

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2512230
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	09/18/2025
<b>Hearing Officer:</b>	Sharon Dehmand	<b>Record Open to:</b>	10/16/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Stacy Kirby, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Long Term Care; Verifications
<b>Decision Date:</b>	10/21/2025	<b>Hearing Date:</b>	09/18/2025
<b>MassHealth's Rep.:</b>	Stacy Kirby	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote	<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 July 24, 2025, MassHealth denied the appellant's application for MassHealth long-term care services because MassHealth determined that the appellant did not provide necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. However, the appellant was approved for the Medicare Savings Program (MSP). See 130 CMR 515.008; 130 CMR 519.010; and Exhibit 1. The appellant's representative filed this appeal in a timely manner on August 18, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal before the Board of Hearings. See 130 CMR 610.032(A)(1).

### Action Taken by MassHealth

MassHealth denied the appellant's application for long-term-care services in a nursing facility.

### Issue

Whether MassHealth was correct in denying the appellant's application for MassHealth long-term care benefits pursuant to 130 CMR 515.008.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. The appellant was represented by her appeal representative who confirmed her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the appellant was admitted to a long-term care facility on [REDACTED]. A nursing facility screening was submitted on May 9, 2025. MassHealth mailed a conversion packet to the nursing facility, which was submitted to MassHealth on June 11, 2025 and included an extended screening for the period of May 10, 2025 to August 30, 2025. MassHealth was able to extend the coding and provide the appellant with coverage through June 30, 2025, while processing her long-term application. The long-term care application sought coverage to begin on July 1, 2025.

On June 18, 2025, as part of the eligibility process, MassHealth issued a request for information (VC-1), seeking verifications. No verifications were submitted by the due date of July 18, 2025. Through a notice dated July 24, 2025, MassHealth denied the appellant's application for long-term care services because the appellant did not provide MassHealth with the information it needed to decide her eligibility. The appellant was approved for the MSP. The MassHealth representative stated that the following verification is still outstanding: 1) [REDACTED] statements for account [REDACTED] from September 1, 2024 to present with receipts for any transactions over \$1,500.00 and proof that the assets are below \$2,000.00. See Exhibit 4.

The appellant's representatives confirmed the MassHealth representative's testimony. She said that the appellant was hospitalized on [REDACTED] and returned to the facility on [REDACTED]. The appellant then transferred to another nursing facility on [REDACTED]. As such, the nursing facility is requesting MassHealth coverage from [REDACTED]. She added that neither the new nursing facility nor the appellant are willing to assist with the gathering of the verifications. She requested that the record remain open in order for her to persuade the new facility and the appellant to cooperate.

The record was held open until October 9, 2025, for the appellant to submit the missing verification, and until October 16, 2025, for MassHealth to review and respond. See Exhibit 6. Through an email on October 20, 2025, the MassHealth representative stated that MassHealth had not received the missing verification. The appellant's representative responded that the appellant had signed a financial information request form but is refusing to cooperate any further. See Exhibit 7.

## Findings of Fact

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

1. The appellant is under the age of [REDACTED] and lives in a long-term care facility. (Testimony and Exhibit 4).
2. The appellant was admitted to a long-term care facility on [REDACTED] (Testimony and Exhibit 5).
3. On June 11, 2025, a long-term care application for the appellant was received which included an extended screening for the period of May 10, 2025 to August 30, 2025. (Testimony).
4. MassHealth was able to extend the coding and provide the appellant with coverage through June 30, 2025, while processing her long-term application. (Testimony).
5. On June 18, 2025, MassHealth issued a request for information (VC-1), seeking verifications to be submitted by the due date of July 18, 2025. (Testimony).
6. No verifications were submitted. (Testimony).
7. Through a notice dated July 24, 2025, MassHealth denied the appellant's application for long-term care services because the appellant did not provide MassHealth with the information it needed to decide her eligibility. (Testimony and Exhibit 1).
8. The appellant was approved for the Medicare Savings Program. (Exhibit 1).
9. MassHealth determined that the following verification is still outstanding: 1) [REDACTED] statements for account [REDACTED] from September 1, 2024 to present with receipts for any transactions over \$1,500.00 and proof that the assets are below \$2,000.00. (Testimony and Exhibit 1).
10. The appellant transferred to another nursing facility on [REDACTED] (Testimony).
11. The appellant's representative is requesting coverage from July 1, 2025 to July 6, 2025. (Testimony).
12. The appellant's representative filed this appeal in a timely manner on August 18, 2025. (Exhibit 2).
13. As of the hearing on September 18, 2025, the appellant had not provided the outstanding verification requested by MassHealth. (Testimony).
14. The record was held open until October 16, 2025, for the appellant to submit the missing

verification and for MassHealth to respond to the submissions. (Exhibit 6).

15. Through an email on October 20, 2025, the MassHealth representative stated that MassHealth had not received the missing verification. (Exhibit 7).
16. No other verifications were submitted by the appellant's representative. (Exhibit 7).
17. The verification from MassHealth's initial request for verification remains outstanding, namely: [REDACTED] statements for account [REDACTED] from September 1, 2024 to present with receipts for any transactions over \$1,500.00 and proof that the assets are below \$2,000.00. (Exhibit 1 and Exhibit 6).

## Analysis and Conclusions of Law

MassHealth administers, and is responsible for, the delivery of healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. Regulations 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged [REDACTED] or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. See 130 CMR 515.002(B).

In this case, the appellant resides in a nursing facility. As such she is an institutionalized person of any age and subject to the requirements of the provisions of Volume II. See 130 CMR 515.002.

In order to determine an appellant's eligibility, it is incumbent upon an applicant to cooperate with MassHealth and provide necessary information for a determination:

### 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.

See 130 CMR 515.008.

Here, there is no dispute that MassHealth required additional information to determine eligibility. Despite the request for additional information, ultimately MassHealth did not receive the information required for a determination. See 130 CMR 516.001(B); Exhibit 1. A Notice of denial was sent to the appellant in accordance with the regulations. See 130 CMR 516.001 (C); Exhibit 1.

During the hearing held on September 18, 2025, the MassHealth representative testified, and the appellant's representative agreed that the following verification was still outstanding: 1) [REDACTED] statements for account [REDACTED] from September 1, 2024, to present with receipts for any transactions over \$1,500.00 and proof that the assets are below \$2,000.00. The record was left open until October 16, 2025, for the appellant's representative to submit the outstanding verification and for MassHealth to respond to the submissions. See 130 CMR 610.004 (record open is a period determined by the hearing officer that, if allowed by the hearing officer within his or her discretion, permits either party to a fair hearing the opportunity to submit post-hearing documentation, relevant evidence, or legal arguments); Exhibit 6.

During the record open period, the appellant's representative did not submit the verification but submitted a financial information request form signed by the appellant. Through an email on October 20, 2025, the MassHealth representative stated that MassHealth had not received the missing verification. The appellant's representative responded that the appellant had signed a financial information request form but is refusing to cooperate any further. See Exhibit 7.

In this case, there is no dispute that the requested verification was not provided to MassHealth. The appellant's representative attributes this to the appellant's unwillingness to cooperate. An appellant has a duty to cooperate with MassHealth and provide necessary information. See 130 CMR 515.008(A). An appellant must provide corroborative information for MassHealth to determine eligibility. See generally 130 CMR 516.001. Moreover, an appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006). Since the appellant is refusing to cooperate with MassHealth and provide the requested verification, I find that MassHealth correctly denied the appellant's application for long-term care services.

## **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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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

CC: [REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616