

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509148
<b>Decision Date:</b>	12/05/2025	<b>Hearing Date:</b>	11/12/2025
<b>Hearing Officer:</b>	Susan Burgess-Cox	<b>Record Open to:</b>	11/21/2025

**Appearances for Appellant:**




**Appearance for MassHealth:**

Jenny Chan



*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>	Long-Term Care - Verifications
<b>Decision Date:</b>	12/05/2025	<b>Hearing Date:</b>	11/12/2025
<b>MassHealth's Rep.:</b>	Jenny Chan	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	All Parties Appeared by Telephone		

### 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 May 9, 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). On June 16, 2025, the Board of Hearings received a request for hearing from a "Medicaid Specialist". (130 CMR 610.004; 130 CMR 610.015; 130 CMR 610.016; Exhibit 2). On June 17, 2025, the Board of Hearings dismissed the appeal as the individual filing the appeal did not provide proof that they were a MassHealth applicant, member, nursing homes representative or appeal representative. (130 CMR 610.004; 130 CMR 610.016; 130 CMR 610.034; 130 CMR 610.035; Exhibit 3). On June 23, 2025, the Board of Hearings received a request to extend the appeal deadline pending the appointment of a personal representative for the appellant's estate. (Exhibit 4). On June 25, 2025, the Board of Hearings dismissed the appeal as the individual filing the appeal did not provide a copy of a pending petition docketed in a court of proper jurisdiction. (130 CMR 610.016; Exhibit 5). On June 27, 2025, the Board of Hearings received a copy of a pending petition for the appointment of a personal representative for the appellant's estate filed on June 25, 2025. (Exhibit 6). Upon receipt of this petition, the Board of Hearings vacated the dismissal, and put the appeal on hold. (130 CMR 610.016(B); Exhibit 7). The individual seeking appointment as a personal representative for the appellant's estate provided the Board of Hearings with information

regarding the status of the petition every 30 days. (130 CMR 610.016(B); Exhibit 8). On September 23, 2025, an individual was appointed as the personal representative of the appellant's estate. (Exhibit 9). The Board of Hearings scheduled a hearing for November 12, 2025. (Exhibit 10).

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

At the request of the appellant's representatives, the record was held open extending the decision due date.

## **Action Taken by MassHealth**

MassHealth denied the appellant's application for MassHealth 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).

## **Issue**

Whether MassHealth was correct in denying the appellant's application for long-term care services because she did not give MassHealth the information it needs to decide eligibility within the required timeframe. (130 CMR 515.008; 130 CMR 516.001).

## **Summary of Evidence**

All parties appeared by telephone. Documents submitted by MassHealth are incorporated into the hearing record as Exhibit 11. The appellant's representative did not present any documents prior to or at the hearing other than information regarding the appointment of a personal representative for the appellant's estate.

MassHealth received an application for long-term care in October 2024 seeking coverage as of July 1, 2024. On November 2, 2024 and November 12, 2024, MassHealth issued requests for information. On December 9, 2024, MassHealth denied the application because the appellant did not provide MassHealth the information it needs to decide eligibility within the required timeframe. On April 3, 2025, MassHealth received a second application. On May 9, 2025, MassHealth issued a denial because the appellant did not provide the information it needs to decide eligibility within the required timeframe. As noted above, the appellant passed away prior to filing the second request for hearing and a petition for the appointment of a personal representative was filed in June 2025 with the appointment issued in September 2025. As of the date of the hearing in November 2025, MassHealth had not received all of the information necessary to decide eligibility.

Two representatives for the appellant's estate appeared at the hearing. The personal representative for the appellant's estate acknowledged that the appointment was in September 2025 and he still did not have all of the information necessary for MassHealth to decide eligibility as of the date of the hearing in November 2025. The representative testified that some of the accounts listed in MassHealth's request for information are held by a trust where the beneficiaries filed legal action. No evidence of such action was presented before or at the time of the hearing. The only evidence presented at hearing was testimony from the individual who was involved in the filing of both applications and the personal representative of the appellant's estate. The record was held open to provide the representatives at hearing the opportunity to present any additional evidence. (Exhibit 12).

During the record open period, the personal representative for the appellant's estate presented some of the documents necessary to determine eligibility along with an affidavit to "explain efforts and hardships in obtaining the information". (Exhibit 13). The "efforts and hardships" include contacts with banks, individuals named as successor trustees who refuse to serve in such role, and an attorney representing the appellant's son. The submission from the appellant's representative was over 500 pages long. At the request of the MassHealth representative, an extension was granted for them to review the submission. (Exhibit 14). Upon review of the documents, the MassHealth representative responded that the agency did not have all of the information necessary to decide eligibility. (Exhibit 15).

## **Findings of Fact**

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

1. MassHealth received an application for long-term care in October 2024 seeking coverage as of July 1, 2024.
2. On November 2, 2024 and November 12, 2024, MassHealth issued requests for information.
3. On December 9, 2024, MassHealth denied the application because the appellant did not provide MassHealth the information it needs to decide eligibility within the required timeframe.
4. On April 3, 2025, MassHealth received a second application for long-term care.
5. On May 9, 2025, MassHealth issued a final denial because the appellant did not provide MassHealth the information it needs to decide eligibility within the required timeframe.
6. The appellant passed away prior to filing the second request for hearing.

7. A petition for the appointment of a personal representative was filed in June 2025 with the appointment issued in September 2025.
8. As of the date of the hearing and close of a record open period, MassHealth had not received all of the information necessary to decide eligibility.

## **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 was 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 did not provide all of the information requested by the agency to decide eligibility.

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. 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 hearing decision must be based upon a preponderance of evidence. (130 CMR 610.082(A)). The appellant's representative did not meet this legal standard. The appellant's representative was provided with a period to provide this information but still did not provide all of the information necessary for MassHealth to decide eligibility.

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 is 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.

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:

[Redacted]

MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171