

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507807
Decision Date:	08/08/2025	Hearing Date:	06/16/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	07/28/2025

Appearance for Appellant:



Appearance for MassHealth:

Jamie Lapa



*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 - Verification
Decision Date:	08/08/2025	Hearing Date:	06/16/2025
MassHealth's Rep.:	Jamie Lapa	Appellant's Rep.:	
Hearing Location:	All Parties Appeared by 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 March 26, 2025, MassHealth denied the appellant's application for long-term care benefits because the appellant did not give MassHealth the information it needs to decide eligibility within the required time frame. (130 CMR 515.008; 130 CMR 516.001; Exhibit 1). The appellant filed a timely appeal on May 20, 2025. (130 CMR 610.015(B); Exhibit 2; Exhibit 3). A hearing was held on June 16, 2025, at the request of the parties, the record was held open until July 27, 2025. (Exhibits 3-5).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because the appellant did not provide MassHealth the information it needs to decide eligibility within the required time frame. (130 CMR 515.008; 130 CMR 516.001).

Issue

Whether MassHealth was correct in denying the appellant's application for long-term care services

because he did not provide MassHealth the information it needs to decide eligibility within the required timeframe.

Summary of Evidence

All parties appeared by telephone. Documents submitted by MassHealth are incorporated into the hearing record as Exhibit 4. Documents submitted by the appellant's representative are incorporated into the hearing record as Exhibit 5.

MassHealth received an application for long-term care in January 2025 seeking coverage as of October 16, 2024. On February 14, 2025, MassHealth issued a request for information seeking information on or before March 16, 2025. MassHealth did not receive the information necessary to determine eligibility so issued the notice on appeal. The appellant filed a request for hearing in May 2025. At the hearing in June 2025, the parties did not dispute the fact that the agency did not receive the information necessary to determine eligibility. Instead, there was a presumption by both parties that the Board of Hearings would keep the record open to allow the appellant's representative the opportunity to present the necessary information to the agency from a request issued in February 2025.

The hearing officer asked the appellant's representative for a regulatory citation that would require the Board of Hearings to grant a request to keep the record open when all parties agreed that the decision on appeal was correct as of the date of the hearing. The appellant's representative did not have a citation at the hearing. After the hearing, the MassHealth representative sent the Board of Hearings a message with a citation to the regulations at 130 CMR 515.007(H) regarding the right to appeal. In the message, the MassHealth representative states "This reg was requested in the appeal: 130 CMR 515.007(H) Right to Appeal. The applicant or member has the right to appeal and request a fair hearing as the result of any adverse action or inaction taken by the MassHealth agency. The request will not be granted if the sole issue is a federal or state law requiring an automatic change adversely affecting members". (Exhibit 7). The denial of the application at issue is an adverse action of the agency and the appellant's representative exercised their right to appeal and request a fair hearing. This decision reflects the facts and evidence presented at the hearing.

Following an extensive discussion, the record was held open, the Board of Hearings accepted documentation from the parties until July 28, 2025. (Exhibits 8 – 13). While the appellant's representative provided some information during the record open period both parties acknowledged that it was not all of the information necessary to determine eligibility. (Exhibit 13). On August 6, 2025, the appellant's representative asked for a 30-day extension. (Exhibit 13). That request was denied. (Exhibit 13).

Findings of Fact

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

1. MassHealth received an application for long-term care in January 2025 seeking coverage as of a date in October 2024.
2. On February 14, 2025, MassHealth issued a notice seeking information necessary to complete the application.
3. MassHealth did not receive all the information necessary to complete the application by the due date of March 16, 2025.
4. On March 26, 2025, MassHealth denied coverage for failure to provide information necessary to complete the application.
5. As of the hearing date, MassHealth had not received information necessary to complete the application.
6. At the end of the record open period, MassHealth had not received information necessary to complete the application.

Analysis and Conclusions of Law

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 an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility. (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility,

generally within five days of the receipt of the application. (130 CMR 516.001(B)). The notice must advise the applicant that the requested verifications must be received within 30 days of the date of the request, and of the consequences of failure to provide the information. (130 CMR 516.001(B)). If the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied. (130 CMR 516.001(C)).

The appellant's representative did not dispute the fact that the appellant received proper notices requesting information. (130 CMR 516.001). The appellant's representative acknowledged at the hearing that the appellant had not provided all of the information requested by MassHealth.

The record was held open to give the appellant the opportunity to provide information necessary to complete the application. (Exhibit 6). During the record open period, MassHealth did not receive all the information necessary to determine eligibility.

During the record open period, the MassHealth representative, not the appellant's representative, cited the regulation regarding an appellant's right to appeal. (130 CMR 515.007(H)). The regulation states that an applicant or member has the right to appeal and request a fair hearing as the result of any adverse action or inaction taken by the MassHealth agency. (130 CMR 515.007(H)). The request will not be granted if the sole issue is a federal or state law requiring an automatic change adversely affecting members. (130 CMR 515.007(H)). The appellant's representative took such action and was granted the right to appeal.

The fair hearing regulations at 130 CMR 610.000 set out the process for requesting and participating in a fair hearing that allows dissatisfied applicants, members, or nursing facility residents to have administrative review of certain actions or inactions on the part of the MassHealth agency. (130 CMR 610.001(A)(1)). The fair hearing process is an administrative, adjudicatory proceeding where dissatisfied applicants, members, and nursing facility residents upon written request, obtain an administrative determination of the appropriateness of:

- (1) certain actions or inactions by the MassHealth agency;
- (2) certain actions or inactions by a managed care contractor;
- (3) actions to recover payment for benefits to which the member was not entitled at the time the benefit was received;
- (4) alleged coercive or otherwise improper conduct by a MassHealth agency employee;
- (5) a notice of intent or failure to give notice of intent by a nursing facility to discharge, transfer, or readmit a resident; or
- (6) a PASRR determination. (130 CMR 610.012(A)).

The hearing process is designed to secure and protect the interests of both the appellant and, as appropriate, the MassHealth agency or its personnel and to ensure equitable treatment for all involved. (130 CMR 610.012(B)). The definition of the hearing process does not indicate

that it is a means to extend the application process for members or representatives as was sought at this hearing. To ensure equitable treatment, both parties should be prepared to offer testimony and evidence at the hearing. (130 CMR 610.012(B)). The representative present at hearing did not provide sufficient testimony or evidence to challenge the decision on appeal.

A hearing decision is based upon evidence, testimony, materials, and legal rules, presented at the hearing, including the MassHealth agency's interpretation of its rules, policies, and regulations. (130 CMR 610.082(A)). The decision must be based upon a preponderance of evidence. (130 CMR 610.082(A)). As noted above, the appellant's representative acknowledged that they did not have the information necessary for MassHealth to determine eligibility as of the day of the hearing and the close of the record-open period.

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage. (130 CMR 516.001(C)). The decision made by MassHealth was correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186