

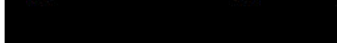
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514869
Decision Date:	1/28/2026	Hearing Date:	11/07/2025
Hearing Officer:	Radha Tilva	Record Open to:	01/08/2026

Appearance for Appellant:



Appearance for MassHealth:

Alexandra DeJesus, Taunton MEC Rep.



*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:	LTC - verifications
Decision Date:	1/28/2026	Hearing Date:	11/07/2025
MassHealth's Rep.:	Alexandra DeJesus	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 9, 2025, MassHealth denied the appellant's application for long-term care MassHealth benefits because MassHealth determined that appellant did not give MassHealth the information it needs to decide eligibility (Exhibit 1). The appellant filed this appeal in a timely manner on October 13, 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 determined that appellant is not eligible for MassHealth long-term care benefits for failure to verify.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, in determining that appellant is not eligible for MassHealth long-term care services for failure to verify.

Summary of Evidence

The MassHealth representative appeared by telephone and testified that appellant applied for MassHealth benefits on July 28, 2025, seeking an eligibility start date of September 1, 2025. The appellant was admitted to the nursing facility on [REDACTED]. A request for information was issued on August 4, 2025 (see Exhibit 5a). As MassHealth did not receive the requested information, it issued a denial notice for failure to verify on September 9, 2025. At hearing the MassHealth representative testified that the missing verifications included verification of transactions labeled as [REDACTED] coming out of account ending in [REDACTED] verification of four deposits of \$3,500.00 into account ending [REDACTED] and verification of withdrawal of \$4,130.00 on September 3, 2025 from account ending in [REDACTED].

At hearing the appellant was represented by a Medicaid specialist who stated that the \$4,130.00 withdrawal on September 3, 2025, was for a coin collection. The appellant did an online purchase for a coin collection, and the representative was trying to get a receipt for that to substantiate the withdrawal. The representative also stated that the \$3,500.00 deposits were coming from a UBS account and the appellant's representative is aware that he needs to provide those statements and is working on obtaining them. The record was left open at hearing for appellant to submit the missing verifications.

During the record open period the appellant's representative submitted correspondence stating that they would take a penalty on the \$4,130.00 withdrawal as they were unable to obtain a verification of the appellant's purchase (Exhibit 6, p. 11). The representative also submitted a letter from UBS which states that appellant does not have an account there. With respect to the [REDACTED] transactions the appellant submitted verification showing that the [REDACTED] is a credit card appellant had. On December 10, 2025, the MassHealth representative stated that she reviewed the submitted documents and felt that the deposits into account [REDACTED] were still not verified because MassHealth needed to know where the funds were coming from. The appellant responded on December 11, 2025, and stated that the UBS account was a Special Needs Trust account and that they were working on obtaining the Trust documents and account statements, but needed additional time (Exhibit 6, p. 5). The hearing officer provided until December 29, 2025, to submit the documents and until January 6, 2026 for MassHealth to review. On January 8, 2026, the MassHealth representative stated that she did not receive additional information, therefore, no other changes could be made to the case (Exhibit 6).

Findings of Fact

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

1. The appellant applied for MassHealth benefits on July 28, 2025, seeking an eligibility start date of September 1, 2025.

2. The appellant was admitted to a nursing facility on [REDACTED]
3. On August 4, 2025, MassHealth issued a written Request for Information seeking verification necessary to determine eligibility.
4. The requested verifications, at hearing, included documentation regarding transactions labeled [REDACTED] from an account ending in [REDACTED] four deposits of \$3,500.00 into that account, and a withdrawal of \$4,130.00 on September 3, 2025, from the same account.
5. Because the requested information was not received within the required time frame, MassHealth issued a denial notice on September 9, 2025, for failure to verify.
6. At hearing, the appellant's representative stated that the \$4,130.00 withdrawal was for an online purchase of a coin collection but acknowledged that no receipt was available at that time.
7. The appellant's representative also stated that the four \$3,500.00 deposits into account [REDACTED] originated from a UBS account and that additional documentation would be required to verify the source of those funds.
8. During the record open period, the appellant submitted documentation verifying that the [REDACTED] transactions were related to a credit card account, thereby resolving that verification issue.
9. The appellant further submitted correspondence indicating a willingness to accept a transfer penalty for the \$4,130.00 withdrawal due to lack of verification but did not submit documentation establishing the source of the UBS deposits.
10. Despite additional time granted through December 29, 2025, the appellant did not submit UBS account statements, Special Needs Trust documents, or other verification establishing the source of the four \$3,500.00 deposits, and MassHealth confirmed on January 8, 2026, that no additional information had been received.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged [REDACTED] or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries (130 CMR 515.002). The

appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application (130 CMR 516.001(B)). The notice advises the applicant that the requested verifications 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)). Under the regulations, if the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)).

The appellant was provided with the appropriate 30 days to provide the information necessary for an eligibility determination. As of the date of the notice on appeal, September 9, 2025, the appellant had not provided that information. The appellant's representative did not dispute the fact that the appellant received proper notice requesting information (130 CMR 516.001).

MassHealth issued a Request for Information on August 4, 2025, seeking verification necessary to determine eligibility, including verification of four deposits of \$3,500.00 into the appellant's account ending in [REDACTED]. The appellant was provided with the required time to submit the requested verifications and did not dispute receipt of the request or the adequacy of notice.

Although the appellant resolved the verification issue related to the [REDACTED] transactions and indicated a willingness to accept a transfer penalty for the \$4,130.00 withdrawal, the appellant did not submit documentation verifying the source of the four \$3,500.00 deposits into account ending in [REDACTED]. The appellant asserted that the deposits originated from a UBS account and later stated that the UBS account was a Special Needs Trust account, but did not submit UBS account statements, trust documents, or other documentation establishing the source of the deposits.

The hearing officer granted the appellant additional time through December 29, 2025, to submit the requested verification, and until January 6, 2026, for MassHealth to review any additional documentation. On January 8, 2026, the MassHealth representative stated that no additional information had been received and that the deposits into account ending in [REDACTED] remained unverified. As of the date of the denial and through the closing of the record, the appellant failed to provide verification of the source of the four \$3,500.00 deposits as requested by MassHealth.

Accordingly, MassHealth denied the application for failure to verify required information pursuant to 130 CMR 516.001(C). MassHealth acted within its discretion to deny the appellant's application for long-term care coverage (130 CMR 516.001(C)). The decision made by MassHealth was correct.

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc: [REDACTED]

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