

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2506297
<b>Decision Date:</b>	07/29/2025	<b>Hearing Date:</b>	5/20/2025
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	7/4/2025

**Appearances for Appellant:**



**Appearance for MassHealth:**

Patricia Rogers, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility under 65, Long-Term-Care Services, Verifications
<b>Decision Date:</b>	07/29/2025	<b>Hearing Date:</b>	5/20/2025
<b>MassHealth's Rep.:</b>	Patricia Rogers	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Remote (Tel)	<b>Aid Pending:</b>	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 27, 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 21, 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 February 27, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1) The Appellant filed an appeal and a Hearing was held on May 22, 2025. (Exhibit 2, Exhibit 3, Testimony) The Appellant appeared telephonically along with his wife, both were sworn. The Appellant was initially represented by an Appeal Representative the Appellant had chosen, however, at Hearing, the Appellant requested to proceed without the Appeal Representative. (Testimony). The Appeal Representative's authority was revoked at the Hearing, and the Appeal Representative was released from the Hearing. (Testimony). MassHealth was represented by a member of the Taunton Enrollment Center.

At the Hearing, MassHealth explained that the Appellant had received care in 2024, and due to a gap between facilities, a long-term-care application was filed. (Testimony). The Appellant stated he did not wish to proceed with the long-term-care application and requested withdrawal of the Appeal. (Testimony). The Appellant then changed his mind and requested to proceed with the appeal. (Testimony). The Appeal continued.

MassHealth listed 6 items outstanding for MassHealth to make a determination regarding eligibility: 1) proof the Appellant had applied for SSDI, 2) verification regarding whether the Appellant continued to receive unemployment income, 3) statements from a named bank checking account from June 1, 2024 to the present, verifying all transactions of \$1500 or more, 4) statements from a named bank savings account from June 1, 2024 to the present, verifying all transactions of \$1500 or more, 5) information related to specific real property within Massachusetts, and 6) submission of a completed disability supplement. (Exhibit 6, Testimony) The Record was left open until June 20, 2025 for the Appellant to provide the required information and until July 4, 2025 for MassHealth to review. (Exhibit 6).

On June 12, 2025, the Appellant sent an email, which was forwarded to the MassHealth worker. (Exhibit 7) Within the email, the Appellant stated that after the Hearing, he had contacted MassHealth regarding various issues related to past care in 2024 and stated that "I feel like I shouldn't hand in any of the documents requested until I have answers to the questions I have been asking since December." (Exhibit 7) Treating this as a request to extend the Record Open period, the request was denied, as beyond the scope of the appeal. (Exhibit 7) The issue under appeal, the denial from February 27, 2025 due to missing verification remained unresolved, while

the Record remained open for the Appellant until June 20, 2025. (Exhibit 6, Exhibit 7).

On June 18, 2025, a submission was received on behalf of the Appellant. (Exhibit 8). The submission included a cover letter, a new Fair Hearing Request Form, dated June 15, 2025, and a letter reiterating the Appellant's grievances related to his care from 2024. (Exhibit 8) Also included was a copy of the Record Open Form issued at the May 20, 2025 Hearing. (Exhibit 8). No responsive documentation was included. (Exhibit 8) On June 20, 2025, the Record closed for the Appellant. (Exhibit 6). On June 23, 2025, MassHealth confirmed that none of the outstanding documentation to the Record Open Form and the issue under appeal had been received. (Exhibit 7)

## **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. (Testimony, Exhibit 1)
2. A denial, dated February 27, 2025, which is the subject of this appeal, was sent to the Appellant. (Exhibit 1)
3. The Appellant filed an appeal, and a Hearing was held on May 22, 2025. (Exhibit 2, Exhibit 3, Testimony)
4. Although initially represented by an Appeal Representative the Appellant chose, at Hearing, the Appellant revoked the Appeal Representative's authority and represented himself along with his wife. (Testimony)
5. The Appellant initially stated he wished to withdraw the Appeal and then revoked his withdrawal. (Testimony)
6. MassHealth listed 6 items outstanding for MassHealth to make a determination regarding eligibility: 1) proof the Appellant had applied for SSDI, 2) verification regarding whether the Appellant continued to receive unemployment income, 3) statements from a named bank checking account from June 1, 2024 to the present, verifying all transaction of \$1500 or more, 4) statements from a named bank savings account from June 1, 2024 to the present, verifying all transaction of \$1500 or more, 5) information related to specific real property within Massachusetts, and 6) submission of a completed disability supplement. (Exhibit 6, Testimony).
7. The Record was left open until June 20, 2025 for the Appellant to provide the required

information and until July 4, 2025 for MassHealth to review. (Exhibit 6).

8. No responsive documents to the Record Open Form and issue under appeal were received. (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 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 noninstitutionalized 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 May 20, 2025 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, the documents were not the outstanding information required by MassHealth to make an eligibility determination. (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.

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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