

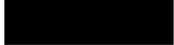
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514228
Decision Date:	11/5/2025	Hearing Date:	10/27/2025
Hearing Officer:	Susan Burgess-Cox	Record Open to:	10/31/2025

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist



*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:	11/5/2025	Hearing Date:	10/27/2025
MassHealth's Rep.:	Lynn Bloomquist	Appellant's Rep.:	██████████
Hearing Location:	All Parties Appeared by Telephone		

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 August 25, 2025 MassHealth denied the appellant's application for long-term care benefits because the appellant did not give MassHealth the information it needs to decide eligibility within the required time frame. (130 CMR 515.008; 130 CMR 516.001; Exhibit 1). On September 30, 2025, an individual named as the appellant's Health Care Proxy filed a timely appeal naming the individual present at hearing as the appeal representative. (130 CMR 610.015; 130 CMR 610.016; Exhibit 2; Exhibit 3).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits because the appellant did not give MassHealth the information it needs to decide eligibility within the required time frame. (130 CMR 515.008; 130 CMR 516.001).

Issue

Whether MassHealth was correct in denying the appellant's application for long-term care services because she did not give MassHealth the information it needs to decide eligibility within the required timeframe. (130 CMR 515.008; 130 CMR 516.001).

Summary of Evidence

All parties appeared by telephone. Documents submitted by MassHealth are incorporated into the hearing record as Exhibit 5. The appellant's representative did not present any documents at hearing.

MassHealth received an application for long-term care in June 2025 seeking coverage back to a date in August 2024. Upon receipt of the application, MassHealth issued a notice requesting information necessary to determine eligibility. As of August 25, 2025, MassHealth had not received the information necessary to determine eligibility. Therefore, the agency issued the notice on appeal.

At hearing, the appellant's representative stated that they sent some of the information to MassHealth prior to the hearing. The appellant's representative could not clearly identify what documents were sent to the agency testifying that she did not have access to the files at the time of the hearing. At hearing, the appellant's representative testified that this submission did not include all of the information necessary to determine eligibility and they did not have that information as of the date of the hearing. The request for hearing states that the appellant's representative needs more time to gather verifications. The appellant's representative asked the Board of Hearings to keep the record open to allow the agency to continue to process the application on appeal. The representative was provided until the close of business the day after the hearing to provide the information necessary for the agency to determine eligibility.

Upon receipt of the information, the MassHealth representative stated that information presented was not sufficient for MassHealth to make an eligibility decision. Specifically, MassHealth determined that a letter from the appellant's representative regarding monthly deposits from an insurance company was not sufficient to explain the origin or nature of the deposits. Additionally, the records of a foreclosure on property owned by the appellant do not indicate whether there was a surplus from the foreclosure for which the appellant may have received payment.

Findings of Fact

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

1. MassHealth received an application for long-term care in June 2025 seeking coverage back to a date in August 2024.

2. Upon receipt of the application, MassHealth issued a notice requesting information necessary to determine eligibility.
3. The agency did not receive the information necessary to determine eligibility within the required time period.
4. On August 25, 2025, MassHealth denied coverage for failure to provide information necessary to determine eligibility.
5. As of the hearing date and close of a record open period, MassHealth had not received information necessary to determine eligibility.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged ■ or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries. (130 CMR 515.002). The appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply to this case. (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility. (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application. (130 CMR 516.001(B)). The notice must advise the applicant that the requested verifications 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(B)). If the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied. (130 CMR 516.001(C)).

The appellant's representative did not dispute the fact that the appellant received proper notices requesting information. (130 CMR 516.001). The appellant's representative acknowledged at the hearing that the appellant did not provide all of the information necessary to determine eligibility.

The fair hearing regulations at 130 CMR 610.000 set out the process for requesting and participating in a fair hearing that allows dissatisfied applicants, members, or nursing facility residents to have administrative review of certain actions or inactions on the part of the MassHealth agency. (130 CMR 610.001(A)(1)). The fair hearing process is an administrative, adjudicatory proceeding where dissatisfied applicants, members, and nursing facility residents upon written request, obtain an administrative determination of the appropriateness of:

- (1) certain actions or inactions by the MassHealth agency;
- (2) certain actions or inactions by a managed care contractor;
- (3) actions to recover payment for benefits to which the member was not entitled at the time the benefit was received;
- (4) alleged coercive or otherwise improper conduct by a MassHealth agency employee;
- (5) a notice of intent or failure to give notice of intent by a nursing facility to discharge, transfer, or readmit a resident; or
- (6) a PASRR determination. (130 CMR 610.012(A)).

The hearing process is designed to secure and protect the interests of both the appellant and, as appropriate, the MassHealth agency or its personnel and to ensure equitable treatment for all involved. (130 CMR 610.012(B)). The definition of the hearing process does not indicate that it is a means to extend the application process for members or representatives. To ensure equitable treatment, both parties should be prepared to offer testimony and evidence at the hearing. (130 CMR 610.012(B)). The representative present at hearing did not provide sufficient testimony or evidence to challenge the decision on appeal.

A hearing decision is based upon evidence, testimony, materials, and legal rules, presented at the hearing, including the MassHealth agency's interpretation of its rules, policies, and regulations. (130 CMR 610.082(A)). The hearing decision must be based upon a preponderance of evidence. (130 CMR 610.082(A)). The appellant's representative did not meet this legal standard in acknowledging that they did not have the information necessary for MassHealth to determine eligibility as of the day of the hearing. The appellant's representative was provided with a brief period to provide this information but still did not provide all of the information necessary for MassHealth to determine eligibility.

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage. (130 CMR 516.001(C)). The decision made by MassHealth is correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc: [REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290