Medicaid/Medicare Applications

Attorneys

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Related Services

Medicaid and Medicare
Appeal of 30-Day Discharge Notices
Appeal of Denial of Benefits
Appeal of Notice of Medicare Non-Coverage (NOMNC)
Medicaid Hardship Waiver Requests
Medicaid/Medicare Applications

Overview

When a parent needs nursing home care or a diagnosis changes the trajectory of a family's plans, a complex government benefits application is rarely what anyone expects to face next. A MassHealth application is not a simple form. It is a legal and financial disclosure that determines whether you or your loved one will receive coverage for long-term care, and a single incomplete document or miscalculated asset figure can result in a denial that delays coverage by months. The application demands detailed financial records spanning years, precise asset categorizations, and documentation that tracks every transfer, account, and income source. Families attempting this process without guidance frequently discover that the eligibility rules are far more technical than the application suggests. Cohen Cleary prepares and submits Medicaid application packages and Medicare enrollment filings with the documentation and precision these programs demand.

How We Help With Nursing Home Medicaid Applications and Medicare Enrollment

MassHealth applications are denied at high rates, not because applicants are ineligible, but because the application itself was incomplete or improperly documented. Caseworkers processing hundreds of applications catch errors and omissions inconsistently, and a filing that might have been approved with proper documentation can sit in denial for months while corrections are gathered.

We tell our clients that the application is the single most important step in the entire Medicaid process, and we treat it accordingly. Our attorneys review the full financial picture before any paperwork is filed: income sources, countable and non-countable assets, spousal protections, and any transfers that may trigger the five-year look-back period. For nursing home Medicaid applications in particular, the documentation burden is significant: facility records, physician certifications, and years of bank and investment statements must align precisely with MassHealth's requirements. We identify issues that could delay or jeopardize eligibility, coordinate with estate planning strategies where asset protection is still viable, and prepare applications designed to withstand the scrutiny that MassHealth eligibility workers apply.

For Medicare, we assist with initial enrollment, Medicare Part D enrollment, and Special Enrollment Period applications, ensuring that deadlines are met and late enrollment penalties are avoided. Waiting to enroll after a deadline has passed can trigger permanent premium penalties that follow a beneficiary for years. Where clients qualify for both Medicaid and Medicare, we coordinate dual-eligibility applications to ensure benefits are structured correctly from the start.

Why Clients Choose Cohen Cleary

At Cohen Cleary, our practice teams combine deep subject-matter experience with disciplined execution and responsive client service. We do not take a one-size-fits-all approach. Every matter is handled with careful preparation, clear communication, and a strategy tailored to the client's goals and the realities of the forum.

Clients choose Cohen Cleary because we deliver:

Practice-Focused Legal Experience

Our attorneys work in defined practice areas, allowing us to develop practical insight into the legal, procedural, and regulatory nuances that matter most in each case. This focus allows us to anticipate issues, avoid unnecessary delays, and position matters for efficient resolution.

Clear Guidance and Proactive Communication

We prioritize clarity at every stage. Clients receive straightforward explanations of their options, timely updates on developments, and practical advice grounded in real-world outcomes.

Strategic Advocacy with Trial Readiness

Whether a matter calls for negotiation, mediation, or litigation, our attorneys prepare every case with discipline and foresight. We pursue efficient resolution when possible and are fully prepared to advocate aggressively when necessary to protect our clients' interests.

Regional Knowledge and Local Presence

With offices throughout Massachusetts and experience across New England courts and agencies, we bring local insight and regional reach to every matter.

Client-Centered Service

We treat every matter with urgency and respect. Our clients rely on us for responsive service, sound judgment, and steady counsel through complex legal challenges.

In our Medicaid and Medicare work, this approach helps clients navigate complex eligibility rules and application requirements with clarity, efficiency, and confidence.

Our Approach to MassHealth Eligibility and Application Preparation

Every application begins with a comprehensive eligibility assessment. We analyze income, assets, level of care requirements, and transfer history before preparing any filing. For MassHealth long-term care applications, this includes reviewing five years of financial records for look-back period compliance and identifying spousal impoverishment protections that preserve assets for the community spouse. When we identify potential eligibility barriers, we develop strategies to address them before they become denial grounds, whether that means coordinating with estate planning counsel on permissible asset restructuring or gathering medical documentation to establish level-of-care requirements.

Representing Individuals and Families Across New

England

Cohen Cleary represents individuals and families with Medicaid and Medicare applications across New England, with particular concentration in Massachusetts, Rhode Island, Connecticut, and Maine. Because Medicaid is administered at the state level, each state maintains its own eligibility thresholds, asset limits, and documentation requirements. Our attorneys work within these state-specific frameworks daily, understanding the procedural differences between a MassHealth application filed through the Massachusetts Executive Office of Health and Human Services and applications processed by agencies in neighboring states. With offices in Taunton and Plymouth, the firm provides accessible local representation for families navigating MassHealth applications across southeastern Massachusetts and beyond. Medicare enrollment and application matters, which involve federal program rules with regional administrative components, are handled for clients across all states where the firm is licensed to practice.

Contact a Medicaid and Medicare Application Attorney at Cohen Cleary

Getting the application right the first time avoids months of delays, coverage gaps, and unnecessary financial exposure. To discuss your situation with a long-term care Medicaid attorney who handles these filings daily, contact Cohen Cleary for a consultation through our Taunton or Plymouth offices.

Frequently Asked Questions About Medicaid and Medicare Applications

What is the difference between Medicaid and Medicare?

Medicare is a federal health insurance program primarily for individuals aged 65 and older, funded through payroll taxes and premiums. Medicaid, known as MassHealth in Massachusetts, is a needs-based program that covers long-term care costs for individuals who meet income and asset thresholds. The two programs serve different functions, and many individuals qualify for both simultaneously. Understanding which program applies to your situation, and whether dual eligibility is available is essential before any application is filed.

Do I need to spend all my assets to qualify for MassHealth?

No. This is one of the most common misconceptions in Medicaid planning. The term “Medicaid spend down” suggests you must exhaust everything, but the reality is more nuanced. MassHealth has specific asset limits, but significant categories of assets are non-countable, including a primary residence up to certain equity limits, one vehicle, personal belongings, and certain prepaid burial arrangements. Spousal impoverishment protections also allow a community spouse to retain substantial assets and income. The goal of proper application preparation is to identify and maximize every available protection.

What is the MassHealth look-back period?

MassHealth reviews five years of financial history when processing a long-term care application. Any asset transfers made during that period for less than fair market value can trigger a penalty period during which the applicant is ineligible for coverage. Waiting until a nursing home

admission to begin the application process often means discovering that transfers made years earlier have created avoidable penalty periods. Identifying and addressing potential look-back issues before filing is critical, and in some cases, transfers can be explained, exemptions may apply, or hardship waivers can be pursued.

What happens if my MassHealth application is denied?

A denial is not the end of the process. You have the right to request a fair hearing through the Board of Hearings at the Division of Medical Assistance. Many denials result from documentation gaps or eligibility miscalculations that can be corrected on appeal. The key is responding within the applicable deadline and presenting complete documentation that addresses the specific grounds for denial.

