

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509318
Decision Date:	09/23/2025	Hearing Date:	07/28/2025
Hearing Officer:	Emily Sabo	Record Open to:	09/11/2025

Appearance for Appellant:



Appearance for MassHealth:

Douglas Thompson, Charlestown MEC



*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:	09/23/2025	Hearing Date:	07/28/2025
MassHealth's Rep.:	Douglas Thompson	Appellant's Rep.:	██████████
Hearing Location:	Charlestown MassHealth Enrollment Center (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 April 22, 2025, MassHealth denied the Appellant's application for MassHealth Long-Term-Care services in a nursing facility because the Appellant did not provide MassHealth with requested information within the time required. 130 CMR 515.008, 130 CMR 516.003, and Exhibit 1. The Appellant's authorized representative filed this appeal in a timely manner on June 20, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth Long-Term-Care services in a nursing facility.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that the Appellant did not provide MassHealth with requested information within the time required.

Summary of Evidence

Prior to the hearing, the MassHealth representative sent the Board of Hearings and the Appellant's representative a list of outstanding verifications sought by MassHealth. Exhibit 5.

The hearing was held by telephone. MassHealth was represented by an eligibility specialist who testified that the Appellant was over the age of 65. The MassHealth representative testified that on March 3, 2025, MassHealth received an application for a long-term-care conversion for the Appellant. The MassHealth representative testified that the Appellant's address was listed as [REDACTED] and no long-term-care facility was listed on the long-term-care supplement. The MassHealth representative testified that on March 14, 2025, MassHealth sent the Appellant a request for information with a due date of April 13, 2025. The Appellant did not submit all required verifications and on April 22, 2025, MassHealth issued a denial for missing verifications. The MassHealth representative testified that on May 29, 2025, MassHealth received a Permission to Share Information (PSI) form and Authorized Representative Designation (ARD) form from [REDACTED], but because no verifications were sent within 30 days of the denial, the case was not relogged. He testified that on July 10, 2025, MassHealth received an SC-1 form but that portions of it were unclear and missing key information about the Appellant's admission. The MassHealth representative explained that the Appellant needed to verify withdrawals of \$1,000 or more and certain deposits to his bank accounts. The MassHealth representative testified that the Appellant is over the asset limit and in order to be financially eligible, he would need to show proof that his assets have been spent down to \$2,000 or less. The MassHealth representative also testified that he did not see evidence that the Appellant's Social Security income was being deposited into either bank account that the Appellant had provided information on, and so if his Social Security income was being deposited to an additional bank account, he would need to submit information about it to MassHealth.

The Appellant was represented by his authorized representative, who verified the Appellant's identity. The Appellant's representative testified that the Appellant was admitted to their facility on [REDACTED] from [REDACTED]. The Appellant's representative testified that [REDACTED] had told them that the Appellant had a pending MassHealth application but did not tell them that the Appellant's MassHealth application had been denied. The Appellant's representative requested that the record be held open for one month to provide the requested information. The hearing officer granted the request, and the record was held open until August 28, 2025 for the Appellant's submission and until September 11, 2025 for MassHealth's review and response. Exhibit 6. During the record open period, neither the Appellant nor his representative

submitted any further information to MassHealth or the Board of Hearings. *Id.* The MassHealth representative explained that without the requested information he could not determine the Appellant's MassHealth eligibility. *Id.*

Findings of Fact

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

1. The Appellant is an adult over the age of 65. Testimony, Exhibit 4.
2. On March 3, 2025, MassHealth received an application for Long-Term-Care services from the Appellant. Testimony and Exhibit 5.
3. On March 14, 2025, MassHealth issued a request for information, with a due date of April 13, 2025. Testimony and Exhibit 5.
4. The Appellant did not submit all required information. Testimony and Exhibit 5.
5. On April 22, 2025, MassHealth denied the Appellant's application for missing verifications. Testimony and Exhibit 1.
6. On June 20, 2025, the Appellant's authorized representative filed a timely appeal with the Board of Hearings. Exhibit 2.
7. After the hearing, the record was held open for the submission of the missing information. Exhibit 6.
8. During the record open period, neither the Appellant nor his representative submitted any further information to MassHealth or the Board of Hearings. Exhibit 6.
9. MassHealth stated that it would continue to deny the Appellant's application. Exhibit 6.

Analysis and Conclusions of Law

MassHealth regulations provide:

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.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 515.008.

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).

(2) Date of Application.

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete as provided in 130 CMR 516.001(C).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

(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.

130 CMR 516.001.

On April 22, 2025, MassHealth denied the Appellant's application for long-term-care benefits because the Appellant failed to submit the necessary information to determine eligibility. 130 CMR 515.008(A). After the appeal hearing, the record was held open for the Appellant to submit the missing information. Exhibit 6. No information was submitted. *Id.* Therefore, MassHealth is not able to determine the Appellant's eligibility. *Id.* Accordingly, the Appellant has not demonstrated that MassHealth erred in denying the Appellant's application for MassHealth long-term-care services. 130 CMR 515.008(A); 130 CMR 516.001(C). Thus, the 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.

Emily Sabo
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529
Main Street, Suite 1M, Charlestown, MA 02129