

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |            |                        |            |
|-------------------------|------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied     | <b>Appeal Number:</b>  | 2510301    |
| <b>Decision Date:</b>   | 10/27/2025 | <b>Hearing Date:</b>   | 09/16/2025 |
| <b>Hearing Officer:</b> | Emily Sabo | <b>Record Open to:</b> | 10/21/2025 |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Stephanie Mowles, Quincy 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

|                           |                                    |                          |                                  |
|---------------------------|------------------------------------|--------------------------|----------------------------------|
| <b>Appeal Decision:</b>   | Denied                             | <b>Issue:</b>            | Long-Term-Care;<br>Verifications |
| <b>Decision Date:</b>     | 10/27/2025                         | <b>Hearing Date:</b>     | 09/16/2025                       |
| <b>MassHealth's Rep.:</b> | Stephanie Mowles                   | <b>Appellant's Rep.:</b> | [REDACTED]                       |
| <b>Hearing Location:</b>  | Quincy Harbor South<br>(Telephone) | <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 May 13, 2025, MassHealth denied the Appellant's application for MassHealth Long-Term-Care because MassHealth determined that the Appellant did not provide MassHealth with requested information within the time required.<sup>1</sup> 130 CMR 515.008, 130 CMR 516.003, and Exhibit 1. The Appellant filed this appeal in a timely manner on July 11, 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.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 130 CMR 516.003, in determining that the Appellant did not provide MassHealth with requested information within the time required.

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<sup>1</sup> The notice also approved the Appellant for the Medicare Savings Program—Qualified Medicare Beneficiary, starting June 1, 2025. Exhibit 1.

## Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is a married adult over the age of ■ who was a resident of a nursing facility, who applied for MassHealth long-term-care services on April 1, 2025. The MassHealth representative testified that MassHealth sent a request for information on April 7, 2025. MassHealth denied the application on May 13, 2025, for failing to provide requested information on bank accounts and health/pharmacy insurance owned by the Appellant and his wife. The MassHealth representative testified that the items listed on the MassHealth denial notice, which include statements for a number of bank accounts, owned by the Appellant or his wife, along with their health/pharmacy insurance, remained outstanding.

The Appellant was represented by a Medicaid specialist at the nursing facility, who verified the Appellant's identity. The Appellant's representative testified that the Appellant's son had been difficult to deal with and the Appellant had left the facility. The Appellant's representative asked that the record be left open to submit the requested information to MassHealth.

The hearing officer granted the request and the record was held open until October 14, 2025, for the Appellant's submission. Exhibit 5. MassHealth had until October 21, 2025, to review and respond. During the record open period, nothing was submitted to the Board of Hearings by the Appellant or his representative. The MassHealth representative confirmed that nothing had been submitted to MassHealth either. *Id.*

## Findings of Fact

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

1. The Appellant is a married adult over the age of ■ Testimony, Exhibits 1 and 4.
2. The Appellant submitted an application for MassHealth long-term-care on April 1, 2025. Testimony, Exhibits 1 and 4.
3. The Appellant's application was denied by MassHealth on May 13, 2025, for failure to submit requested verifications in the time allowed. Testimony and Exhibit 1.
4. The Appellant filed a timely appeal with the Board of Hearings on July 11, 2025. Exhibit 2.
5. The record was held open until October 14, 2025, for the Appellant and his representatives to submit the requested information. Exhibit 5.

6. Neither the Appellant nor his representative submitted any information to MassHealth or the Board of Hearings. Exhibit 5.

## Analysis and Conclusions of Law

MassHealth regulations provide that:

### 130 CMR 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 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 516.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility*.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial.

(E) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status. The MassHealth agency provides applicants and members a reasonable opportunity period to provide satisfactory documentary evidence of citizenship and identity or immigration status if MassHealth's electronic data matches are unable to verify the applicant's citizenship or immigration status.

- (1) Time Standards. The reasonable opportunity period begins on, and extends 90 days from, the date on which an applicant or member receives a reasonable opportunity notice.
- (2) Coverage Start Date.
  - (a) Coverage for individuals who receive a reasonable opportunity period begins on the date the Request for Information Notice is sent.
  - (b) If satisfactory documentary evidence of citizenship and identity or immigration status is received before the end of the reasonable opportunity period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 516.006.

(F) Reasonable Opportunity Extension. Applicants or members who have made a good faith effort to resolve inconsistencies or obtain verification of immigration status may receive a 90-day extension. Requests for a reasonable opportunity extension must be made before the expiration of

the verification time period.

(G) Verification Exceptions for Special Circumstances. Except with respect to the verifications of citizenships and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster.

MassHealth denied the Appellant's application for MassHealth long-term-care benefits because the Appellant failed to submit the necessary information to determine whether he was eligible. 130 CMR 515.008(A). During the record open period, neither the Appellant nor his appeal representative submitted anything further to MassHealth or the Board of Hearings. Therefore, the Appellant has not demonstrated that MassHealth erred in denying his application. 130 CMR 515.008(A). Accordingly, 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc: [REDACTED]  
[REDACTED]  
[REDACTED]

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