

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513207
Decision Date:	11/13/2025	Hearing Date:	09/29/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	10/20/2025; 11/10/2025

Appearances for Appellant:



Appearance for MassHealth:

Kelly Rosati, Springfield 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:	11/13/2025	Hearing Date:	09/29/2025
MassHealth's Rep.:	Kelly Rosati	Appellant's Reps.:	[REDACTED]
Hearing Location:	Springfield 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 September 3, 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 10, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Following the hearing, the record was left open until October 20, 2025, for the appellant to submit missing verifications, and until November 10, 2025, for MassHealth to review and respond.

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 a married adult who is over the age of [REDACTED] and who currently resides in a nursing facility; she was represented at hearing by a health insurance enrollment specialist from [REDACTED] and her spouse/attorney-in-fact. MassHealth was represented by a worker from the Springfield 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 April 1, 2025, an application for MassHealth LTC benefits was filed on the appellant's behalf, requesting benefits beginning April 1, 2025. MassHealth sent a request for additional information to the appellant on April 11, 2025. This information was due back to MassHealth on August 25, 2025. All of the requested information was not received, and the LTC application was then denied for missing verifications on September 3, 2025, which is the date of the notice on appeal. MassHealth is unable to make a final determination as to the appellant's eligibility for LTC MassHealth because her application is still incomplete. As of the date of hearing, there are three deposits into the appellant's checking accounts during the lookback period totaling \$11,320.91 that need to be explained:

- [REDACTED] Please verify the source and purpose of deposit 2/25/25 \$1,320.91
- [REDACTED] Please verify the source and purpose of deposits: 8/26/24 \$4,000.00, 12/24/24 \$6,000.00

Testimony and Exhibit 5.

The MassHealth representative continued his testimony. MassHealth needs these deposits to be explained because they appear on the appellant's checking account statements as "redemptions" from a "[Financial Institution] IRA account." MassHealth requires documentation showing where the funds originated and the reasons for each deposit. Testimony.

The appellant's representatives did not dispute the MassHealth timeline of the appellant's application for benefits. The appellant's spouse responded to MassHealth's testimony. He stated that the deposits in question originated from investments and/or IRA accounts that he and his spouse had owned and used to pay overdue bills due to personal financial hardship they had been experiencing. The appellant's representative stated that she believes that the appellant's spouse and family has already provided the corroborating investment statements to

MassHealth during the application process, but that they do not have the necessary receipts or documentation for these alleged “cash” deposits. The appellant’s spouse believes all the required and requested information was submitted to MassHealth already.

The MassHealth representative responded that MassHealth did receive all the appellant’s submissions with her application and during the prehearing period, but MassHealth could not locate the three deposit transactions in question within the statements that were submitted by the appellant. The MassHealth representative stated that the appellant’s recent submissions revealed an IRA account in the appellant’s name that was previously unknown to MassHealth; this is possibly the source of the deposits that are still unexplained today. Unfortunately, the appellant’s current submitted documentation does not match the deposit dates or the amounts of the deposits that are in question; the submitted documentation does not sufficiently trace the path from an investment and/or IRA withdrawal to the bank deposits. Testimony.

At this point in the hearing, the Hearing Officer offered to hold the record open so that the appellant’s representatives could gather the outstanding documentation, specifically:

- █ - Please verify the source and purpose of deposit 2/25/25 \$1,320.91
- █ - Please verify the source and purpose of deposits: 8/26/24 \$4,000, 12/24/24 \$6,000; and
- █ statements for 1/2024-present

All parties agreed to this plan, and at the conclusion of the hearing, the record was held open until October 20, 2025 so that the appellant could provide the outstanding information to MassHealth. Exhibit 6. On October 21, 2025, the Hearing Officer received a submission from the appellant via the Board of Hearings fax submission line; although not timely, this submission was forwarded to all parties. Exhibit 7. A cover letter to the appellant’s record open submission stated the following:

...we are unable to provide the documents needed due to the IRA account being cashed out and closed. There is currently no IRA account and the brokers are unable to print the needed documentation to show evidence of the previous years’ withdrawals to support the bank deposit.

We are requesting a penalty period for the missing dollar amounts totaling \$11,320.91.

Id.

On November 7, 2025, via email, the MassHealth representative responded to the appellant’s record open submission:

Unfortunately, we cannot do a penalty period for the \$11,320.91 as the three dates

are not transfers out of the bank account, they were deposits from an unknown source. A partial statement was provided reported to be an IRA account [REDACTED] but it was only withdrawals for 1/31/25 and none of the withdrawals matched the requested dates so this could not be used to verify the deposits. As this IRA had not been reported previously it is unknown what the applicant's assets are or were on the date requested or what assets were transferred out.

Exhibit 8.

On November 12, 2025, having received no response to the MassHealth representative's email from either of the appellant's representatives, the Hearing Officer closed the administrative record.

Findings of Fact

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

1. The appellant is a married adult who is over the age of [REDACTED] and resides in a nursing facility. Testimony, Exhibit 4.
2. On April 1, 2025, an application for MassHealth Long-Term Care benefits was filed on the appellant's behalf, requesting a coverage start date of April 1, 2025. Testimony, Exhibit 5.
3. On September 3, 2025, the appellant's application was denied for failure to provide verification information after a request for information by MassHealth. Exhibits 1 & 5, Testimony.
4. The appellant filed a timely fair hearing request on September 10, 2025. Exhibit 2.
5. Following the appeal hearing, the appellant's representative requested that the record be kept open until October 20, 2025, for submission of missing verifications, which the hearing officer granted. Testimony, Exhibit 6.
6. As of the issuance of this decision, the following verifications are still outstanding:
 - [REDACTED] - Please verify the source and purpose of deposit 2/25/25 \$1,320.91
 - [REDACTED] - Please verify the source and purpose of deposits: 8/26/24 \$4,000, 12/24/24 \$6,000; and
 - [REDACTED] statements for 1/2024-present

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 being granted extra time following the appeal hearing, 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 April 1, 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

[REDACTED]

[REDACTED]

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104