

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2501806
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	11/07/2025
<b>Hearing Officer:</b>	Casey Groff	<b>Record Closed:</b>	01/15/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Rhiannon Wojick, Tewksbury 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; LTC; Verifications
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	11/07/2025
<b>MassHealth's Rep.:</b>	Rhiannon Wojick	<b>Appellant's Reps.:</b>	Medicaid Specialist; Guardian/Conservator
<b>Hearing Location:</b>	Board of Hearings, 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 11/27/24, MassHealth denied Appellant's application for MassHealth long-term care benefits on the basis that Appellant did not provide necessary verifications to determine eligibility within the required time frame. *See* Exhibit 1 and 130 CMR 515.008. A timely appeal was filed on behalf of Appellant on 1/28/25. *See* Exh. 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

On 1/30/25, the Board of Hearings (BOH) placed the matter on hold pursuant to 130 CMR 610.016 pending the Probate and Family Court's appointment of a guardian or conservator. *See* Exh. 3. Once BOH received confirmation that a guardian and temporary conservator had been appointed, the matter was scheduled to be heard on 11/7/25. *See* Exhs. 4-5. At the conclusion of the hearing, the record was left open through 1/15/26 for the submission of additional evidence. *See* Exhs. 8-12.

### Action Taken by MassHealth

MassHealth denied Appellant's application for long-term care benefits for failure to provide the necessary verifications to determine her eligibility within the required time frame.

## Issue

The appeal issue is whether MassHealth erred in denying Appellant's application for long-term care benefits based on its determination that Appellant failed to submit verifications within the required timeframe.

## Summary of Evidence

A MassHealth eligibility representative appeared at the hearing and testified as follows. On 10/14/24, MassHealth received a long-term care (LTC) application on behalf of Appellant. On 10/22/24, MassHealth issued a Request for Information (RFI) identifying the verifications that were required to be provided to MassHealth within 30 days to determine Appellant's eligibility.

On 11/27/24, after the submission deadline had elapsed, MassHealth notified Appellant that it denied her LTC application because she "did not give MassHealth the information it needs to decide eligibility within the required timeframe. 130 CMR 515.008." See Exh. 1. The denial notice listed the items requested in the RFI that remained outstanding, including verification of private pension income, health insurance information, bank account statements from 6/1/23 to present with verification of all deposit sources and transactions exceeding \$1,000, verification of recurring [REDACTED] insurance premiums associated with Appellant's account, and monthly statements for Appellant's retirement account. *Id.*

A timely appeal was filed on 1/28/25. See Exh. 2. On 1/30/25, the Board of Hearings (BOH) placed the matter on hold pending the appointment of a guardian and conservator. See Exh. 3. BOH later received documentation showing that the Probate and Family Court issued guardianship and temporary conservatorship orders on 9/23/25. See Exh. 4. Upon receipt of this documentation, the matter was scheduled for hearing. See Exh. 5.

The MassHealth representative testified that, as of the hearing date, all verifications listed on the denial notice remained outstanding.

Appellant was represented by her court-appointed guardian/conservator and a Medicaid planning specialist (hereinafter "Appellant's representatives"). Appellant's representatives did not dispute that the requested verifications remained outstanding. Rather, they testified that their efforts to obtain documentation through the Appellant's family had been unsuccessful and that, due to Appellant's lack of capacity, probate proceedings were initiated to obtain authority to access the necessary financial information on her behalf.

Appellant's representatives explained that following the appointment, conservatorship orders and legal paperwork were sent to the financial institutions at issue and are currently being reviewed to confirm the conservator's authority. They anticipated that once this review was complete, they

could then obtain the requested information. Accordingly, Appellant's representatives requested additional time to produce the outstanding verifications. The request was granted and the record was left open. *See* Exh. 8.

During the record-open period, Appellant's representatives provided statements from Appellant's retirement account and verification of her current health insurance coverage, noting that the documentation confirmed she did not have active private health insurance. Appellant's representatives indicated that, as of December 3<sup>rd</sup>, they believed all requested documentation had been submitted. *See* Exh. 10.

On 12/22/25, MassHealth responded that, upon review of the submission, it was unable to determine eligibility due to requested verifications that remained outstanding, including a current pension statement or letter from the pension administrator verifying the gross monthly pension amount and any deductions; complete checking account statements with verification of all deposit sources and transfers exceeding \$1,000; clarification regarding recurring [REDACTED] insurance premium payments reflected in the account activity; and, clarification of the withdrawals from the retirement account. *See* Exh. 12.

Appellant was granted additional time to respond to MassHealth's position. Through an extended record open period, Appellant's representatives resubmitted the checking account statements and advised that the account had been closed on 7/29/25, with a final balance of approximately \$2,672, and noted that documentation reflecting the disposition of those funds could not be obtained. *See* Exh. 11, Attms. (A)-(D). Appellant's representatives also submitted retirement account statements and pension close-out documentation asserting that the withdrawals identified by MassHealth were scheduled quarterly distributions reflected in the bank statements and that the account was now closed with no further activity to report. With respect to the [REDACTED] insurance premium payments, Appellant's representative's asserted that this was "new data" that was being requested that they would need to obtain further information. *See* Exh. 11.

On 1/8/26, MassHealth responded that the request for verification of the [REDACTED] insurance premium payments, which continued to remain an outstanding verification, was not new, but rather, had been identified in the 11/27/24 denial notice, discussed at hearing, and included in the record-open correspondence. In addition to this item, MassHealth still required clarification regarding the disposition of funds from the closed checking account, including where the proceeds were disbursed and where the Appellant's Social Security benefits were being deposited after the account was closed. MassHealth also noted that it still did not have sufficient showing the disposition of funds from the retirement account. MassHealth concluded that it did not have sufficient documentation to determine eligibility and respectfully requested that a decision be issued. *See* Exh. 12.

## Findings of Fact

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

1. On 10/14/24, MassHealth received a long-term care application on behalf of Appellant.
2. On 10/22/24, MassHealth issued an RFI identifying verifications required to determine Appellant's eligibility for LTC benefits and requested that all listed items in the RFI be submitted to MassHealth within 30 days.
3. Appellant did not provide MassHealth with the requested verifications within the time allowed.
4. On 11/27/24, MassHealth denied Appellant's application for failing to provide necessary verifications to determine eligibility, and identified the following requested RFI items as still outstanding: verification of pension income, health insurance, information, bank statements from June 1, 2023 to present, verifications of transactions exceeding \$1,000, retirement account statements, and verification of recurring [REDACTED] insurance premium payments.
5. Appellant filed a timely appeal on 1/28/25, however, the matter was placed on hold pending the appointment of a conservator/guardian.
6. The Probate and Family Court issued guardianship and temporary conservatorship orders on 9/23/25, and once these documents were sent to the Board of Hearings, the appeal was scheduled to be heard on 11/7/25.
7. As of the hearing date, all items listed on the 11/27/24 denial remained outstanding.
8. Following the hearing, the record was left open to allow Appellant additional time to submit the outstanding verifications.
9. Despite extended time following the hearing, Appellant did not provide all requested verifications necessary for MassHealth to determine her financial eligibility.

## Analysis and Conclusions of Law

This appeal concerns whether MassHealth properly denied the Appellant's long-term care application based on her failure to submit necessary verifications within the required timeframe.

In determining whether an applicant qualifies for benefits, MassHealth requires verification of all eligibility factors including, income, assets, residency, citizenship, and identity. See 130 CMR §§ 516.001, 516.003. Applicants seeking MassHealth long-term care benefits must verify that (1) their assets do not exceed \$2,000, and (2) they have not made any disqualifying transfers of resources within the last five years. See 130 CMR 519.006(A) and 130 CMR §§ 520.018, 520.019.

Pursuant to 130 CMR 516.003, MassHealth will notify an applicant of the specific information needed to establish eligibility through a Request for Information, which involves the following process:

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. The following time standards apply to the verification of eligibility factors.

- (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications.
- (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated.
- (3) A new application is required if a reapplication is not received within 30 days of the date of denial.

It is the responsibility of the applicant or member to "cooperate with MassHealth in providing information necessary to establish eligibility... and to comply with all the rules and regulations of MassHealth." See 130 CMR 515.008.

In this case, MassHealth issued a request for information dated 10/22/24 identifying the verifications that Appellant was required to submit within 30 days for MassHealth to determine eligibility. It is undisputed that Appellant did not submit all requested verifications by the 30-day deadline. In accordance with 130 CMR 515.008 and 130 CMR 516.003(D)(2), MassHealth appropriately denied Appellant's LTC application.

As of the hearing date, all verifications listed in the denial notice remained outstanding. Appellant was granted additional time, post-hearing, to submit the outstanding documents. Despite the extended time and multiple opportunities afforded through the record open period, Appellant did not submit sufficient verification or clarification of the [REDACTED] insurance premium payments or the disposition of funds from the closed checking and retirement accounts.

Because MassHealth was unable to verify all potential assets and financial information necessary to determine eligibility, it was unable to render an eligibility determination. Accordingly, MassHealth acted in accordance with the regulations in denying Appellant's LTC application.

Based on the foregoing, 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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Casey Groff  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957