

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2515485
<b>Decision Date:</b>	1/12/2026	<b>Hearing Date:</b>	11/19/2025
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	01/02/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Jared Krok; Jamie Lapa



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long Term Care – Verifications
<b>Decision Date:</b>	1/12/2026	<b>Hearing Date:</b>	11/19/2025
<b>MassHealth’s Rep.:</b>	Jared Krok; Jamie Lapa	<b>Appellant’s Rep.:</b>	Medicaid Specialist
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center	<b>Aid Pending:</b>	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 08/07/2025, MassHealth informed the appellant that it reviewed her application for MassHealth Long Term Care (LTC) benefits and determined and that she is not eligible because she failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 10/22/2025, a timely appeal was filed by the appellant, appointing [REDACTED] Medicaid Specialist, as her appeal representative an (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place before the Board of Hearings (Board) on 11/19/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 12/12/2025 for the appellant’s submission and until 12/19/2025 for MassHealth’s response (Exhibit 5). On 12/12/2025, the appellant’s representative requested a second extension of the hearing record so that the missing verifications could be obtained. The request was granted, and the record was extended to 12/18/2025 for the appellant’s submission and until 01/02/2025 for MassHealth’s response (Exhibit 6). On 12/29/2025, the appellant’s representative requested a third extension to provide the missing verifications. The request was denied (Exhibit 7).

## Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

## Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

## Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 07/03/2025, seeking MassHealth benefits on 04/01/2025. According to the MassHealth representative, on 07/22/2025, MassHealth requested a list of verifications it needed to evaluate to determine her eligibility for MassHealth programs. The verifications were due to MassHealth by 09/21/2025. At the outset of the fair hearing, [REDACTED] filed with the hearing officer a summary of the appellant's case, showing the verifications requested by MassHealth, but not yet received (Exhibit 4).

At the fair hearing, the appellant's representative testified that she was in the process of obtaining the missing verifications. She requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 12/12/2025 for the appellant's submission and until 12/19/2025 for MassHealth's response (Exhibit 5). On 12/12/2025, the appellant's representative requested a second extension of the hearing record so that the missing verifications could be obtained. The request was granted, and the record was extended to 12/18/2025 for the appellant's submission and until 01/02/2025 for MassHealth's response (Exhibit 6). On 12/29/2025, the appellant's representative requested a third extension to provide the missing verifications. The request was denied (Exhibit 7).

During the record open period, the appellant provided all the verifications, except for the following:

Proof of Bank Account Information from Money Market Account [REDACTED]

Submit statements from 05/01/2025 through present showing spenddown. Statements must show owners name, name of financial institution, account number and running balances. Verify source of ALL deposits. Verify disposition of all withdrawals of \$1000 or more. Verify source of ALL deposits from opening of account through present. Your statements show many transfers to and from other accounts. The owner of these accounts must be verified.

The appellant's representative did not provide the above verifications during the record open period.

## Findings of Fact

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

1. The appellant, a nursing home resident, applied for MassHealth long term care benefits on 07/03/2025, seeking a MassHealth benefit start date of 04/01/2025.
  2. On 07/22/2025, MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
  3. On 08/07/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
  4. The appellant submitted a request for a fair hearing on 10/22/2025.
  5. A fair hearing took place before the Board of Hearings on 11/19/2025.
  6. At the fair hearing, the MassHealth representative testified that the following verifications were not received by MassHealth:
    - Proof of Bank Account Information from Money Market Account [REDACTED]  
[REDACTED]  
Submit statements from 05/01/2025 through present showing spenddown. Statements must show owners name, name of financial institution, account number and running balances. Verify source of ALL deposits. Verify disposition of all withdrawals of \$1000 or more. Verify source of ALL deposits from opening of account through present. Your statements show many transfers to and from other accounts. The owner of these accounts must be verified.
- (Exhibit 4.)
7. The appellant's representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 12/12/2025 for the appellant's submission and until 12/19/2025 for MassHealth's response (Exhibit 5).

8. On 12/12/2025, the appellant's representative requested a second extension of the hearing record so that the missing verifications could be obtained. The request was granted, and the record was extended to 12/18/2025 for the appellant's submission and until 01/02/2025 for MassHealth's response (Exhibit 6).
9. On 12/29/2025, the appellant's representative requested a third extension to provide the missing verifications. The request was denied (Exhibit 7).
10. After the hearing record closed, MassHealth had not received Proof of Bank Account Information from Money Market Account [REDACTED] Submit statements from 05/01/2025 through present showing spenddown. Statements must show owners name, name of financial institution, account number and running balances. Verify source of ALL deposits. Verify disposition of all withdrawals of \$1000 or more. Verify source of ALL deposits from opening of account through present. Your statements show many transfers to and from other accounts. The owner of these accounts must be verified.

## **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(A) Responsibility to Cooperate. The 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, including recovery and obtaining or maintaining other health insurance.

Regulations at 130 CMR 516.001(B) address corroborative information 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.

This appeal involves a denial of MassHealth LTC benefits based on the appellant's failure to provide requested verifications within the regulatory time frame. The application was submitted on 07/03/2025, seeking the MassHealth request date of 04/01/2025. MassHealth sent a request for

verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The appellant failed to provide all of the requested information, and on 08/07/2025, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

At the fair hearing, the appellant's representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 12/12/2025 for the appellant's submission and until 12/19/2025 for MassHealth's response. On 12/12/2025, the appellant's representative requested a second extension of the hearing record so that the missing verifications could be obtained. The request was granted, and the record was extended to 12/18/2025 for the appellant's submission and until 01/02/2025 for MassHealth's response. On 12/29/2025, the appellant's representative requested a third extension to provide the missing verifications. The request was denied.

During the record open period, MassHealth informed the hearing officer that all verifications were received, except the "proof of bank Account Information from Money Market Account [REDACTED] Submit statements from 05/01/2025 through present showing spenddown. Statements must show owners name, name of financial institution, account number and running balances. Verify source of ALL deposits. Verify disposition of all withdrawals of \$1000 or more. Verify source of ALL deposits from opening of account through present. Your statements show many transfers to and from other accounts. The owner of these accounts must be verified."

MassHealth denied the LTC application based on a failure of the appellant to submit requested financial verifications to MassHealth. The appellant's representative requested a hearing and during the record open period, did not provide all of the missing verifications.

Accordingly, MassHealth's denial is supported by the regulations and the facts in the hearing record. Accordingly, 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.

---

Marc Tonaszuck  
Hearing Officer  
Board of Hearings



MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center