

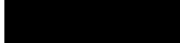
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514603
<b>Decision Date:</b>	12/2/2025	<b>Hearing Date:</b>	11/03/2025
<b>Hearing Officer:</b>	Susan Burgess-Cox	<b>Record Open to:</b>	11/21/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jamie Lapa



*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>	Eligibility
<b>Decision Date:</b>	12/2/2025	<b>Hearing Date:</b>	11/03/2025
<b>MassHealth's Rep.:</b>	Jamie Lapa	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	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 7, 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 October 7, 2025, an individual named as the appellant's Durable Power of Attorney and Health Care Proxy filed a timely appeal naming two individuals to represent the appellant at hearing. (130 CMR 610.015; 130 CMR 610.016; Exhibit 2; Exhibit 3; Exhibit 4).

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 6.

In June 2025, MassHealth received an application for long-term care seeking coverage in May 2025. Upon receipt of the application, MassHealth issued a notice requesting information necessary to determine eligibility. As of August 7, 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 testified that they did not submit all of the information necessary to determine eligibility. The appellant's representative testified that they have been working with the individual listed as the appellant's attorney-in-fact but he has not responded to all of their requests for information. The appellant's representative testified that they were in the process of applying for the appointment of a conservator but did not have anything to verify that any steps had been taken in that process. The record was held open to provide the appellant's representative with the opportunity to present additional evidence. During that period, the appellant's representative acknowledged that they did not have all of the information necessary to determine eligibility. The appellant's representative stated that they were turning the case over to another organization and asked for additional time for that organization to petition the court for guardianship. The appellant's representative did not provide any evidence of the other party taking such steps. The request for an additional extension was denied.

## **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.
2. In July 2025, MassHealth issued a notice seeking information necessary to determine eligibility.
3. MassHealth did not receive all the information necessary to determine eligibility by the due date.
4. On August 7, 2025, MassHealth denied coverage for failure to provide information

necessary to determine eligibility.

5. As of the hearing date, MassHealth had not received information necessary to determine eligibility.
6. At the 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 65 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 and during the record open period 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 as was sought at this hearing. 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 and closure of a record open period.

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 was 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.

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings



MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186