Open period. The new Fair Hearing Request indicates that the issue being appealed was the lack of receipt of documents from the bank. Since this was received beyond the Record Open period, and since it addresses the same issue under appeal, the coversheet and new Fair Hearing Request Form are not incorporated within this Administrative Record.

to the parties regarding the status of the missing verifications. (Exhibit 10). On August 6, 2025, MassHealth informed the parties that a single statement had been received from the facility, however, no further financial information, nor any explanation regarding the \$14,056 deposit within the lookback period was included. (Exhibit 10)

Findings of Fact

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

1. The Appellant, an individual under the age of 65, filed an application for MassHealth Long-Term-Care Services in a Nursing Facility.
2. A denial, dated March 6, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1)
3. The remaining missing verification was information related to a named bank account. Specifically, the Appellant's submission did not list any account balances, and a \$14,056 deposit had been received within the lookback period, with no indication of how the funds were utilized. (Testimony, Exhibit 1)
4. The Record was left open until June 6, 2025 for the Appellant to provide the required information and until June 13, 2025 for MassHealth to review. (Exhibit 6).
5. On June 5, 2025, the Appeal Representative requested assistance with obtaining the information from the named bank. (Exhibit 7) Additional information was required from the Appellant for issuance of the subpoena. (Exhibit 7). On June 17, 2025, the Appellant provided the necessary information for issuance of the subpoena.
6. On June 17, 2025, without objection, a subpoena issued to the Appellant. (Exhibits 8 and 9) The Record Open period was extended, for the Appellant until July 25, 2025, and for MassHealth until August 1, 2025.
7. The subpoena email included instructions that the Appellant was responsible for service of the subpoena. (Exhibit 8)
8. On August 1, 2025, the Record closed. (Exhibit 8) No Return of Service related to the subpoena was received.
9. On August 6, 2025, MassHealth informed the parties that a single statement had been received from the facility, however, no further financial information, nor any explanation regarding the \$14,056 deposit within the lookback period was included. (Exhibit 10)

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 65 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 65. 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, 65 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 documentation had been received, not all of the documentation 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:

[REDACTED]

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