

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511850
Decision Date:	12/11/2025	Hearing Date:	09/03/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	10/10/2025

Appearance for Appellant:



Appearance for MassHealth:

Patricia Rogers, Taunton 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:	Eligibility; Over 65; Long-term care; Verifications
Decision Date:	12/11/2025	Hearing Date:	09/03/2025
MassHealth's Rep.:	Patricia Rogers	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (Remote)	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 July 10, 2025, MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information it needed to decide his eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on August 13, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond. (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information needed to determine his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of [REDACTED] and he resides in a nursing facility. On May 29, 2025, MassHealth received the appellant's application for long-term care benefits, with a requested start date is March 27, 2025. On June 5, 2025, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by July 5, 2025. (Exhibit 6, pp. 4-9). MassHealth did not receive any of the requested information. On July 10, 2025, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine his eligibility. (Exhibit 1). On or about August 13, 2025, MassHealth received some, but not all of the requested documents on behalf of the appellant. (Exhibit 4). As of the date of the hearing, the following verification was still outstanding: Completion of step 2 of the appellant's long-term care application (regarding his spouse's information). (Exhibit 1, p. 2). The MassHealth representative explained that MassHealth has the appellant's spouse listed on file, however, she was not reported in the appellant's long-term care application. She stated that if the appellant is still married, he will need to complete step 2 of his application. If the appellant is no longer married, he will need to submit the divorce decree. *Id.* Additionally, the MassHealth representative stated that MassHealth received a signed letter from the appellant which states that his wife verbally expressed her desire to separate from him. (Exhibit 6, p. 10). She explained that MassHealth did not receive a divorce decree or any additional correspondence indicating that the appellant and his spouse are currently separated legally. She explained that if the appellant is currently separated, MassHealth will need to receive clear documentation to this effect.

The appellant's representative appeared at the hearing by telephone and testified that she is trying to obtain concrete information as to whether the appellant and his spouse are legally separated, otherwise, she will see if the appellant's spouse is willing to assist with completing Step 2 of the application. She explained that a language barrier was presumably preventing the spouse from understanding what information is needed by MassHealth. However, she is hopeful that her manager (who communicates well with the spouse) can obtain additional information in the upcoming weeks.¹

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review submission. (Exhibit 7). The MassHealth representative subsequently responded that she received

¹ The appellant's representative explained that her manager was unexpectedly out of the office recently.

a duplicate copy of the letter that was previously submitted, which MassHealth cannot accept for the reasoning set forth above. (See Exhibit 8, pp. 1, 6). MassHealth did not receive any additional information. (Exhibit 8, p. 1).

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and he resides in a nursing facility.
2. On May 29, 2025, MassHealth received the appellant's application for long-term care benefits, with a requested start date of March 27, 2025.
3. On June 5, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due July 5, 2025. MassHealth did not receive the requested documentation.
4. On July 10, 2025, MassHealth notified the appellant that he was not eligible to receive long-term care benefits because he did not submit the requested documentation needed to determine his eligibility.
5. On or about August 13, 2025, MassHealth received some of the requested documentation.
6. As of the hearing date, the following verification was still outstanding: completion of step 2 of the appellant's long-term care application (regarding his spouse's information), or the appellant's divorce decree if he is no longer married.
7. Following the hearing, the record was left open for the appellant to submit the outstanding verification and for MassHealth to review submission.
8. The MassHealth representative subsequently indicated that the only documentation that she received was duplicative and does not satisfy the outstanding verification. MassHealth did not receive any additional documentation.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules

and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

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.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant did not submit the requested documentation. Specifically, the appellant has not submitted a completed long-term care application, (including step 2 – his spouse’s information). Without all requested information, the appellant has not fulfilled his obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780