

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512618
Decision Date:	2/4/2026	Hearing Date:	10/07/2025
Hearing Officer:	Mariah Burns	Record Open to:	01/12/2026

Appearance for Appellant:



Appearance for MassHealth:

Riana Malik, Tewksbury MassHealth
Enrollment Center



*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; Over 65; Eligibility; Verifications
Decision Date:	2/4/2026	Hearing Date:	10/07/2025
MassHealth's Rep.:	Riana Malik	Appellant's Rep.:	[REDACTED]
Hearing Location:	Telephone (Tewksbury)	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 August 4, 2025, MassHealth denied the appellant's application for MassHealth long-term care benefits because MassHealth determined that the appellant did not provide the required information to determine her eligibility. *See* 130 CMR 515.008 and Exhibit 1. The appellant filed this appeal in a timely manner on September 10, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits.

Issue

The appeal issue is whether the appellant submitted all outstanding verifications needed for MassHealth to determine her long-term care benefit eligibility.

Summary of Evidence

The appellant is an adult under the age of 65 who currently resides in a skilled nursing facility. She was represented at the hearing by her court-appointed conservator. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. The following is a summary of the testimony and evidence provided at the hearing.

The appellant submitted an application for MassHealth long-term care benefits on June 23, 2025, requesting a coverage start date of March 1, 2025. MassHealth sent a request for information on June 27, 2025, with a due date of July 27, 2025. When the appellant did not comply with the request for information, MassHealth denied her application by notice dated August 4, 2025.¹ As of the date of hearing, the following information was still outstanding:

- Verify any income beyond Social Security;
- Missing Private Pay Letter and/or Personal Needs Account statement from the facility;
- Bank statements from August 1, 2021 to present for two [REDACTED] [REDACTED] Savings accounts and one [REDACTED] Bank Checking account;
- Recorded deed for a property.

The request for information and the notice also both stated: “For all accounts, including unreported or newly discovered accounts: Please send financial statements verifying activity, balances, and disbursements from 8/1/2021 to current for all resources of which the applicant has/had ownership.” Exhibit 1 at 3, Exhibit 5 at 4.

The appellant’s conservator agreed that those documents were outstanding. The record was initially kept open until November 7, 2025, for that information to be provided. The record open period was extended numerous times at the appellant’s request, until the record was finally closed on January 27, 2026. Exhibit 7 at 1. On November 25, 2025, the appellant’s conservator provided the requested bank statements and all additional specifically requested documents. However,

¹ The appellant appealed the August 4, 2025 notice. In the interim, on August 27, 2025, the appeal was reactivated and MassHealth sent a second request for information on that date. When that request for information was not satisfied, a second denial notice was issued on October 2, 2025, five days before this hearing. Exhibit 6 at 36-39. The appellant filed a subsequent request for fair hearing for the October 2, 2025, notice on December 2, 2025. *Id.* at 35. Because that notice is nearly identical, besides several missing items that were removed from the August 4, 2025 notice, and because the October 2, 2025 notice issued before the hearing date on this case, I, the hearing officer, twice asked if there would be any objection to consolidating the appeals into one case rather than scheduling a new hearing for what was essentially the same issue. The appellant’s conservator did not respond to my questions asking for any objection. The appellant not having objected, I have consolidated the notices into one hearing decision. See Exhibit 7 at 11, 13.

when the MassHealth representative reviewed the bank statements, she uncovered that the jappellant was having a monthly premium withdrawn from one of her accounts, payable to [REDACTED] a life insurance company. See Exhibit 6 at 16, 18, 20, 22, 24, 27, 30, 31, 33. No life insurance policy was disclosed on the appellant's MassHealth application, and this was the first time that the MassHealth representative was made aware of such a policy. The premium was paid in 2023 and as recently as August 5, 2025. See *Id.* at 16, 18, 20, 22, 24, 27, 33.

On November 26, 2025, the MassHealth representative stated that she needs to verify the life insurance policy to make an eligibility determination for the appellant. She argued that, although the policy was not included on the requests for information or the notices, the language contained within both requiring "all financial accounts including unreported or newly discovered accounts" was intended to capture all verifications and should be considered proper notice. Exhibit 7 at 12. The conservator did not object to providing information regarding the life insurance policy. Instead, she first reported that the policy was payable to a funeral home and that she would be unable to access any statements. *Id.* at 10. She then provided verification of a prepaid burial account, but those documents did not include the total value on the itemized statements of goods and services, nor did they reflect if the burial contract is revocable or irrevocable. *Id.* at 8, Exhibit 6 at 47-48. On January 15, 2026, she reported: "[the appellant] had no funeral, just a prepaid estimate. This should be all the verifications needed." Exhibit 7 at 6.

Also on that date, the MassHealth representative clarified what documents were needed and provided additional documents that the appellant submitted directly to MassHealth on December 11, 2025, and did not include as part of the hearing record. That submission included:

- A past-due premium statement from [REDACTED] dated October 5, 2025, addressed to the funeral home.
- A letter dated October 8, 2025, from [REDACTED] to the funeral home stating that the appellant is the insured individual on the policy.
- An illegible document from the funeral home containing seemingly biographical information about the appellant.
- A statement of goods and services from the funeral home that makes no reference to its revocability and does not include the total value of the services to be provided.

Exhibit 6 at 43-49. The MassHealth representative reported that the submitted documents were not sufficient to demonstrate that the appellant assigned her life insurance policy to the funeral home to fund a prepaid burial contract. Exhibit 7 at 4-5. She stated that there were two options to proceed: if the appellant purchased a prepaid burial plan, MassHealth would need the irrevocable contract and the statement of goods and services. If the appellant did not purchase a prepaid burial plan, MassHealth would need verification of the date the policy was transferred to the funeral home and the cash surrender value at the time of the transfer, and the policy would then be treated as a disqualifying transfer of assets. She reported that MassHealth would be unable to make an eligibility determination without some indication of the status of the life insurance policy.

Also on January 15, 2026, the appellant's conservator reported that the insurance policy lapsed due to a lack of payment, and that the funeral contract was therefore never funded. Exhibit 7 at 3. MassHealth responded that, if indeed the policy was terminated, verification of the date of termination from [REDACTED] would be required. *Id.* at 2. After several attempts by both the MassHealth representative and the hearing officer to obtain the necessary information, the conservator did not respond to any emails after January 15, 2026. *Id.* at 1, 2. The hearing officer then closed the hearing record on January 27, 2026. *Id.* at 1.

Findings of Fact

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

1. The appellant is an adult over the age of 65 who currently resides in a skilled nursing facility. Exhibit 1, Exhibit 4, Testimony.
2. On June 23, 2025, the appellant applied for MassHealth long-term care benefits, requesting a benefit start date of March 1, 2025. Testimony.
3. On June 27, 2025, MassHealth sent a Request for Information (VC-1), to the appellant, which included the following language:
"For all accounts, including unreported or newly discovered accounts: Please send financial statements verifying activity, balances, and disbursements from 8/1/2021 to current for all resources of which the applicant has/had ownership."
The due date listed on the VC-1 was July 27, 2025. Exhibit 5 at 2, 3.
4. On August 4, 2025, having not received all information listed on the VC-1, MassHealth issued a notice denying the appellant's application for long-term care benefits and detailing the corroborative information that was still outstanding. Exhibit 1.
5. The appellant was appointed a conservator by the [REDACTED] Probate and Family Court on [REDACTED] 2025. The conservator filed a timely request for fair hearing of the August 4, 2025 notice on September 10, 2025. Exhibit 2.
6. As of the date of hearing, the following information was still outstanding:
 - Verify any income beyond Social Security;
 - Missing Private Pay Letter and/or Personal Needs Account statement from the facility;
 - Bank statements from August 1, 2021 to present for two [REDACTED] accounts and one [REDACTED] Checking account;
 - Recorded deed for a property.

Testimony.

7. The record was kept open and extended on numerous occasions for the appellant to continue to provide outstanding verifications. *See generally* Exhibit 7, *and* Testimony.

8. As of January 9, 2026, MassHealth received verifications to satisfy the above-listed requests. Exhibit 7 at 8.

9. On November 25, 2025, the appellant's conservator submitted bank statement from an account owned by the appellant that showed that a monthly life insurance policy premium was being withdrawn from the account dating back to at least 2023. Exhibit 6 at 16, 18, 20, 22, 24, 27, 30, 31, 33. No life insurance policy was disclosed on the appellant's MassHealth application, and the MassHealth representative was not aware of the policy until the submission of these bank account statements in November. Exhibit 7 at 12. The VC-1 and the denial notice do not refer to a life insurance policy. Exhibit 1, Exhibit 5 at 3, 4.

10. MassHealth requested verification of the life insurance policy via email on November 26, 2025. Exhibit 7 at 16.

11. On December 11, 2025, the appellant's conservator submitted the following documents to MassHealth:

- A past-due premium statement from [REDACTED] dated October 5, 2025, addressed to the funeral home.
- A letter dated October 8, 2025, from [REDACTED] to the funeral home stating that the appellant is the insured individual on the policy.
- An illegible document from the funeral home containing seemingly biographical information about the appellant.
- A statement of goods and services from the funeral home that makes no reference to its revocability and does not include the total value of the services to be provided.

Exhibit 6 at 44-49. As of the close of the record open period on January 27, 2026, there is no evidence of who owns the life insurance policy, whether it is still in effect, or its current cash surrender value. *See Id.*, Exhibit 7 at 1-9.

12. On January 21, 2026, the hearing officer asked the appellant's conservator if she was requesting time to acquire any additional information regarding the appellant's life insurance policy. Exhibit 7 at 1. The appellant's conservator last responded to the hearing officer's emails on January 15, 2026. *Id.* at 2. Having heard nothing further, the hearing officer closed the hearing record on January 27, 2026. *Id.* at 1.

Analysis and Conclusions of Law

MassHealth administers, and is responsible for the delivery of, healthcare benefits to MassHealth members. See 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, and certain Medicare beneficiaries. 130 CMR 515.002(B). As the appellant is over 65 years old and an institutionalized person, she is subject to the requirements of the provisions of Volume II. 130 CMR 515.002.

Long-term care residents are eligible for MassHealth Standard coverage if they meet the following requirements:

- (1) be younger than 21 years old or 65 years of age or older or, for individuals 21 through 64 years of age meet Title XVI disability standards or be pregnant;
- (2) be determined medically eligible for nursing facility services by the MassHealth agency or its agent as a condition for payment, in accordance with 130 CMR 456.000: Long Term Care Services;
- (3) contribute to the cost of care as defined at 130 CMR 520.026: Long-term-care General Income Deductions;
- (4) have countable assets of \$2,000 or less for an individual and, for married couples where one member of the couple is institutionalized, have assets that are less than or equal to the standards at 130 CMR 520.016(B): Treatment of a Married Couple's Assets When One Spouse Is Institutionalized; and
- (5) not have transferred resources for less than fair market value, as described at 130 CMR 520.018: Transfer of Resources Regardless of Date of Transfer and 520.019: Transfer of Resources Occurring on or after August 11, 1993.

130 CMR 519.006(A). Countable assets include "deposits in a bank, savings, and loan institution, checking, or trust accounts, term certificates, or other types of accounts" as well as securities and the cash-surrender value of any life insurance policy. See 130 CMR 520.007(B)(1), 520.007(D) and 520.007(E). Members are further expected to contribute a certain amount of their income towards the cost of their care. See 130 CMR 519.006(A)(3).

An applicant for long-term care benefits typically "must file a complete Senior Application and Supplements or apply in person at a MassHealth Enrollment Center." 130 CMR 516.001(A)(1)(b). The date of application is considered the date that the application is received by MassHealth. See *Id.* at 516.001(A)(2)(a). The Senior Application includes questions regarding an applicant's income

and any assets owned by the applicant and/or their spouse.² A member's start date for MassHealth Standard coverage, whether they are in the community or institutionalized, can begin on the first day of the third calendar month after the completed application is received, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided. See 130 CMR 516.006.

An applicant for any MassHealth benefit is required to "cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." 130 CMR 515.008(A). After receiving an application for benefits, MassHealth proceeds as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (1) The MassHealth agency sends the applicant written notification requesting the corroborative information generally within five days of receipt of the 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(B). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete...If such information is not received within 30 days of the request, MassHealth benefit may be denied." 130 CMR 516.001(C).

The regulations do not specifically detail the process by which MassHealth verifies an applicant's financial eligibility for long-term care benefits, but I note the agency's typical practice from experience. After receiving a long-term care benefit application, MassHealth follows the requirements of 130 CMR 516.001(B) and sends a VC-1 form, or a request for information, for all financial accounts, properties, annuities, pensions, insurance policies, or any other financial instruments listed on the application, the value of which MassHealth is unable to automatically verify, giving the applicant 30 days to provide that verifying information. In sum, MassHealth must be able to confirm 1) any income earned by the applicant, or their spouse, to determine the applicant's contribution toward the cost of their care, and 2) the total value of the applicant's (and spouse's) countable assets.

If an applicant does not provide all information listed on the VC-1 to the satisfaction of MassHealth within 30 days, MassHealth will issue a notice denying the application for benefits. That notice will list all items that are needed to verify the applicant's income and assets that the agency has not received. If an applicant files an appeal pursuant to 130 CMR 610.015(B)(1) and 610.032, MassHealth will accept any verifications received during the pendency of the appeal, preserving

² The Senior Application can be found online at <https://www.mass.gov/doc/application-for-health-coverage-for-seniors-and-people-needing-long-term-care-services/download>.

the initial application date and thereby the requested start date. The purpose of the appeal is to determine whether the VC-1 has been satisfied and whether the application date is preserved. *See* 130 CMR 610.001(A).

In this case, MassHealth contends that the June 27, 2025 request for information was not satisfied because the VC-1 required verification of “financial statements verifying activity, balances, and disbursements...for all resources of which the applicant has/had ownership interest” which would include “unreported or newly discovered accounts.” Exhibit 5 at 3. MassHealth argues that this covers the appellant’s life insurance policy, which was not disclosed on the appellant’s application and was not discovered by MassHealth until the appellant provided bank statements during the record open period. MassHealth maintains that the item on the VC-1 was intended as a catch-all and should include verifications of the value of the appellant’s life insurance policy.

At no point did the appellant’s conservator object to providing statements related to the life insurance policy to satisfy the request for information. She argued that there are no outstanding verifications, but did not assert that the VC-1 is silent as to any request for information regarding an insurance policy. While best practices would likely involve specific requests for documents on the VC-1 to ensure applicants are aware of anything MassHealth needs to determine eligibility, the regulations do not detail the level of specificity required in a request for information. *See* 130 CMR 516.001(B)(“The MassHealth agency requests all corroborative information necessary to determine eligibility.”) *and* 516.003(C)(“a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.”). Clearly, MassHealth needs verification regarding, at very least, the current ownership of the appellant’s life insurance policy, and if it is owned by the appellant, its current cash surrender value to determine the appellant’s countable assets. Without that information, MassHealth is unable to make an eligibility determination.

To require MassHealth’s request for information to include verifications about the appellant’s life insurance policy in circumstances such as this would allow any applicant to fail to disclose an asset on his or her application, and would require MassHealth to uncover that undisclosed asset prior to sending a request for information. This would reward an applicant’s failure to disclose by allowing their application date to be preserved if an undisclosed asset is discovered after a request for information, or in this case, a denial notice, is issued. While I do not find that any catch-all clause as contained in the June 27, 2025 request for information is valid notice of all verifications needed by MassHealth to determine an applicant’s eligibility, I do find that, in this case, the appellant and/or her conservator should have been aware of the life insurance policy, the premium for which was being deducted from her bank account on a monthly basis, when applying for long-term care benefits.³ Furthermore, I find that, although a specific request for information regarding the life insurance policy was not included on the VC-1 or the denial notice, the appellant’s

³ I note that the conservator was not appointed until [REDACTED] 2025, which was after the application was filed but more than 30 days before the hearing date. Exhibit 2.

conservator was given ample time to provide the requested information during the record open period.⁴ As such, I find that the appellant has not satisfied the June 27, 2025 request for information, and the August 4, 2025, denial notice for failing to provide verifications stands.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center

⁴ As recently as January 21 2026, I asked the conservator if she was requesting more time to obtain verifications for the life insurance policy. She did not respond to that inquiry. See Exhibit 7 at 1.