

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515407
Decision Date:	12/18/2025	Hearing Date:	11/17/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	12/05/2025

Appearance for Appellant:




Appearance for MassHealth:

Riana Malik, Tewksbury 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:	Long Term Care-Verifications
Decision Date:	12/18/2025	Hearing Date:	11/17/2025
MassHealth's Rep.:	Riana Malik	Appellant's Rep.:	
Hearing Location:	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 September 12, 2025, MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to provide information needed to decide eligibility in the time allowed (130 CMR 515.008, 516.001 and Exhibit 1). Appellant filed this appeal in a timely manner on October 21, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). The hearing record remained open at Appellant's request to provide outstanding documentation before November 24, 2025, and for MassHealth to review information by December 1, 2025. On November 20, 2025, Appellant requested an extension of the record open period to December 5, 2025, which was allowed. A MassHealth response was due by December 12, 2025, and was received on December 17, 2025; Appellant submitted a response on December 18, 2025 (Exhibit 6).

Action Taken by MassHealth

MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to provide information needed to decide eligibility in the time allowed.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, 516.001 in denying Appellant's MassHealth application for failure to provide information needed to decide eligibility in the time allowed.

Summary of Evidence

The MassHealth representative testified that on December 23, 2024, a MassHealth long-term care application was submitted on Appellant's behalf. Appellant is seeking long-term care eligibility starting on May 9, 2025. MassHealth issued a request for information on January 2, 2025. On February 13, 2025, MassHealth issued a denial for failure to provide verification of eligibility. On April 7, 2025, a second information request issued. On May 19, 2025, MassHealth issued a denial for missing verifications. On July 30, 2025, the application dated December 23, 2024, was preserved through an appeal. On September 12, 2025, a denial issued for missing verifications (Exhibit 1). Outstanding verifications identified by MassHealth included a \$10,000 withdrawal on April 4, 2022 from a [REDACTED] account; a deposit to a [REDACTED] account from the sale of a home owned by the community spouse; a deposit to a [REDACTED] account on October 20, 2022 from [REDACTED] and [REDACTED], and explanation of a check dated August 5, 2022; and proof of the source of all deposits to Appellant's [REDACTED] account and verification of disbursements of \$1,000 or more. (Exhibit 4). Following a hearing record open period, the source of the following deposits to the [REDACTED] account remained outstanding: 4/20/2022 deposit for \$13,000, 5/5/2022 deposit for \$5,500, 6/1/2022 deposit for \$7,500, 6/27/2022 deposit for \$4,300, 7/1/2022 deposit for \$1860.65, and 10/24/2022 deposit for \$1,850.

Appellant's representative submitted a response stating that the application from December 23, 2024, was filed prior to a hospital's petition for conservatorship and the representative's involvement. Appellant's representative stated that this case illustrates how challenging it is to prove eligibility when one spouse is deceased, and the other resides in a facility and is under conservatorship and unable to manage her finances. Appellant's representative notes that despite several requests, [REDACTED] will not provide information for accounts that do not belong to the applicant. Appellant's representative reported that the applicant states that she still trusts her financial advisor friend who told her many months ago that he was given a sum of money, approximately \$40,000, at some point by the applicant's now deceased husband to manage for her benefit. The financial advisor friend did not keep records and was not otherwise helpful. Appellant's representative stated that this unusual explanation does support periodic deposits to applicant's account and there is no other person who would make such deposits and no evidence of additional accounts according to the MassHealth asset search. Appellant's representative argues that since the applicant is clearly eligible, both financially and clinically, and the sole remaining issue is her inability to identify the source of deposits to her account and not transfers from her account, Appellant argues that she has satisfied her burden to prove eligibility.

Findings of Fact

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

1. On December 23, 2024, a MassHealth long-term care application was submitted on Appellant's behalf.
2. Appellant is seeking long-term care eligibility starting on May 9, 2025.
3. MassHealth issued a request for information on January 2, 2025.
4. On February 13, 2025, MassHealth issued a denial for failure to provide verification of eligibility.
5. On April 7, 2025, a second information request issued.
6. On May 19, 2025, MassHealth issued a denial for missing verifications.
7. On July 30, 2025, the application dated December 23, 2024 was preserved through an appeal.
8. On September 12, 2025, a denial issued for missing verifications. Outstanding verifications identified by MassHealth included a \$10,000 withdrawal on April 4, 2022 from a [REDACTED] account; a deposit to a [REDACTED] account from the sale of a home owned by the community spouse; a deposit to a [REDACTED] account on October 20, 2022 from [REDACTED] and [REDACTED], and explanation of a check dated August 5, 2022; and proof of the source of all deposits to a [REDACTED] account and verification of disbursements of \$1,000 or more.
9. Following a hearing record open period, the source of the following deposits to Appellant's [REDACTED] account remained outstanding: 4/20/2022 deposit for \$13,000, 5/5/2022 deposit for \$5,500, 6/1/2022 deposit for \$7,500, 6/27/2022 deposit for \$4,300, 7/1/2022 deposit for \$1,860.65, and 10/24/2022 deposit for \$1,850.

Analysis and Conclusions of Law

Regulation 515.008(A) states that a MassHealth applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth. Regulation 130 CMR 516.001(B) provides that MassHealth requests all corroborative information necessary to determine

eligibility. The request is generally sent to the applicant within 5 days of receipt of the application and provides 30 days to return the needed documents. If the verifications are not submitted within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)). Thereafter, if one or more of the documents are submitted within 30 days of the denial, the date of receipt shall be the reapplication date (130 CMR 516.002). The following time standards apply to the verification of eligibility factors: (1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications; (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated; (3) A new application is required if a reapplication is not received within 30 days of the date of denial (130 CMR 516.003(D)).

A MassHealth long-term care application was submitted on December 23, 2024. Appellant is seeking long-term care eligibility starting on May 9, 2025. MassHealth issued a request for information on January 2, 2025. On February 13, 2025, MassHealth issued a denial for failure to provide verification of eligibility. On April 7, 2025, a second information request issued. On May 19, 2025, MassHealth issued a denial for missing verifications. On July 30, 2025, the application dated December 23, 2024 was preserved through an appeal. On September 12, 2025, a denial issued for missing verifications. Outstanding verifications identified by MassHealth included a \$10,000 withdrawal on April 4, 2022 from a [REDACTED] account; a deposit to a [REDACTED] account from the sale of a home owned by the community spouse; a deposit to a [REDACTED] account on October 20, 2022 from [REDACTED] and [REDACTED], and explanation of a check dated August 5, 2022. Proof of the source of all deposits to a [REDACTED] account owned by Appellant and verification of disbursements of \$1,000 or more. Following a hearing record open period, the source of the following deposits to Appellant's [REDACTED] account remained outstanding: 4/20/2022 deposit for \$13,000, 5/5/2022 deposit for \$5,500, 6/1/2022 deposit for \$7,500, 6/27/2022 deposit for \$4,300, 7/1/2022 deposit for \$1,860.65, and 10/24/2022 deposit for \$1,850. MassHealth long-term care eligibility turns on asset limits, and all assets must be verified pursuant to applicable regulations (130 CMR 520.000 et seq.). While Appellant's representatives articulate the difficulties in verifying the source of the deposits to Appellant's [REDACTED] account that total approximately \$34,000, Appellant has not carried the burden of proof in showing that all outstanding eligibility factors have been verified to MassHealth as the source of the funds deposited to Appellant's [REDACTED] account remains unverified.¹ Therefore, MassHealth correctly denied the application dated December 23, 2024 by notice dated October 3, 2025.

The appeal is DENIED.

Order for MassHealth

¹ See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002) (burden is on the appellant to demonstrate the invalidity of an administrative determination).

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: 

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