

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508036
Decision Date:	1/14/2026	Hearing Date:	11/06/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	01/07/2026

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:	1/14/2026	Hearing Date:	11/06/2025
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 March 25, 2025, MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to verify eligibility (130 CMR 515.008, 516.001 and Exhibit 1). Appellant filed this appeal in a timely manner on May 27, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). Appellant died on [REDACTED]. A hearing was scheduled for June 25, 2025. The matter was placed on Probate Hold for the appointment of a Personal Representative for the estate. Following the appointment of a Personal Representative on September 12, 2025, a hearing was held on November 6, 2025. The hearing record remained open to allow additional verifications to be submitted. The hearing record closed following the MassHealth response on January 7, 2026.

Action Taken by MassHealth

MassHealth denied Appellant's application for long-term care benefits for failure to verify eligibility.

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.

Summary of Evidence

The MassHealth representative testified that Appellant was admitted to a nursing facility on [REDACTED]. An application for long-term care benefits was submitted to MassHealth on February 6, 2025. On February 12, 2025, MassHealth issued a verification request. On March 3, 2025, MassHealth issued an updated verification request. On March 25, 2025, the application was denied for failure to provide verifications. Appellant died on [REDACTED]. On May 22, 2025, a second information request was issued. On July 7, 2025, a final denial for lack of verifications was issued by MassHealth. A request for a hearing was submitted to the Board of Hearings on May 27, 2025. A hearing was scheduled for June 25, 2025. The matter was placed on Probate Hold for the appointment of a Personal Representative for the estate. Following the appointment of a Personal Representative on September 12, 2025, a hearing was held on November 6, 2025. MassHealth testified that outstanding verifications include proof of ownership of a [REDACTED] checking account with proof of sources of deposits of \$58,173.72 on February 23, 2021, statements for two additional [REDACTED] and verification of a [REDACTED] with proof of the source of all deposits and statements from November 16, 2024, to present (Exhibit 4). The estate representative requested a record open period to obtain outstanding verifications. The hearing record remained open, and a one-week extension was requested and allowed. MassHealth reviewed the documentation and submitted a reply stating that verifications remain outstanding. MassHealth is unable to determine eligibility without these verifications which include source(s) of all deposits (potential disclosure of additional assets) and verification of unknown [REDACTED].

MassHealth identified the following outstanding verifications:

1. [REDACTED]
 - Proof of source deposits to the account. For example, deposit(s) made April/May 2020, Feb/April 2021. Proof source of all deposits including \$58,173.72 on 2/23/21 was not received.

[REDACTED]

 - \$7,566.00: 04/13/20 transfer deposit from account [REDACTED]. Although bank has verified account 1936 does not belong to the appellant, there is no explanation for the deposit, for example, a gift to appellant or a cure for transfers.

- \$35.00: 03/03/21 transfer from unknown [REDACTED] – account requires verification;
- \$286.00: 02/22/21 transfer from unknown [REDACTED] – account requires verification;
- \$58,317.72: 02/23/21. On 12/11/25 the appellant provided a copy of a bank document which states “Deposit – Checking/Money Market” and also states “Transaction: Withdrawal.” The only account number on this document is [REDACTED] Is this a deposit to [REDACTED] or a withdrawal from another account? If a withdrawal from another account, the source is still unverified.
- \$17,797.91: 04/22/21 deposit
- \$1,000.00: 06/23/23 mobile deposit (a check to be a mobile deposit).
- \$10,000.00: 05/19/23 transfer from unknown [REDACTED] – account requires verification.

2. [REDACTED]
 MassHealth received a transaction history for [REDACTED] with no dates for transactions. Send statements 11/16/24 to present. Proof of source of deposit \$79.20 on the transaction history (no date). Send proof source of all deposits any amount. Statements were received. Verifications were not received.

Unverified deposits to [REDACTED]

- \$120.60: 09/20/24
- \$2,000.12: 01/30/25. Appellant provided deposit slip dated 1/30/25 for \$2,000.12 followed by checks:
 - \$79.20 – 2/26/25 deposit check is illegible and cannot verify source
 - \$75.60 pension 2/26/25 deposit
 - \$75.60 pension 2/26/25 deposit
 - Cash withdrawal \$72.00 2/26/25
 Total \$158.40 - checks do not verify source(s) of the \$2,000.12 deposit.
- \$1,334.00 : 12/31/24
- \$1,696.00: 12/31/24 cash

3. Unknown Account [REDACTED]

Appellant’s submission during the Record Open period provided verification of transfers to account [REDACTED] from undisclosed/unknown account [REDACTED]

- \$ 35.00: 03/03/21
- \$286.00: 02/22/21
- \$10,000: 05/19/23

MassHealth requires proof of [REDACTED] account ownership, statements, proof for all disbursements \$1,000 and over, and proof of source of all deposits of any amount as

requested in the 2/12/25 Request for Information.

The hearing record closed after receipt of the MassHealth response to the verifications submitted.

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. An application for long-term care benefits was submitted to MassHealth on February 6, 2025.
3. On February 12, 2025, MassHealth issued a verification request.
4. On March 3, 2025, MassHealth issued an updated verification request.
5. On March 25, 2025, the application was denied for failure to provide verifications.
6. Appellant died on [REDACTED]
7. On May 22, 2025, a second information request was issued.
8. A request for a hearing was submitted to the Board of Hearings on May 27, 2025.
9. On July 7, 2025, a final denial for lack of verifications was issued by MassHealth.
10. Outstanding verifications included proof of ownership of a [REDACTED] with proof of sources of deposits including \$58,173.72 on February 23, 2021; statements for two additional [REDACTED] checking account with proof of the source of all deposits and statements from November 16, 2024 to present (Exhibit 4).
11. A hearing was scheduled for June 25, 2025. The matter was placed on Probate Hold at the Board of Hearings for the appointment of Personal Representative for the estate. Following the appointment of a Personal Representative on September 12, 2025, a hearing was held on November 6, 2025.
12. The hearing record remained open, and a one-week extension was requested and allowed.
13. The following verifications remain outstanding:

- Proof of source deposits to the account. For example, deposit(s) made April/May 2020, Feb/April 2021. Proof source of all deposits including \$58,173.72 on 2/23/21 was not received.

Unverified deposits to [REDACTED]

- \$7,566.00: 04/13/20 transfer deposit from account [REDACTED] Although bank has verified account [REDACTED] does not belong to the appellant, there is no explanation for the deposit, for example, a gift to appellant or a cure for transfers.
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 - Total \$158.40 - checks do not verify source(s) of the \$2,000.12 deposit.
- \$1,334.00 : 12/31/24
- \$1,696.00: 12/31/24 cash

Unknown Account [REDACTED]

Transfers to account 9675 from undisclosed/unknown account [REDACTED]

- \$ 35.00: 03/03/21
- \$286.00: 02/22/21

- \$10,000: 05/19/23
- Proof of [REDACTED] account ownership, statements, proof for all disbursements \$1,000 and over, and proof of sources of all deposits of any amount as requested in the 2/12/25 Request for Information.

Analysis and Conclusions of Law

A hearing decision must be based on a preponderance of the evidence (130 CMR 610.082(B)). Appellant has the burden of proving 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).

(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

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).

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

Here, Appellant was admitted to a nursing facility on [REDACTED]. An application for long-term care benefits was submitted to MassHealth on February 6, 2025. On February 12, 2025,

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

MassHealth issued a verification request. On March 3, 2025, MassHealth issued an updated verification request. On March 25, 2025, the application was denied for failure to provide verifications. Appellant died on [REDACTED]. On May 22, 2025, a second information request was issued. A request for a hearing was submitted to the Board of Hearings on May 27, 2025. On July 7, 2025, a final denial for lack of verifications was issued by MassHealth. A hearing was scheduled for June 25, 2025. The matter was placed on Probate Hold at the Board of Hearings for the appointment of Personal Representative for the estate. Following the appointment of a Personal Representative on September 12, 2025, a hearing was held on November 6, 2025. Outstanding verifications identified at hearing included proof of ownership of a [REDACTED] with proof of sources of deposits including \$58,173.72 on February 23, 2021; statements for two additional [REDACTED] with proof of the source of all deposits and statements from November 16, 2024 to present (Exhibit 4). The hearing record remained open and a one-week extension was requested and allowed.

The following verifications remain outstanding:

[REDACTED]

- Proof of source deposits to the account. For example, deposit(s) made April/May 2020, Feb/April 2021. Proof source of all deposits including \$58,173.72 on 2/23/21 was not received.

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[REDACTED]

- \$120.60: 09/20/24

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Transfers to account [REDACTED] from undisclosed/unknown account [REDACTED]

- \$ 35.00: 03/03/21
- \$286.00: 02/22/21
- \$10,000: 05/19/23
- Proof of [REDACTED] account ownership, statements, proof for all disbursements \$1,000 and over, and proof of sources of all deposits of any amount as requested in the 2/12/25 Request for Information.

Although additional time was allowed during a hearing record open period to allow Appellant's estate representative to marshal the documentation required to verify eligibility, the documentation was reviewed by MassHealth, and eligibility could not be determined because verification of bank accounts, sources of all deposits, and undisclosed accounts has not been submitted. The hearing officer has reviewed the MassHealth list of outstanding verification factors which are related to asset and income information necessary to determine MassHealth eligibility. The hearing officer has also reviewed the documentation submitted by Appellant's representative (Exhibits 10, 11) and concludes that required verification of assets including undisclosed bank accounts, proof of the source of all deposits, and other required eligibility factors requested by MassHealth have not been submitted to MassHealth during the pendency of this appeal.

Therefore, the 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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