


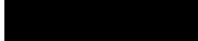
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515943
Decision Date:	1/22/2026	Hearing Date:	12/01/2025
Hearing Officer:	Kimberly Scanlon		

Appearances for Appellant:

 Appeal Representative
, Appeal Representative


Appearance for MassHealth:

Eileen Smith, 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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Long-term care; Start Date
Decision Date:	1/22/2026	Hearing Date:	12/01/2025
MassHealth's Rep.:	Eileen Smith	Appellant's Reps.:	
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (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 October 15, 2025, MassHealth approved the appellant's application for long-term care benefits beginning on May 5, 2025, with a Patient Paid Amount (PPA) assessed. (Exhibit 1). The appellant filed this appeal in a timely manner on or about October 30, 2025. (130 CMR 610.015(B); Exhibit 2). A dispute over the scope of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that she is eligible for long-term care benefits starting on May 5, 2025.

Issue

The appeal issue is whether MassHealth was correct in determining a May 5, 2025 coverage start date for the appellant's MassHealth coverage.

Summary of Evidence

The MassHealth representative testified by telephone, in summary, as follows: the appellant is over the age of [REDACTED] and she was admitted to a nursing facility on [REDACTED]. On July 28, 2025, MassHealth received the appellant's long-term care application, with a requested start date of April 12, 2025. (Exhibit 5). As of the requested start date of April 12, 2025, MassHealth determined that the appellant's assets included: \$5,284.38 for a 401K, a \$12.07 bank account balance, \$11,148.64 from past pension payments the appellant received on May 1, 2025, totaling \$16,445.09. The MassHealth representative explained that after deducting \$2,000 for a single individual, the appellant's assets exceeded the program limit by \$14,445.09. MassHealth subsequently received the appellant's \$3,500 funeral contract, which reduced the appellant's assets to \$10,945.09. Additionally, MassHealth subsequently received documentation that the appellant paid \$2,304 for co-insurance in April 2025, which further reduced her excess assets to \$8,641.09. The MassHealth representative explained that she divided that amount (\$8,641.09) by the private rate at the nursing facility of \$416 per day, which equates to 20 days from April 12, 2025, or May 1, 2025. Because the appellant could have used these funds to pay for her own care through May 1, MassHealth agreed to adjust the appellant's start date from May 5, 2025 to May 2, 2025.

The MassHealth representative explained that although the appellant's nursing facility received a \$15,000 payment on May 19, 2025, most of the funds that the facility received were applied outside of the retroactive period (except for the \$2,304 bill incurred in April 2025). She stated that medical bills that are paid to cover bills incurred outside of the retroactive period are not allowed as part of a spend down, in accordance with MassHealth regulation set forth at 130 CMR 520.004(B). Here, because the appellant's long-term care application was received in late July 2025, the earliest date that MassHealth can go back to is April 1, 2025 when evaluating her medical bills. Thus, the appellant's May 19th \$15,000 payment to the facility was applied to bills incurred in January, February, and March 2025, which are outside of the retroactive period.

The appellant's representatives testified that the appellant received the pension amounts after the requested start date of April 12, 2025, specifically in May 2025. Those funds were used to pay Medicare co-insurance balances for the months of January-April 2025. In support of their position, the appellant's representatives submitted the appellant's Medicare Explanation of Benefits (EOBs). (Exhibit 6). They explained that because the facility cannot demand payment prior to Medicare payments, MassHealth should consider the date that Medicare was paid when determining coverage start dates. The MassHealth representative stated that the appellant's long-term care application was not received until July 2025 and could have been submitted in the April-June 2025

timeframe, which in turn would have allowed more of the \$15,000 payment made to the facility to be considered as part of the spend down (aside from the \$2,304 payment made in April 2025). The appellant's representatives argued that the appellant's application was submitted in July 2025 because there was a delay in obtaining the documentation showing the asset spenddown; the MassHealth representative stated that the pension payments were received on May 1, 2025 which is over 2 months prior to MassHealth receiving the appellant's long-term care application. Thus, waiting for the last possible retroactive period before submitting a long-term care application does not benefit the appellant.

Additionally, the appellant's representatives argued that they did not submit the appellant's long-term care application until July 2025 because they did not want the appellant to be denied for missing verifications. The appellant's representative argued that it appears that MassHealth is penalizing the appellant for submitting a completed application; the MassHealth representative explained that MassHealth is bound by the regulations. Had the appellant submitted her application prior to July 2025, the three-month retroactive period would have gone back further than April, regardless of whether she was denied for missing verifications.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and she was admitted to a nursing facility on [REDACTED]
2. On July 28, 2025, MassHealth received the appellant's long-term care application with a requested start date of April 12, 2025.
3. On October 15, 2025, MassHealth notified the appellant that she is eligible for MassHealth Standard long-term care services with a coverage date of May 5, 2025.
4. The appellant timely appealed this MassHealth action.
5. MassHealth subsequently received additional documentation showing asset reduction and determined that the appellant's start date could be adjusted from May 5, 2025 to May 2, 2025.
6. On May 19, 2025, the appellant made a \$15,000 payment to the facility; this payment was applied mostly to bills incurred in January, February, and March 2025, which are outside of the retroactive period. Only \$2,304 was applied to a bill incurred within the three-month retroactive period (April 2025).

Analysis and Conclusions of Law

It is undisputed that the appellant meets all the eligibility requirements for MassHealth Standard long-term care coverage; at issue is the start date of her coverage. The appellant's representatives argued that her coverage go back to April 12, 2025; MassHealth takes the position that the appellant's coverage should begin on the date that her assets were reduced, which upon further review of additional submission, is May 2, 2025.

The applicable MassHealth regulations do not provide the appellant with the remedy she seeks. The start date for MassHealth Standard coverage *may* be retroactive to "the first day of the third calendar month before the month of application, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided." (130 CMR 516.006(A)(2); emphasis added).

Where an applicant's assets exceed the asset limit of MassHealth Standard, 130 CMR 520.004(A) provides the following regarding asset reduction:

(A) Criteria.

(1) An applicant whose countable assets exceed the asset limit of MassHealth Standard, Family Assistance, or Limited may be eligible for MassHealth

(a) as of the date the applicant reduces his or her excess assets to the allowable asset limit without violating the transfer of resource provisions for nursing-facility residents at 130 CMR 520.019(F); or

(b) as of the date, described in 130 CMR 520.004(C), the applicant incurs medical bills that equal the amount of the excess assets and reduces the assets to the allowable asset limit within 30 days after the date of the notification of excess assets.

(2) In addition, the applicant must be otherwise eligible for MassHealth.

Pursuant to 130 CMR 520.004(B), the MassHealth agency does not pay that portion of the medical bills equal to the amount of excess assets. Bills used to establish eligibility

(1) cannot be incurred before the first day of the third month prior to the date of application as described at 130 CMR 516.002: Date of Application, and

(2) must not be the same bills or the same portion of bills that are used to meet a deductible based on income.

Applying this regulation to the facts of this appeal, as more fully described above, the earliest date of coverage for the appellant would be May 2, 2025. MassHealth received the appellant's long-term care application in July 2025. Pursuant to 130 CMR 520.004(B), bills used to establish eligibility cannot be incurred before the first day of the third month prior to the date of application which is April 1, 2025 in this case. Thus, MassHealth correctly determined that the appellant's

payments made to the facility in January-March 2025 are outside of the retroactive period and therefore cannot be used to establish an earlier coverage start date. This appeal is denied.

Order for MassHealth

If MassHealth has not already done so, adjust the appellant's start date from May 5, 2025 to May 2, 2025.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc: [REDACTED]

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