

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514934
<b>Decision Date:</b>	11/24/2025	<b>Hearing Date:</b>	11/10/2025
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Linah Kunobwa – Charlestown 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>	Eligibility; Over 65; Long-term care; Verifications
<b>Decision Date:</b>	11/24/2025	<b>Hearing Date:</b>	11/10/2025
<b>MassHealth's Rep.:</b>	Linah Kunobwa	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1 (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 September 10, 2025, MassHealth notified the appellant that he was not eligible to receive MassHealth long-term care benefits because he did not submit the information it needed to decide his eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on or about October 8, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information needed to determine his eligibility within the required time frame.

### Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

## Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: On July 25, 2025, MassHealth received the appellant's application for long-term care benefits. (Exhibit 6). MassHealth is unable to confirm the status of admission or requested eligibility date because an SC-1 from the facility has not been received. *Id.* On August 5, 2025, MassHealth sent the appellant a request for additional information, which was due back by September 4, 2025. MassHealth did not receive any of the requested information. On September 10, 2025, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine his eligibility. (Exhibit 1).

As of the date of the hearing, the following verifications were still outstanding:

- A letter from the facility showing a breakdown of any private payments made, patient paid amount (PPA), and statements from the personal needs account (PNA) from the inception to present;
- Nursing facility screening; and
- Notification of Admission to the facility (SC-1).

(Testimony; Exhibit 1, p. 2).

On [REDACTED] 2025, MassHealth received the appellant's rest home screening and notification of the appellant's admission to a rest home. (Exhibit 6, pp. 6-7). MassHealth considers a rest home facility as a community MassHealth program and therefore approved the appellant's community-based application, effective September 11, 2025. (Exhibit 6, p. 1).<sup>1</sup> MassHealth asked if the appellant intends to move to a nursing facility or if he intends to stay at the rest home. She added that if the appellant intends to move to a nursing facility, MassHealth will need the nursing facility screening and notification of admission to said facility in order to process his long-term care application.

The appellant's attorney appeared at the hearing telephonically. He testified that he was retained after the appellant's family members submitted both a long-term care application and a community-based application to MassHealth because they were not sure which application to submit. The attorney explained that the rest home suggested that the appellant may be approved

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<sup>1</sup> At the hearing, the MassHealth representative explained that a rest home facility is not considered to be a long-term care nursing facility for MassHealth long-term care coverage purposes.

for MassHealth long-term care coverage to pay for his stay at the rest home. He added that while the appellant's family prefers a skilled nursing facility, they have been informed by the nursing facilities that they have reached out to thus far that the appellant will not be admitted until his MassHealth long-term care application is approved. The attorney testified that he explained this to the appellant's family, specifically, that MassHealth will not process the appellant's long term care application until he is in a long-term care facility. The attorney stated that the appellant's family inquired whether they would need to submit another long-term care application to MassHealth, on the appellant's behalf, if/when he is transferred to a long-term care facility. The MassHealth representative explained that because MassHealth did not receive the appellant's nursing facility verifications it may not be able to preserve the appellant's application date. However, because efforts are being made to move the appellant into a long-term care nursing facility, the MassHealth representative suggested that once the appellant does so, to request the facility to submit the outstanding documentation to MassHealth.

The appellant's attorney clarified that he is not asking MassHealth to preserve the appellant's application date. He explained that it is unclear to him if/when the appellant will be transferred to a long-term care facility. Rather, the appellant's family members are questioning whether MassHealth will require them to submit another long-term care application on the appellant's behalf if he is transferred to a long-term care facility within the next month, for example. He stated that the appellant's family members worked extremely hard in compiling the appellant's initial July 25<sup>th</sup> long-term care application and accompanying documentation. The attorney inquired whether they would have to start the long-term care application process again if/when the appellant is transferred to a long-term care facility. The MassHealth representative responded and stated that it is possible that MassHealth could use the appellant's information that was initially submitted (with an updated signature and current signature date included on the application) if the appellant were to transfer to a nursing facility. She added that MassHealth will require that the appellant's updated income information is submitted as well (i.e. updated bank statements).

## **Findings of Fact**

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

1. The appellant is over the age of 65 and on July 25, 2025, MassHealth received the appellant's application for long-term care benefits. The appellant also submitted a community-based application.
2. On August 5, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility to process his long-term care application, which was due by September 4, 2025. MassHealth did not receive the requested documentation.
3. On September 10, 2025, MassHealth notified the appellant that he was not eligible to receive

long-term care benefits because he did not submit the requested documentation needed to determine his eligibility.

4. As of the hearing date, the following verifications were still outstanding:
  - Facility Documents: a letter from the nursing facility, showing a breakdown of any private payments made, the appellant's PPA, statements of the appellant's PNA account from its inception to present; nursing facility screening notification; and notification of admission to the facility (SC-1).
5. On [REDACTED] 2025, MassHealth received the appellant's rest home screening and rest home SC-1. MassHealth considers a rest home as a MassHealth community program and approved the appellant's community-based application, effective September 11, 2025.
6. The appellant timely appealed this MassHealth action.

## **Analysis and Conclusions of Law**

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of 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.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

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. In the present case, the appellant did not comply with MassHealth's request for information in a timely

manner. Specifically, the appellant has not submitted the requested information from the long-term care nursing facility, including a letter from said facility showing a breakdown of any private payments made, PPA, and the inception of a PNA account to present, which is understandable since the appellant is not currently in a long-term care facility. Without this information however, MassHealth is unable to determine whether the appellant is eligible to receive MassHealth long-term care coverage. The action taken by MassHealth was within the regulations and 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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

[REDACTED]

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129