

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512839
Decision Date:	11/19/2025	Hearing Date:	10/01/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	10/31/2025; 11/07/2025; 11/21/2025

Appearance for Appellant:

█ court-appointed
conservator, █
█

Appearance for MassHealth:

Lynn Bloomquist, 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; Verifications
Decision Date:	11/19/2025	Hearing Date:	10/01/2025
MassHealth's Rep.:	Lynn Bloomquist	Appellant's Rep.:	Conservator
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 2 (Telephone)	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 14, 2025, MassHealth denied the appellant's application for MassHealth long-term care (LTC) benefits because MassHealth determined that the appellant did not submit the necessary documentation required to make an eligibility decision within the required timeframe. *See* 130 CMR 515.008; Exhibit 1. The appellant filed this appeal in a timely manner, having submitted a request for fair hearing on September 4, 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 MassHealth was within its discretion to deny the appellant's application for long-term care benefits for failure to submit the necessary eligibility verifications.

Summary of Evidence

The appellant is an adult who is over the age of 65 and resides in a long-term care facility. He was represented at hearing by his court-appointed conservator, who verified the appellant's identity. MassHealth was represented by a worker from the Tewksbury MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

The MassHealth representative testified to the following: on March 26, 2025, an application for MassHealth LTC benefits was filed on the appellant's behalf, seeking coverage as of November 14, 2024. The LTC application was then denied for missing verifications on May 27, 2025. The LTC application was then relogged, as some verifications were submitted to MassHealth on June 6, 2025; the original application date was preserved, and a new Request for Information was sent to the appellant on that same date. A final denial, for missing verifications, was issued to the appellant on July 14, 2025; this is the notice on appeal. MassHealth is unable to make a final determination as to the appellant's eligibility for LTC MassHealth because his application is still incomplete. As of the date of hearing, there are still several verifications that are outstanding from the July 14, 2025 denial notice:

- **Property located at [REDACTED] sold on [REDACTED] 2020.**
Provide closure statements and how funds were disbursed to applicants. **(Long term application received on 11/20/2024 which started Look back)**
- **Social Security income**
Provide statements from 11/1/2023 to present where social security income was deposited before the opening for the PNA account.
- **[Bank One] [REDACTED] - This account was previously reported by applicant.**
Submit statements from 11/1/2023 to present. Provide proof of source of all deposits. Document and explain all disbursements of \$1000 or more. For closed accounts, provide closure statements and how funds were disbursed at closure.
- **[Bank One] saving - This account was previously reported by applicant.**
Submit statements from 11/1/2023 to present. Provide proof of source of all deposits. Document and explain all disbursements of \$1000 or more. For closed accounts, provide closure statements and how funds were disbursed at closure.
- **[Bank Two] [REDACTED] (opened March of 2024)**
Provide source of all deposits. Document and explain all disbursements of \$1000 or more. For closed accounts provide closure statement and how funds were disbursed at closure.
- **[Bank Three] [REDACTED] (opened August of 2024)**
Provide proof of source of all deposits. Verify and explain all disbursements of \$1000 or more. For closed accounts, provide closure statements and how funds were disbursed at closure.

- **[Bank Three] [REDACTED] (opened August of 2024)**
Provide proof of source of all deposits. Verify and explain all disbursements of \$1000 or more. For closed accounts, provide closure statements and how funds were disbursed at closure.
- **Vehicle [REDACTED]**
Provide copy of current registration.
- **PNA account statement [REDACTED]**

Testimony and Exhibit 5.

The appellant's representative did not dispute the MassHealth representative's testimony and acknowledged that the verifications listed by the MassHealth representative during her testimony were still outstanding. The appellant's representative was confident that she would be able to provide all of the outstanding verifications if she had a little more time, except for the bank accounts at Bank One. The appellant's representative explained that her challenge with the outstanding bank statements from Bank One is that the appellant was very unwell in 2023 and 2024, and he was moving his money around and opening bank accounts without explanation. She testified that it is difficult to put together some of these statements, particularly from the out-of-state banks. Bank One denies that the appellant ever owned a bank account at this financial institution. The MassHealth representative responded to this testimony by stating that the appellant's original MassHealth application is the source of the Bank One information. Bank One is located in [REDACTED] and does not operate in Massachusetts; MassHealth would not have been aware of these assets if the appellant had not self-reported them on his original application. If the appellant does not have bank accounts at Bank One, a letter from Bank One explaining the ownership status of the appellant's accounts there, including if he never owned the bank accounts that he reported on his application, would be sufficient. Testimony.

At this point in the hearing, there was a discussion among the parties and the Hearing Officer regarding how the appellant may be able to obtain the outstanding bank statements and/or letter regarding the status of the appellant's accounts from Bank One. The Hearing Officer offered to issue a subpoena duces tecum to Bank One requesting the outstanding information. All parties agreed to this plan.

The hearing then concluded and it was agreed that the record would be held open until October 31, 2025 for the submission of the outstanding verifications and for the issuance of a subpoena duces tecum to Bank One; the appellant would provide contact information for Bank One to the Hearing Officer, and the Hearing Officer would then issue a subpoena to the bank for the outstanding statements. Exhibit 5. On October 7, 2025, the Hearing Officer issued the subpoena to Bank One. Exhibit 7. On October 30, 2025, via email, the appellant submitted several of the outstanding verifications to MassHealth and the Hearing Officer. Exhibit 8. On that same date, at the request of the appellant's representative, the Hearing Officer extended the record open period for the appellant's submissions until November 7, 2025. Exhibit 9. On November 7, 2025, via email,

the appellant submitted additional outstanding verifications to MassHealth and the Hearing Officer. Exhibit 10. The record for the appellant's submissions closed on November 7, 2025; MassHealth's response was due to the appellant's representative and the Hearing Officer on November 21, 2025. On November 18, 2025, MassHealth emailed the following to the appellant's representative and the Hearing Officer:

MassHealth has reviewed all verifications received during the record open period and is unable to issue a new determination because the following verifications remain outstanding.

1. **Verification of where Social Security** income was received from 11/1/2023 until the facility became representative payee has not been provided. The Social Security letter submitted states that effective November 2024, payments will no longer be sent to a financial institution.
2. **Closing statement** for property sold at [REDACTED] sold on [REDACTED] 2020, and documentation showing how funds from the sale were disbursed to the applicant have not been received.
3. **Statements for [Bank One] account** ending in [REDACTED] checking and savings, from 11/1/2023 to the present or through date of closure have not been received.
4. **A copy of the current registration** for the [REDACTED] has not been received.

MassHealth respectively (*sic*) requests the Hearing Officer issues (*sic*) a decision, as the outlined verifications remain outstanding and the record is now closed for the appellant.

Exhibit 11.

On November 18, 2025, the Hearing Officer closed the administrative record. Exhibit 12.

Findings of Fact

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

1. The appellant is a single adult who is over the age of 65 and resides in a long-term care facility. Testimony.
2. On March 26, 2025, an application for MassHealth Long-Term care benefits was filed on

the appellant's behalf, seeking coverage as of November 14, 2024. Testimony, Exhibit 4.

3. On July 14, 2025, the appellant's application was denied for failure to provide verification information after a request for information by MassHealth. Exhibits 1 & 4, Testimony.
4. The appellant filed a timely appeal on September 4, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant's representative requested that Hearing Officer issue a subpoena to the appellant's bank in [REDACTED] and that the record be kept open until October 31, 2025 for the submission of missing verifications, which was granted. Testimony, Exhibit 5.
6. During the record open period, the appellant's representative requested an extension of the open record period until November 7, 2025, for the submission of missing verifications, which the Hearing Officer granted. Exhibit 9.
7. As of the issuance of this decision, the following verifications are still outstanding:
 - **Verification of where Social security** income was received from 11/1/2023 until the facility became representative payee has not been provided. The Social Security letter submitted states that effective November 2024, payments will no longer be sent to a financial institution.
 - **Closing statement** for property sold at [REDACTED] sold on [REDACTED] 2020, and documentation showing how funds from the sale were disbursed to the applicant have not been received.
 - **Statements for [Bank One] account** ending in [REDACTED] checking and savings, from 11/1/2023 to the present or through date of closure have not been received.
 - **A copy of the current registration** for the [REDACTED] has not been received.

Analysis and Conclusions of Law

An applicant for any MassHealth benefits 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).

MassHealth applicants must meet certain financial requirements to be eligible for long-term care services. Specifically, there is a \$2000 asset limit for an individual and a \$3000 asset limit for certain couples living together in the community. *See* 130 CMR 520.003(A).

In this case, despite ample extra time, the appellant has not provided MassHealth with critical financial information it needs to make an eligibility determination for long-term care benefits. As a result, MassHealth was within its discretion to deny the appellant’s application, which has been open since March 26, 2025.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings


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