

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512079
Decision Date:	09/26/2025	Hearing Date:	09/10/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rosati, Springfield 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; Coverage Start Date
Decision Date:	09/26/2025	Hearing Date:	09/10/2025
MassHealth's Rep.:	Kelly Rosati	Appellant's Rep.:	██████████
Hearing Location:	Springfield 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 July 21, 2025, MassHealth denied the Appellant's application for MassHealth long-term-care services in a nursing facility because MassHealth determined that the Appellant possessed more countable assets than MassHealth benefits allow. 130 CMR 520.003 and Exhibit 1. The Appellant filed an appeal on August 18, 2025 stating that he was seeking coverage retroactive to January 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 because the Appellant was found to possess more countable assets than MassHealth benefits allow.¹

¹ On August 18, 2025, the Appellant was subsequently approved for MassHealth long-term-care. Exhibit 6.

Issue

The appeal issue is whether the Appellant is eligible for long-term-care services in a nursing facility for January and February 2025 under 130 CMR 520.004(C)(2) and 130 CMR 516.002.

Summary of Evidence

The hearing was conducted by telephone. The Appellant is [REDACTED] and he was represented by an employee at the nursing facility where he currently resides. The Appellant's representative verified the Appellant's identity. A MassHealth case worker from the Springfield Enrollment Center represented MassHealth at the hearing.

The MassHealth representative testified that the Appellant filed an earlier application for long term care on March 27, 2025. The MassHealth representative testified that MassHealth denied the original application for long-term-care on June 4, 2025, because of missing verifications. The MassHealth representative testified that after the denial notice, the Appellant submitted some verifications, which generated a reapplication date of June 23, 2025. The MassHealth representative testified that, on June 27, 2025, MassHealth sent the Appellant a request for additional verifications. The notice also included a message stating, "This section is being used for note purposes, not for income—Due to the reapplication date of 06/23/25 we can only approve a starting date of 03/01/25 without an appeal. If you wish an earlier starting date, please complete an appeal request and submit it to us." Exhibit 5. The MassHealth representative explained that because there was no timely appeal filed on the June 4, 2025 denial, MassHealth cannot use the Appellant's March 27, 2025 application as the basis for the Appellant's eligibility start date. The MassHealth representative testified that based on submissions after the June 27, 2025 notice, MassHealth approved the Appellant for long-term-care by notice dated August 18, 2025. *See also* Exhibit 6. The MassHealth representative explained that the Appellant's long-term-care start date was March 1, 2025, based on the June 23, 2025 re-application date. The MassHealth representative explained that the Appellant's stay at the facility has been paid for by MassHealth as of the March 1, 2025 eligibility date. The MassHealth representative further explained that even if MassHealth used the earlier application date, due to the Appellant's excess assets and a transfer penalty, he would not have been eligible for coverage prior to February 13, 2025.

The Appellant's representative testified that the Appellant was admitted to the facility in [REDACTED]. The Appellant's representative testified that the facility did not have access to the Appellant's earlier long-term-care application because the Appellant had not signed his permission to share information with the facility until later on. The Appellant's representative testified that the Appellant does not have access to his bank accounts and that the Appellant does not have the funds to pay for services rendered in January and February 2025. The Appellant's representative testified that the facility is seeking retroactive payment for January and February 2025.

Findings of Fact

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

1. [REDACTED].
2. The Appellant filed an application for long-term-care on March 27, 2025. Testimony, Exhibit 5.
3. On June 4, 2025, MassHealth denied the Appellant's application because of missing verifications. Testimony.
4. The Appellant did not appeal the June 4, 2025 denial for missing verifications. Testimony.
5. After that denial, the Appellant submitted verifications to MassHealth which generated a reapplication date of June 23, 2025. Testimony, Exhibit 1.
6. On June 27, 2025, MassHealth notified the Appellant that there were other remaining items missing and that, without an appeal, MassHealth could only approve a start date of March 1, 2025 because of the reapplication date of June 23, 2025. Testimony, Exhibit 5.
7. On July 21, 2025, MassHealth denied the Appellant's long-term-care application because the Appellant had more countable assets than MassHealth benefits allow. Testimony, Exhibit 5.
8. The Appellant filed this appeal on August 18, 2025. Exhibit 2.
9. On August 18, 2025, MassHealth approved the Appellant for MassHealth long-term-care with a start date of March 1, 2025. Testimony, Exhibit 6.

Analysis and Conclusions of Law

MassHealth regulations provide:

130 CMR 520.003: Asset Limit

(A) The total value of countable assets owned by or available to individuals applying for or receiving MassHealth Standard, Family Assistance, or Limited may not exceed the following limits:

(1) for an individual — \$2,000;

130 CMR 520.004: Asset Reduction

(C) Date of Eligibility. The date of eligibility for otherwise eligible individuals described at 130

CMR 520.004(A)(1)(b) is the date that his or her incurred allowable medical expenses equaled or exceeded the amount of his or her excess assets.

(1) If after eligibility has been established, an individual submits an allowable bill with a medical service date that precedes the date established under 130 CMR 520.004(C), the MassHealth agency readjusts the date of eligibility.

(2) In no event will the first day of eligibility be earlier than the first day of the third month before the date of the application, if permitted by the coverage type

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 516.002: Reactivating the Application

The MassHealth agency will reactivate the application after a denial of eligibility for failure to provide requested verifications.

(A) If the requested information is received within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication.

(B) The date of reapplication replaces the date of the denied application. The applicant's earliest date of eligibility for MassHealth is based on the date of reapplication.

(C) If the reapplication is subsequently denied and not appealed, the applicant must submit a new application to pursue eligibility for MassHealth. The earliest date of eligibility for MassHealth is based on the date of the new application.

(D) If the denial is due to excess assets, the date of reapplication is described at 130 CMR 520.004: Asset Reduction.

(E) A new application is required if a reapplication is not received within 30 days from the date of denial.

130 CMR 610.015: Time Limits

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(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the

following time limits:

(1) 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing;

....

(C) Computation of Time.

(1) Computation of any period referred to in 130 CMR 610.000 is on the basis of calendar days except where expressly provided otherwise. Time periods expire on the last day of such periods unless the day falls on a Saturday, Sunday, legal holiday, or other day on which BOH is closed, in which event the last day of the time period is deemed to be the next day on which BOH is open.

(2) In the absence of evidence or testimony to the contrary, it will be presumed that a notice was received by an appellant on the fifth day after the date of the notice, regardless of whether the fifth day after the date of the notice falls on a Saturday, Sunday, legal holiday, or other day on which BOH is closed. If an appellant dies on or prior to the date of presumed receipt, then for the purposes of determining whether an appeal request is timely, the appealable notice is still presumed to have been received no later than the fifth day after the date of the notice.

As an initial matter, to the extent that the Appellant's August 18, 2025 appeal to the Board of Hearings was intended to appeal the June 4, 2025 denial notice, it is not timely. It was filed more than 60 days after the June 4, 2025 notice. 130 CMR 130 CMR 610.015(B)(1), (C).

Under 130 CMR 520.004(C)(2), "in no event will the first day of eligibility be earlier than the first day of the third month before the date of the application." 130 CMR 520.004(C)(2). Under 130 CMR 516.002(B), the Appellant's June 23, 2025, reapplication date replaces the March 27, 2025 date of the denied application, and the Appellant's "earliest date of eligibility for MassHealth is based on the date of reapplication," or June 23, 2025. 130 CMR 516.002(B). The MassHealth representative testified that, as of March 1, 2025, the Appellant is eligible for MassHealth long-term-care, and his stay at the facility is covered and paid for. Accordingly, MassHealth did not err in granting the appellant a coverage start-date of March 1, 2025, and 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: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104