

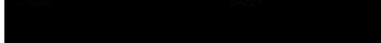
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506459
Decision Date:	10/24/2025	Hearing Date:	06/18/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	10/17/2025

Appearance for Appellant:



Appearance for MassHealth:

Kim McAvinchey, 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

Appeal Decision:	Denied	Issue:	Long Term Care-Verifications
Decision Date:	10/24/2025	Hearing Date:	06/18/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Rep.:	[REDACTED]
Hearing Location:	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 April 15, 2025, MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to verify eligibility and terminated community coverage effective April 29, 2025 (130 CMR 515.008, 516.001 and Exhibit 1). Appellant filed this appeal in a timely manner on April 24, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial and termination of assistance are valid grounds for appeal (130 CMR 610.032). The hearing record remained open and was reopened by the hearing officer, and several extensions to the record open period were allowed. The hearing record closed on October 17, 2025.

Action Taken by MassHealth

MassHealth denied Appellant's application for long-term care benefits for failure to verify eligibility and terminated community coverage effective April 29, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, 516.001, in denying Appellant's application for long-term care benefits for failing to verify eligibility and terminating community coverage effective April 29, 2025.

Summary of Evidence

The MassHealth representative testified that Appellant was admitted to a nursing facility on [REDACTED]. MassHealth verified that Appellant was receiving Standard coverage as a community resident when she was admitted to the nursing facility. MassHealth noted that such coverage was terminated on April 29, 2025 for failure to provide verification of eligibility, and long term care coverage for room and board has never been approved (Exhibits 1 and Exhibit 10, pp. 49-51). An application for long-term care benefits was submitted to MassHealth on October 31, 2024. On November 15, 2024, MassHealth requested verification of eligibility (Exhibit 6). On December 23, 2024, MassHealth issued a denial notice for failure to submit verification of eligibility (Exhibit 5). A hearing was scheduled for February 24, 2025 to address the December 23, 2024 denial for failure to verify eligibility. Appellant's representative did not appear at the hearing. On March 10, 2025, the MassHealth information system auto-generated another information request for a community application. On April 15, 2025, a termination notice issued ending community coverage effective April 29, 2025 for failure to give MassHealth the information it needs to decide eligibility within the required time frame (Exhibit 1). MassHealth noted that the long-term care application has been pending for months, and as of the date of hearing, except for the permission to share (PSI) form for the nursing facility, no verifications had been submitted to MassHealth to complete the October 31, 2024 application (Exhibits 4, 7). The hearing record remained open until July 2, 2025 to allow Appellant's representative to submit outstanding documentation identified on the April 15, 2025 notice. On July 16, 2025, documentation submitted by Appellant was reviewed by the MassHealth representative who determined that the information was incomplete. Appellant forwarded additional documentation, and the hearing record remained open until July 25, 2025 for MassHealth to review the documentation which was again determined to be incomplete. Appellant forwarded additional documentation. The hearing record remained open until August 8, 2025 to allow Appellant to submit all outstanding documentation identified on the April 15, 2025 notice. MassHealth re-reviewed the documentation submitted, and on August 12, 2025 determined that eligibility could not be determined because verification of assets and income remained outstanding. After review of the documentation submitted on Appellant's behalf and pursuant to 130 CMR 610.085, the hearing officer reopened the hearing record through October 17, 2025 to allow additional documentation to be submitted with the assistance of Appellant's daughter as requested by Appellant's representative. The documentation submitted was reviewed by the MassHealth representative and resulted in a final determination that eligibility could not be determined because verification of assets and income remained outstanding, after which the hearing record closed (Exhibit 10).

Appellant's representative testified that Appellant was admitted to the facility in 2021 and the facility was last paid in December 2024 through Senior Whole Health. Appellant's representative testified to difficulty obtaining the documentation requested by MassHealth and requested additional time to submit the verifications. On September 4, 2025, Appellant's representative

stated by email that the community spouse's daughter contacted her stating that she was unaware that the community spouse needed to provide the information identified by MassHealth, and that she would get the information. After failed-attempts to fax or mail the documentation to MassHealth, Appellant's representative submitted the additional documentation (Exhibit 9d). On October 21, 2025, MassHealth submitted an email response stating that the 182-pages of documents are largely irrelevant to the application and that Appellant did not provide the requested verifications. MassHealth noted there was no order to the documents, no explanations, and no divider pages as requested several times. MassHealth sifted through dozens of pages of unrelated documents (medical history, prescription drug summaries, numerous pages of Home Depot receipts, National Grid transactions from 2019 to present, and more) all with no bearing to the application.

MassHealth was able to find the following requested verifications in the final submission of documentation:

- 2022 and 2023 tax returns
- Spouse SS income
- Spouse pension from City of Boston dated after 7/1/25 (did not receive proof pension prior to 7/1/25. Both were requested.)
- Gift letter verifying a \$5,000 gift to a granddaughter in 11/2024 with no explanation.
- Mortgage payment
- Fair market value for Toyota Avalon and Ford Focus
- Registration for Toyota Avalon

The remaining outstanding verifications were listed by MassHealth:

1. Incomplete Application

MassHealth needs completed application pages:

Page 10/question 34 (bank statements verify payroll deposits) and question 39 did not include spouse's SS and two pension incomes, Page 26/applicant transferred property into a trust in 2022. Revise 6a, 6c, 6d and provide all asset information. 9/29/25 submission - incomplete page 10 (has not identified 2nd pension), incomplete page 26 (disclosed transferred assets were not identified)

2. Spouse Expenses

Proof of current annual taxes and annual premium for homeowner's insurance. (This verification, in and of itself, if not provided, will not prevent an eligibility determination however it affects the PPA and any of appellant's income which may be available for community spouse to keep.)

3. Trust Property

Explanation in signed and dated letter as to disposition of all trust property:

Is it vacant or occupied? Who resides at property? Does appellant and/or spouse receive rental income? If yes, send proof of current monthly rent and all expenses. If occupied, what is relationship of tenants to appellant/spouse.

4. Mortgage [REDACTED] MA
On 6/25/2021 appellant took a mortgage of \$299,000 on [REDACTED].
MassHealth requested explanation/proof how these funds were disbursed. If property was sold, a copy of closing documents, proof amount received and proof how funds disbursed/spent down required.
5. Boston City CU 9001
Dozens of unverified deposits and disbursements. Requested proof source deposits of any amount, disbursements \$1000 and over for all accounts. No verifications received for disbursements of \$1000 and over including two \$10,000 disbursements, recurring withdrawals \$1,822.41, transfers to unknown account [REDACTED]. Statements verify [REDACTED] retirement and payroll (earned wages?), recurring deposits \$1,800 (rental income?) Verification for all deposits any amount (except direct deposit SS/pension) not received.
6. [REDACTED] Trust
Signed and dated letter from Trustee with the following information:
 1. All assets in trust and value on 10/31/22. (If none, say none)
 2. All assets transferred in/out of trust on/after 10/31/22 and dates of transfers (not individual bank transactions)(If none, say none)
 3. All assets currently in trust and current value (if none, say none)
 4. Send proof of value on 10/31/19 and proof of current value.List each account by financial institution and last 4 of acct numbers.
For property send copy recorded deed and proof current assessed value.
7. [REDACTED], MA [REDACTED]
Records verify this is a multi-family home. MassHealth requested a signed/dated statement with number of units in building, which unit appellant and/or spouse occupies, number of units rented or vacant; for each unit rented who rents, relationship to appellant/spouse, gross monthly rent and provide proof of monthly rent and all expenses. If any unit empty, explain if advertised for rent. If appellant and/or spouse are receiving rental income, revise and resend page 6 and complete rental income question.
8. [REDACTED] City CU [REDACTED]
Statements received. Missing proof source deposits of any amount, disbursements of \$1000 and over. There are over two dozen unverified deposits/disbursements.
9. [REDACTED]

MassHealth requested for all financial resources/accounts closed/sold/transferred after 10/01/19, send statements 3 months prior to close through closing statements with closing withdrawal and disbursement including bank accts, CDs, stock, cashed bonds, IRAs, retirement portfolios and [REDACTED] account [REDACTED]. No statements or verifications received.

10. Vehicles

Applicant owns two vehicles. Copy of registration for Ford Focus not received.

11. Mutual Life Insurance

Bank statements account [REDACTED] verify two monthly Mutual insurance premiums.

12. [REDACTED] acct [REDACTED]

MassHealth received account statements on 9/26/25 with no verifications received for many unidentified deposits and credits. Requested proof source deposits of any amount, disbursements of \$1000 and over for all accounts.

13. Spouse Earned Wages

Community spouse appears to be working (?) as account [REDACTED] verifies both "pension" and "payroll" deposits as recently as March 2025 statement. If working MassHealth requires proof of gross income, number of hours and all deductions for last 30 days. If this is not earned wages, explain and clarify.

14. Spouse Pension

MassHealth did not receive proof of gross monthly income for [REDACTED] pension. There are two pension deposits shown on spouse's bank statements, [REDACTED] deposit to [REDACTED] and [REDACTED] to [REDACTED]. MassHealth requires proof of current gross monthly income for all pensions. For local government pensions ([REDACTED]) MassHealth will require proof dated prior to 6/30/25 and also proof dated after 7/1/25 as these pensions change on 7/1 of each year. MassHealth received proof of income dated August 2025 and did not receive proof of gross amount prior to July 2025.

15. Unknown account [REDACTED]

Transfers seen on [REDACTED] statements to/from unknown account [REDACTED]. For example, on 3/18/24, \$45.85 transferred to [REDACTED]. All accounts require statements as requested and proof for source of all deposits of any amount, disbursements of \$1000 and over for all accounts.

16. Unknown account [REDACTED]

Transfers seen on [REDACTED] statements to/from unknown account [REDACTED]. For example, on 5/20/24, \$2,351.14 transferred to [REDACTED]. All accounts require statements as requested and proof for source of all deposits of any amount, disbursements of \$1000 and over for

all accounts.

MassHealth stated that it remains unable to determine eligibility without a complete application with disclosure of and verifications for all income and assets for Appellant and the community spouse. See Exhibit 10.

Findings of Fact

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

1. Appellant was admitted to a nursing facility on [REDACTED].
2. Appellant was receiving Standard coverage as a community resident while admitted to the nursing facility which was terminated on April 29, 2025 for failure to provide verification of eligibility. Long-term care coverage for room and board has not been approved.
3. An application for long-term care benefits was submitted to MassHealth on October 31, 2024.
4. On November 15, 2024, MassHealth requested verification of eligibility (Exhibit 6).
5. On December 23, 2024, MassHealth issued a denial notice for failure to submit verification of eligibility (Exhibit 5).
6. A hearing was scheduled on February 24, 2025 on the December 23, 2024 denial for failure to verify eligibility. Appellant's representative did not appear at the hearing and the appeal was dismissed by the Board of Hearings.
7. On March 10, 2025, the MassHealth information system auto generated another information request for a community application.
8. On April 15, 2025, a termination notice issued ending coverage effective April 29, 2025 for failure to give MassHealth the information it needs to decide eligibility within the required time frame.
9. The hearing record remained open until July 2, 2025 to allow Appellant's representative to submit outstanding documentation identified on the April 15, 2025 application.
10. On July 16, 2025, documentation submitted by Appellant was reviewed by the MassHealth representative who determined that the information was incomplete.

11. Appellant's representative forwarded additional documentation, and the hearing record remained open until July 25, 2025 for MassHealth to review the documentation which was determined to be incomplete.
12. Appellant forwarded additional documentation. The hearing record remained open until August 8, 2025 to allow Appellant to submit all outstanding documentation identified on the April 15, 2025 notice. MassHealth re-reviewed the documentation submitted, and on August 12, 2025 determined that eligibility could not be determined because verification of assets and income remained outstanding, after which the hearing record closed.
13. On September 4, 2025, Appellant's representative stated by email that the community spouse's daughter contacted her stating that she was unaware that the community spouse needed to provide the information identified by MassHealth, and that she would get the information. After failed-attempts to successfully fax or mail the documentation to MassHealth, Appellant's representative submitted additional documentation.
14. On October 21, 2025, MassHealth submitted into evidence an email stating that the final submission from Appellant was 182-pages of documents largely not relevant to the application and the requested verifications. MassHealth sifted through dozens of pages of unrelated documents (medical history, prescription drug summaries, numerous pages of Home Depot receipts, National Grid transactions from 2019 to present, and more) all with no bearing to the application. MassHealth was able to find the following requested verifications in this submission:
 - 2022 and 2023 tax returns
 - Spouse SS income
 - Spouse pension from [REDACTED] dated after 7/1/25 (did not receive proof pension prior to 7/1/25. Both were requested.)
 - Gift letter verifying a \$5,000 gift to a granddaughter in 11/2024 with no explanation.
 - Mortgage payment
 - Fair market value for Toyota Avalon and Ford Focus
 - Registration for Toyota Avalon

15. Verifications that remain outstanding:

- Incomplete Application
MassHealth needs completed application pages: Page 10/question 34 (bank statements verify payroll deposits) and question 39 did not include spouse's SS and two pension incomes, Page 26/applicant transferred property into a trust in 2022. Revise 6a, 6c, 6d and provide all asset information. 9/29/25 submission - incomplete page 10 (has not identified 2nd pension), incomplete page 26

(disclosed transferred assets were not identified)

- Spouse Expenses
Proof of current annual taxes and annual premium homeowner's insurance.
- Trust Property
Explanation in signed and dated letter as to disposition of all trust property:
Is it vacant or occupied? Who resides at property? Does Appellant and/or spouse receive rental income? If yes, send proof current monthly rent and all expenses. If occupied, what is relationship of tenants to appellant/spouse.
- Mortgage [REDACTED], [REDACTED], MA
On 6/25/21 Appellant took a mortgage of \$299,000. MassHealth requested explanation/proof how these funds were disbursed. If property was sold, a copy of closing documents, proof amount received and proof how funds disbursed/spent down required.
- [REDACTED] CU [REDACTED]
Dozens of unverified deposits and disbursements. Requested proof source deposits of any amount, disbursements of \$1000 and over for all accounts. No verifications received for disbursements of \$1000 and over including two \$10,000 disbursements, recurring withdrawals of \$1,822.41, transfers to unknown account [REDACTED]. Statements verify [REDACTED] retirement and payroll (earned wages?), recurring deposits \$1,800 (rental income?) Verification for all deposits of any amount (except direct deposit SS/pension) not received.
- [REDACTED] Trust
Signed and dated letter from Trustee with the following information:
 - All assets in trust and value on 10/31/22. (If none, say none)
 - All assets transferred in/out of trust on/after 10/31/22 and dates of transfers (not individual bank transactions) (If none, say none)
 - All assets currently in trust and current value (if none, say none)
 - Proof of value on 10/31/19 and proof of current value. List each account by financial institution and last 4 of acct numbers. For property send copy recorded deed and proof current assessed value.
- [REDACTED], [REDACTED], MA [REDACTED]
Records verify this is a multi-family home. MassHealth requested a signed/dated statement with number of units in building, which unit Appellant and/or spouse occupies, number of units rented or vacant; for each unit rented who rents, relationship to Appellant/spouse, gross monthly rent and provide proof of

monthly rent and all expenses. If any unit is empty, explain if advertised for rent. If appellant and/or spouse is receiving rental income, revise and resend page 6 and complete rental income question.

- ██████████ CU ██████████
Statements received. Missing proof source deposits of any amount, disbursements of \$1000 and over. There are over two dozen unverified deposits/disbursements.
- ██████████ Bank ██████████
MassHealth requested all financial resources and accounts closed/sold/transferred after 10/01/19, send statements 3 months prior to close through to closing statements with closing withdrawal and disbursements including bank accts, CDs, stock, cashed bonds, IRAs, retirement portfolios and ██████████ account ██████████. No statements or verifications received.
- Vehicles
Applicant owns two vehicles. Copy of registration for Ford Focus not received.
- ██████████ Life Insurance
Bank statements account ██████████ verify two monthly ██████████ insurance premiums.
- ██████████ acct ██████████
MassHealth received account statements on 9/26/25 with no verifications received for many unidentified deposits and credits. Requested proof source deposits of any amount, disbursements of \$1000 and over for all accounts.
- Spouse Earned Wages
Community spouse appears to be working (?) as account ██████████ verifies both “pension” and “payroll” deposits as recently as March 2025 statement. If working, MassHealth requires proof of gross income, number of hours and all deductions for last 30 days. If this is not earned wages, explain and clarify.
- Spouse Pension
MassHealth did not receive proof of gross monthly income for ██████████ pension. Two pension deposits shown on spouse’s bank statements, ██████████ deposit to ██████████ and ██████████ to ██████████. MassHealth requires proof of current gross monthly income for all pensions. For local government pensions ██████████ MassHealth will require proof dated prior to 6/30/25 and also proof dated after 7/1/25 as these pensions change on 7/1 of each year. MassHealth received proof of income dated August 2025 and did not receive proof of gross amount prior to July 2025.

- Unknown account [REDACTED]
Transfers seen on [REDACTED] statements to/from unknown account [REDACTED]. For example, on 3/18/24, \$45.85 transferred to [REDACTED]. All accounts require statements as requested and proof for source of all deposits of any amount, disbursements of \$1000 and over for all accounts.
- Unknown account [REDACTED]
Transfers seen on [REDACTED] statements to/from unknown account [REDACTED]. For example, on 5/20/24, \$2,351.14 transferred to [REDACTED]. All accounts require statements as requested and proof for source of all deposits of any amount, disbursements of \$1000 and over for all accounts.

Analysis and Conclusions of Law

A hearing decision must be based on a preponderance of the evidence (130 CMR 610.082(B)), and Appellant has the burden of proving by a preponderance of the evidence the invalidity of the determination by the MassHealth agency.¹ The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility* (130 CMR 516.003).

Regulation 130 CMR 516.001 provides:

(A) Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(2) Date of Application.

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete as provided in 130 CMR 516.001(C).

¹ See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002) (burden is on appellant to demonstrate the invalidity of an administrative determination).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

Regulation 130 CMR 516.001(B) provides that MassHealth may request additional information or documentation, if necessary, to determine eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. If the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)). Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date (130 CMR 516.002). An applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth (130 CMR 515.008(A)).² The right to appeal a

² Regulation 130 CMR 516.003(G) allows verification exceptions for special circumstances: "(e)cept with respect

MassHealth determination of eligibility applies only to an applicant or member or nursing facility resident, not to a nursing facility seeking payment.

Appellant was admitted to a nursing facility on [REDACTED]. Appellant's representative testified that the nursing facility was paid through [REDACTED] through December 2024. An application for long-term care benefits was submitted to MassHealth on October 31, 2024. On November 15, 2024, MassHealth requested verification of eligibility (Exhibit 6). On December 23, 2024, MassHealth issued a denial notice for failure to submit verification of eligibility (Exhibit 5). A hearing was scheduled for February 24, 2025 on the December 23, 2024 denial for failure to verify eligibility. Appellant's representative did not appear at the hearing, and the appeal was dismissed by the Board of Hearings. On March 10, 2025, the MassHealth information system auto-generated another information request for a community application. On April 15, 2025, a termination notice issued ending coverage effective April 29, 2025 for failure to give MassHealth the information it needs to decide eligibility within the required time frame (Exhibit 1). The application dated October 31, 2024 has been pending for 12 months. The appellant has known what verifications MassHealth needs to determine eligibility since the MassHealth Request for Information dated November 15, 2024, and the denial notice dated December 23, 2024. Despite several extensions of the hearing record open period to allow Appellant to marshal the documentation required to verify eligibility, the documentation was reviewed by MassHealth, and eligibility could not be determined because verification of assets and income was not submitted. The hearing officer has reviewed the MassHealth list of outstanding verification factors which are related to asset and income information required to determine MassHealth eligibility. The hearing officer has also reviewed the documentation submitted by Appellant's representative (Exhibits 9a-9d) and concludes that required verification of assets including undisclosed bank accounts, the use of mortgage proceeds, trust assets, deposit sources and disbursements of \$1,000 or more, complete pension verification, and other required eligibility factors requested by MassHealth have not been submitted to MassHealth despite multiple record open extensions during the pendency of this appeal.

Therefore, the appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

to the verifications of citizenships and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster." An exception for special circumstances does not apply to the facts at hand.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: [REDACTED]

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