

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511785
Decision Date:	12/15/2025	Hearing Date:	09/19/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	10/27/2025

Appearance for Appellant:



Appearance for MassHealth:

Jennifer Carroll (for Carmen Sola), Taunton
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:	Eligibility; Under 65; Long-term care; Verifications
Decision Date:	12/15/2025	Hearing Date:	09/19/2025
MassHealth's Rep.:	Jennifer Carroll (for Carmen Sola)	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (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 July 30, 2025, MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information it needed to decide her eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on or about August 11, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond. (Exhibit 7).

Action Taken by MassHealth

MassHealth notified the appellant that she was not eligible to receive MassHealth benefits because she did not submit the information needed to determine her eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that she was not eligible for MassHealth benefits because she did not submit the information needed to determine her eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is a single individual who is under the age of 65. She was admitted to the nursing facility on [REDACTED] 2024. (Exhibit 6, p. 4). On June 11, 2025, MassHealth received the appellant's application for long-term care benefits. (Exhibit 6, p. 1). On June 24, 2025, MassHealth notified the appellant that additional information was needed to determine her eligibility, which was due by July 24, 2025. (Exhibit 8, pp. 5-8). MassHealth did not receive any of the requested information. On July 30, 2025, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine her eligibility. (Exhibit 1). As of the date of the hearing, the following verifications were still outstanding:

- Complete bank statements from the appellant's checking account from August 1, 2024 through current, showing all activity on the account, explaining all deposits and withdrawals of \$1500 or more, with copies of canceled checks or receipts. If deposits are made, show where the funds come from and show where the appellant's social security income is being deposited; and
- A PNA account statement from the facility showing activity from admit to present, and a private payment statement for long-term care service from the facility showing the amounts paid to date, private rate, and dates paid. If no private payments are made, a letter from the facility stating that is needed.

(Exhibit 1, p. 2).

The appellant's representative appeared at the hearing by telephone and testified that the appellant's guardian is in the process of changing the appellant's checking account into a representative payee account. She stated that she can provide the appellant's bank statements from April 2025 through current to MassHealth. However, prior to April 2025, the appellant used [REDACTED]. The appellant's guardian and the facility made several attempts to obtain the appellant's bank statements from August 2024 through April 2025 from [REDACTED] to no avail.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review submission. (Exhibit 7). The MassHealth representative subsequently responded that she received some, but not all the requested documentation. The following verification remains outstanding:

proof of where the appellant's social security was deposited from August 1, 2024 through present. (Exhibit 9, p. 3).

Findings of Fact

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

1. The appellant is under the age of 65 and she was admitted to a nursing facility on [REDACTED] 2024.
2. On June 11, 2025, MassHealth received the appellant's application for long-term care benefits.
3. On June 24, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due July 24, 2025. MassHealth did not receive the requested documentation.
4. On July 30, 2025, MassHealth notified the appellant that she was not eligible to receive long-term care benefits because she did not submit the requested documentation needed to determine her eligibility.
5. As of the hearing date, the following verification was still outstanding:
 - Complete bank statements from the appellant's checking account from August 1, 2024 through current, showing all activity on the account, explaining all deposits and withdrawals of \$1500 or more, with copies of canceled checks or receipts. If deposits are made, show where the funds come from and show where the appellant's social security income is being deposited; and
 - A PNA account statement from the facility showing activity from admit to present, and a private payment statement for long-term care service from the facility showing the amounts paid to date, private rate, and dates paid. If no private payments are made, a letter from the facility stating that is needed.
6. Following the hearing, the record was left open for the appellant to submit the outstanding verifications and for MassHealth to review submission.
7. The MassHealth representative subsequently responded that she received some but not all of the outstanding verifications. The following verification remains outstanding: proof of where the appellant's social security was deposited from August 1, 2024 through present.

Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of application.
- (2) The notice advises the applicant that the requested information must be received within 30 days of the date of the request, and of the consequences of failure to provide the information.

130 CMR 516.001(C) sets forth the process regarding the receipt of corroborative information and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted some but not all the requested documentation. Specifically, the appellant has not submitted proof of where her social security income is being deposited from August 1, 2024 through present. Without all requested information, the appellant has not fulfilled her obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780