

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2514807
Decision Date:	12/12/2025	Hearing Date:	11/06/2025
Hearing Officer:	Sharon Dehmand	Record Open to:	12/12/2025

Appearance for Appellant:



Appearance for MassHealth:

Krystina Trout, 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; Verifications
Decision Date:	12/12/2025	Hearing Date:	11/06/2025
MassHealth's Rep.:	Krystina Trout	Appellant's Rep.:	[REDACTED]
Hearing Location:	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 August 14, 2025, MassHealth denied the appellant's application for MassHealth long-term care services and deemed her ineligible for MassHealth community-based 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. See 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on October 10, 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 and deemed her ineligible for MassHealth community-based services.

Issue

Whether MassHealth was correct in denying the appellant's application for MassHealth long-term care benefits and deeming her ineligible for MassHealth community-based services pursuant to 130 CMR 515.008.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a worker from the Springfield 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 a long-term care application was submitted on the appellant's behalf on July 1, 2025, seeking coverage to begin on July 2, 2025. The appellant's representatives testified that the appellant was admitted to the nursing facility on [REDACTED]. She was discharged from the facility on [REDACTED]. See Exhibit 6.

The MassHealth representative stated that on July 9, 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 August 8, 2025. Through a notice dated August 14, 2025, MassHealth denied the appellant's application for long-term care because she did not provide the necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. Specifically, MassHealth representative stated that a number of verifications as outlined on pages 2 through 4 of the MassHealth notice dated August 14, 2025 remained outstanding. See Exhibit 1 and Exhibit 4. The MassHealth representative added that since the appellant has been discharged from the nursing facility, a discharge SC-1 is also needed in addition to the items listed on MassHealth's notice.

The appellant's representative agreed to provide the items requested. She added that some verifications were submitted to MassHealth the day before the hearing. The MassHealth representative responded that she has not had an opportunity to review the submissions.

The record was held open until November 14, 2025, for the appellant to submit the missing verifications, and until November 21, 2025, for MassHealth to review. See Exhibit 5, p.1. On November 7, 2025 and November 10, 2025, the appellant's representative submitted a few verifications. See Exhibit 6 and Exhibit 7. Through emails dated November 13, 2025 and November 17, 2025, the MassHealth representative responded and provided a list of the verifications that still remained outstanding. See Exhibit 8 and Exhibit 9.

Based on the appellant's representative's request, an extension to the record open period was allowed to December 5, 2025, for the appellant and until December 12, 2025, for MassHealth. See Exhibit 5. Through an email on December 9, 2025, the MassHealth representative stated that the verification for the source of a deposit made on April 8, 2021 remained outstanding. She added that an unsigned typed letter from the appellant stating that the deposit "was from the estate of [her] mother" is not an acceptable verification. See Exhibit 10.

Findings of Fact

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

1. The appellant is [REDACTED] and was admitted to a long-term care facility on [REDACTED] [REDACTED] (Testimony and Exhibit 7).
2. On July 1, 2025, MassHealth received a long-term care application for the appellant, seeking coverage to begin on July 2, 2025. (Testimony and Exhibit 4).
3. The appellant was discharged from the facility on [REDACTED]. (Testimony and Exhibit 7).
4. On July 9, 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 August 8, 2025. (Testimony).
5. On August 14, 2025, MassHealth denied the appellant's application for long-term care and deemed her ineligible for MassHealth community-based services because she did not provide the necessary information MassHealth requires to decide the appellant's eligibility within the required time frame. (Testimony and Exhibit 1).
6. MassHealth determined that number of verifications outlined on pages 2 through 4 of the MassHealth notice dated August 14, 2025 remained outstanding. (Testimony, Exhibit 1, and Exhibit 4).
7. Since the appellant has been discharged from the nursing facility, a discharge SC-1 was also added to the list of items that remained outstanding. (Testimony).
8. The appellant filed this appeal in a timely manner on October 10, 2025. (Exhibit 2).
9. As of the hearing on November 6, 2025, the appellant had not provided the outstanding verifications enumerated by MassHealth. (Testimony).
10. The record was held open until November 21, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 5).
11. Based on the appellant's request, an extension to the record open period was allowed to December 12, 2025, for the appellant to submit the missing verifications and for MassHealth to respond to the submissions. (Exhibit 5).

12. A number of verifications were submitted by the appellant's representative. (Exhibit 6 and Exhibit 7).
13. Through an email on December 9, 2025, the MassHealth representative stated that the verification for the source of a deposit made on April 8, 2021 remained outstanding. (Exhibit 10).
14. No other verifications were submitted by the appellant's representative.
15. At least one verification from MassHealth's initial request for verification remains outstanding, namely: verification of the source of a deposit on April 8, 2021. (Exhibit 10).

Analysis and Conclusions of Law

MassHealth administers and is responsible for 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 65 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 is [REDACTED] resided in a nursing facility during the period relevant to this appeal. As such, she was 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 November 6, 2025, the MassHealth representative testified that a number of verifications as outlined on pages 2 through 4 of the MassHealth notice dated August 14, 2025 were still outstanding. See Exhibit 1 and Exhibit 4. The MassHealth representative added that since the appellant has been discharged from the nursing facility, a discharge SC-1 is also needed in addition to the items listed on MassHealth's notice.

The record was left open until December 12, 2025, for the appellant to submit the outstanding verifications and for MassHealth to respond to the submissions. See 130 CMR 610.004(record open is a period of time 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 5.

During the record open period, the appellant's representative submitted a few verifications. See Exhibit 6 and Exhibit 7. Based on the appellant's submissions, the MassHealth representative responded that the verification for the source of a deposit made on April 8, 2021, remained outstanding. See Exhibit 10. No other verifications were submitted by the appellant's representative.

Based on my review of the record, the appellant's representative has submitted all verifications requested with the exception of one item, namely: the verification of the source of a large deposit on April 8, 2021. Verifications of the source of all deposits were requested by MassHealth in its notice dated August 14, 2025. The appellant's representative submitted an unsigned, typewritten letter purportedly from the appellant stating that the deposit "was from the estate of [her] mother." See Exhibit 10. MassHealth correctly determined that this letter was not acceptable as a verification for a lump-sum payment. See 130 CMR 520.010(E)(a lump-sum payment is a one-time-only payment that represents either windfall payments such as inheritances or legacies). According to MassHealth regulations, acceptable verification for a lump-sum payment may include the following: (a) a benefit or settlement award letter; (b) a retirement-fund document indicating the amount of the lump-sum payment; (c) a written statement from the agency, company, or

institution making the payment; (d) a copy of the payment document; or (e) other reliable evidence. See 130 CMR 520.010(E)(2). An unsigned, typewritten letter from the appellant stating that this lump-sum deposit was from her mother's estate fails to satisfy the regulatory requirement for acceptable verification.

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). Here, the appellant's representative agreed to provide the missing verifications but despite being given an extension of time to the record open failed to do so. Accordingly, I find that MassHealth correctly determined that the appellant did not provide the necessary information required to decide eligibility within the required time frame.

For the foregoing reasons, this appeal is DENIED.¹

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

¹ Any subsequent MassHealth notices will carry their own separate appeal rights.

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