

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516166
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	12/01/2025
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rosati, MassHealth Springfield

**Interpreter:**

N/A



*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>	LTC, Start Date, Eligibility over 65,
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	12/01/2025
<b>MassHealth's Rep.:</b>	Kelly Rosati	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote (Tel)	<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 October 14, 2025, MassHealth approved the Appellant's application for MassHealth Standard benefits to cover long-term-care services in a nursing facility with a coverage date beginning May 1, 2025. (see 130 CMR 456 and Exhibit 1). The Appellant filed this Appeal in a timely manner on November 3, 2025. (see 130 CMR 610.015(B) and Exhibit 2) Imposition of a coverage date is a MassHealth action and is valid grounds for appeal (see 130 CMR 610.032(3)).

## Action Taken by MassHealth

MassHealth approved the Appellant for MassHealth Standard benefits to cover long-term-care services in a nursing facility, with coverage beginning on May 1, 2025.

## Issue

The issue the Appellant is seeking to appeal is whether MassHealth was correct, pursuant to 130 CMR 456 and 130 CMR 516, in determining that long-term-care coverage for the member begins May 1, 2025.

## Summary of Evidence

The Appellant, through the Appeal Representative, sought review of the MassHealth approval of MassHealth Standard benefits for long-term-care services in a nursing facility beginning on May 1, 2025. (Testimony, Exhibit 1) The Appellant is a MassHealth member over the age of 65. (Exhibit 4) MassHealth testified that on August 29, 2025, MassHealth received a Long-Term-Care application. (Testimony, Exhibit 5, pg. 1) An approval Notice, dated October 14, 2025, issued, approving the Appellant for coverage beginning on May 1, 2025. (Testimony, Exhibit) MassHealth cited to 130 CMR 516, explaining that coverage may be retroactive to the first day of the third calendar month before the month of application. (Testimony, Exhibit 5)

The Appellant, through the Appeal Representative, seeks appeal of the May 1, 2025, approval date, and seeks retroactive coverage beyond the first date of the third calendar month before the month of application. (Testimony, Exhibit 2) According to the Appellant's Representative, the Appellant has been diagnosed with Alzheimer's disease and was able to complete the application and inquired whether there was any way to have the Appellant approved, since the Appellant does not have money to cover the gap in coverage. (Testimony) MassHealth explained that upon review, a prior application, dated April 2025, had been filed, but was denied due to missing verifications, and that denial was not appealed. (Testimony) The second application, received in August of 2025, is the application that resulted in the approval beginning May 1, 2025. (Testimony) The Appeal Representative responded that the timeframes explained by MassHealth had not been explained to the Appellant, nor the Appeal Representative, prior to the approval Notice issuing. (Testimony)

## Findings of Fact

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

1. On August 29, 2025, MassHealth received a long-term care application. (Testimony, Exhibit 5, pg. 1)
2. An approval Notice, dated October 14, 2025, issued, approving the Appellant for coverage beginning on May 1, 2025. (Testimony, Exhibit)
3. The Appellant, through the Appeal Representative, seeks appeal of the May 1, 2025 approval date, and seeks retroactive coverage beyond the first date of the third calendar month before the month of application. (Testimony, Exhibit 2)

## Analysis and Conclusions of Law

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

With regards to the merits of the issue that is properly encompassed within this Hearing, (effective date of coverage based upon the October 14, 2025, approval Notice beginning coverage on May 1, 2025)<sup>1</sup>, when a member applies for long-term care services in a nursing facility, the member must first be assessed for eligibility:

519.006: Long-term-care Residents

(A) Eligibility Requirements. Institutionalized individuals may establish eligibility for MassHealth Standard coverage subject to the following requirements. They must

- (1) be younger than 21 years old or 65 years of age or older, or, for individuals 21 through 64 years of age meet Title XVI disability standards or be pregnant;
- (2) be determined medically eligible for nursing-facility services by the MassHealth agency or its agent as a condition for payment, in accordance with 130 CMR 456.000: Long Term Care Services;
- (3) contribute to the cost of care as defined at 130 CMR 520.026: Long-term-care General Income Deductions;
- (4) have countable assets of \$2,000 or less for an individual and, for married couples where one member of the couple is institutionalized, have assets that are less than or equal to the standards at 130 CMR 520.016(B): Treatment of a Married Couple's Assets when One Spouse is Institutionalized; and
- (5) not have transferred resources for less than fair market value as described at 130 CMR 520.018: Transfer of Resources Regardless of Date of Transfer and 520.019: Transfer of Resources Occurring on or after August 11, 1993.

In the instant appeal, the Appellant was approved for MassHealth Standard benefits to cover long-term care services in a nursing facility. (Testimony, Exhibit 1)

456.407: Clinical Authorization of Nursing-facility Services

(D) If the Mass Health agency determines that a member is eligible for nursing-

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<sup>1</sup> MassHealth testified that a prior application, received April of 2025, had been denied, and was not appealed. Had the Appellant been seeking appeal of the denial resulting from the April 2025 application, the issue is untimely and not properly preserved for the instant Appeal. (130 CMR 610.015(B)(1) and 130 CMR 610.035(A)(1))

facility services, the MassHealth agency will issue a notice that contains the effective date of coverage and the patient-paid amount. This notice is confirmation to the facility that the MassHealth agency has authorized payment of nursing-facility services for the member.

Here, the effective date of coverage was determined to begin on May 1, 2025. (Testimony, Exhibit 1). This is based upon an application for long-term care received on August 29, 2025, which can only preserve an eligibility date three months prior. (Testimony, Exhibit 5) The MassHealth Eligibility section, found at 130 CMR 516, expressly states when an eligibility determination may begin:

516.006: Coverage Date

(A) Start Date of Coverage.

(1) For individuals applying for coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 519.000: MassHealth: Coverage Types describes the rules for establishing this date.

(2) The begin date of MassHealth Standard, Family Assistance, or Limited 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. If more than one application has been submitted and not denied, the begin date will be based on the earliest application that is approved. Retroactive eligibility does not apply to services rendered under a home- and community-based services waiver provided under section 1915(c) of the Social Security Act. (Emphasis added)

In the instant appeal, the Appellant's eligibility has been approved, retroactive, to May 1, 2025. (Exhibit 1) The Appellant seeks a retroactive application of MassHealth Standard beyond the third calendar month before the month of application. However, the Financial Eligibility section of the Regulations, 130 CMR 520, explains the requirements and limitations of eligibility:

520.001: Introduction to General Financial Requirements

(A) 130 CMR 520.000 describes the rules governing financial eligibility for MassHealth. 130 CMR 520.000 is based on financial responsibility, countable income, and countable assets.

(B) The methods for the calculation of the countable-income amount, the deductible, and the income standards used in the determination of eligibility are also explained in 130 CMR 520.000.

Moreover, the Asset Reduction section of the Financial Eligibility section, explicitly limits the retroactive application of an eligibility date:

520.004: Asset Reduction

(C) Date of Eligibility. The date of eligibility for otherwise eligible individuals described at 130 CMR 520.004(A)(1)(b) is the date that his or her incurred allowable medical expenses equaled or exceeded the amount of his or her excess assets.

- 1) If after eligibility has been established, an individual submits an allowable bill with a medical service date that precedes the date established under 130 CMR 520.004(C), the MassHealth agency readjusts the date of eligibility.
- 2) ***In no event will the first day of eligibility be earlier than the first day of the third month before the date of the application***, if permitted by the coverage type. (***Emphasis added***)

Although MassHealth Standard benefits for Long-Term-Care Services in a Nursing Facility may be retroactive to the first day of the third calendar month before the month of application, “in no event will the first day of eligibility be earlier than the first date of the third month before the date of application.” The Appellant, through the Appeal Representative, has provided evidence of confusion about when the application was filed as well as the general confusion regarding the eligibility process. This general confusion does not invalidate that administrative determination by MassHealth which comports with the explicit dictates of 130 CMR 516.006 as well as the other MassHealth controlling Regulations. Here, the Appellant has not met the burden to show the invalidity of MassHealth’s determination to approve the Appellant for MassHealth coverage, beginning on May 1, 2025. Accordingly, 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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Patrick M. Grogan  
Hearing Officer  
Board of Hearings

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