

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |               |                        |            |
|-------------------------|---------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied        | <b>Appeal Number:</b>  | 2515602    |
| <b>Decision Date:</b>   | 12/29/2025    | <b>Hearing Date:</b>   | 11/10/2025 |
| <b>Hearing Officer:</b> | Scott Bernard | <b>Record Open to:</b> | 12/17/2025 |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Elizabeth Kittiphane *via* telephone



*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>     | 12/29/2025           | <b>Hearing Date:</b>     | 11/10/2025                    |
| <b>MassHealth's Rep.:</b> | Elizabeth Kittiphane | <b>Appellant's Rep.:</b> | [REDACTED]                    |
| <b>Hearing Location:</b>  | Quincy Harbor South  | <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

By notice dated July 18, 2025, MassHealth denied the appellant's application for Long-Term Care (LTC) benefits because the appellant did not submit requested verifications within the required time frame. (See 130 CMR 515.008; 516.001; Ex. 1, pp. 4-6; Ex. 5, pp. 36-41). The holder of the appellant's durable power of attorney filed a timely appeal with the Board of Hearings on September 11, 2025. (See 130 CMR 610.015(B); Ex. 1, pp. 2-14). A denial of assistance constitutes valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was left open until December 10, 2025, for the appellant's representative to submit specified verifications and until December 17, 2025, for the MassHealth representative to review any submissions. (Ex. 6). No additional verifications were submitted during the record-open period, and the record closed on December 17, 2025. (Ex. 7).

## Action Taken by MassHealth

MassHealth denied the appellant's application for LTC benefits for failure to submit requested verifications within the required time frame.

## Issue

Whether the appellant submitted the necessary verifications during the appeal process within the

time allowed.

## Summary of Evidence

MassHealth was represented by a benefits eligibility representative from the Quincy MassHealth Enrollment Center (MEC). An appeal representative named by the attorney-in-fact in the fair hearing request represented the appellant. All participants attended the hearing by telephone.

The MassHealth representative testified first stating MassHealth received the appellant's application for LTC benefits on February 10, 2025. (Testimony; Ex. 5, pp. 2–3). On February 18, 2025, MassHealth issued a request for verifications with a due date of March 20, 2025. (Testimony; Ex. 5, pp. 2, 4–15). MassHealth denied the application on March 27, 2025, for failure to submit required verifications. (Testimony; Ex. 5, pp. 2, 16–27). The appellant filed a timely appeal of that denial on May 20, 2025. (Testimony; Ex. 5, p. 2). After receiving some, but not all, of the requested verifications, MassHealth reopened the application as of June 12, 2025, which became the controlling application date. (*Id.*). On June 12, 2025, the appellant withdrew the appeal of the March 27, 2025 denial, and MassHealth issued a second request for verifications with a due date of July 12, 2025. (Testimony; Ex. 5, pp. 2, 28–35). MassHealth received additional verifications, but not all of the information requested. (Ex. 5, pp. 29–30, 37–38). Accordingly, MassHealth issued the denial that is the subject of this appeal on July 18, 2025. (Testimony; Ex. 1, pp. 4–6; Ex. 5, pp. 2, 36–41).

The MassHealth representative identified the verifications that remained outstanding at the time of the hearing as follows:

1. Statements dated December 7, 2019 through February 6, 2025 were required for a checking account at a specified bank, Bank One, along with documentation for all transactions of \$1,500.00 or greater and for all transfers to and from Bank Two, including 26 identified transactions dated from March 2, 2020 through May 6, 2025. (Testimony; Ex. 1, p. 5; Ex. 5, pp. 2, 37, 46).
2. Statements dated January 1, 2023 through October 30, 2024 were required for a savings account at a specified bank, Bank Two, along with documentation for all transactions of \$1,500.00 or greater. (Testimony; Ex. 5, pp. 2, 38).
3. The current face value and cash surrender value of a specified life insurance policy were required. (Testimony; Ex. 5, pp. 2, 37).
4. Statements dated January 1, 2023 through the date the account closed were required for a specified money market account at Bank Three, along with documentation for all transactions of \$1,500.00 or greater. (Testimony; Ex. 5, pp. 2, 38).

The appellant's representative stated that she did not receive advance notice of the hearing and,

therefore, was unaware that it was scheduled for that day.<sup>1</sup> (Testimony). She stated that she was unprepared to address the outstanding verification issues. (Testimony). She further stated that some verifications may already have been gathered, but that additional time was necessary to obtain the complete set, particularly where records were required from multiple financial institutions. (Testimony). She requested 30 days to submit the outstanding documentation. (Testimony).

The Hearing Officer asked the MassHealth representative how much time MassHealth would require in order to review any submissions. (Testimony). The MassHealth representative stated that once she received the verifications one week would be sufficient to complete review and identify any remaining deficiencies. (Testimony). The parties agreed that the appellant's representative would have until December 10, 2025, to submit the required verifications and that MassHealth would have until December 17, 2025, to respond. (Testimony). The Hearing Officer memorialized these terms in a written record-open order specifying the required documents, submission deadlines, and revised decision due date, which was emailed to the parties later that day. (Testimony; Ex. 6).

On December 9, 2025, the appellant's representative emailed the MassHealth representative and the Hearing Officer regarding difficulties obtaining requested bank records from two financial institutions. (Ex. 7, p. 1). She reported that the appellant's daughter was unable to obtain statements from Bank Three because Bank Three rejected the records request, as reflected in an attached letter dated October 28, 2025. (Ex. 7, pp. 1-2). She also reported that Bank Two advised that the requested statements had already been mailed; however, the materials received consisted of a single statement reproduced repeatedly and were unusable for verification purposes. (Ex. 7, p. 1). She asked whether assistance, including issuance of a subpoena, was available to obtain the required records. (Ex. 7, p. 1).

The Hearing Officer did not respond to the appellant's representative's December 9, 2025 request for assistance and did not exercise discretion to reopen the record or issue a subpoena, and the hearing record closed on December 17, 2025, without additional evidence being submitted. (See 130 CMR 610.065(B)(5), (8), (10); 610.081; Ex. 7).

## **Findings of Fact**

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

1. MassHealth received the appellant's application for LTC benefits on February 10, 2025.

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<sup>1</sup> The record reflects that on October 28, 2025, the Board of Hearings mailed the hearing notice to the appellant and mailed a courtesy copy to the appellant's representative. (Ex. 3; Ex. 4). On November 6, 2025, the United States Postal Service returned the copy mailed to the appellant marked "return to sender—no such number, unable to forward." (Ex. 4). There is no evidence that the copy mailed to the appellant's representative was returned.

(Testimony; Ex. 5, pp. 2-3).

2. MassHealth issued a written request for verifications on February 18, 2025, with a submission deadline of March 20, 2025, and denied the application on March 27, 2025, due to failure to submit all required verifications by that deadline. (Testimony; Ex. 5, pp. 2, 4 – 27).
3. The appellant filed a timely appeal of the March 27, 2025 denial on May 20, 2025. (Testimony; Ex. 5, p. 2).
4. After receiving some, but not all, of the requested verifications, MassHealth reopened the application as of June 12, 2025. (Testimony; Ex. 5, p. 2).
5. On June 12, 2025, the appellant withdrew the appeal of the March 27, 2025 denial, and MassHealth issued a second request for verifications with a due date of July 12, 2025. (Testimony; Ex. 5, pp. 2, 28 – 35).
6. MassHealth received additional verifications following issuance of the second request but did not receive all of the information requested. (Testimony; Ex. 5, pp. 29 – 30, 37 – 38).
7. On July 18, 2025, MassHealth issued the denial that is the subject of this appeal based on outstanding verifications. (Testimony; Ex. 1, pp. 4 – 6; Ex. 5, pp. 2, 36 – 41).
8. As of the date of the hearing, MassHealth had not received complete statements and transaction documentation for a checking account at Bank One, including documentation for transactions of \$1,500.00 or greater and identified transfers, complete statements and transaction documentation for a savings account at Bank Two and a money market account at Bank Three, or verification of the current face value and cash surrender value of a specified life insurance policy. (Testimony; Ex. 1, p. 5; Ex. 5, pp. 2, 37, 46).
9. Pursuant to a written record-open order issued on the date of the hearing, the appellant’s representative was given until December 10, 2025, to submit specified verifications, and MassHealth was given until December 17, 2025, to review any submissions and identify remaining deficiencies. (Testimony; Ex. 6).
10. The hearing record closed on December 17, 2025, without submission of any additional verifications. (Testimony; Ex. 7).

## **Analysis and Conclusions of Law**

A MassHealth applicant is required to cooperate in providing information necessary to establish eligibility and must comply with all MassHealth rules and regulations. (130 CMR 515.008(A)). To apply for MassHealth LTC benefits in a nursing facility, the individual or their authorized

representative must submit a complete paper Senior Application and Supplements or apply in person at a MEC. (130 CMR 516.001(A)(1)(b)). Upon receiving the application, MassHealth will request any necessary corroborative information to assess eligibility, which will be communicated through written notification shortly after the application is received. (130 CMR 516.001(B); 516.003(C)). The notice will specify a due date for submitting the requested information and outline the consequences of non-compliance. (130 CMR 516.001(B)(2); 516.003(D)). If the requested information is submitted within 30 days, the application is deemed complete, and MassHealth will determine the most comprehensive coverage type for which the applicant qualifies. (130 CMR 516.001(C)). Failure to provide the requested information within this timeframe may result in denial of benefits. (Id.).

To determine the appellant's eligibility for LTC benefits, MassHealth sent the appellant a request for information on February 18, 2025, seeking submission of specific verifications by March 20, 2025. These included complete account statements, documentation explaining transactions above specified dollar amounts, verification of insurance policy face value and cash surrender value, and other income- and application-related information. Although the appellant submitted some of the requested verifications, MassHealth did not receive all required information by the March 20, 2025 deadline and denied the application on that basis. The appellant timely appealed and submitted additional, though still incomplete, verifications, after which MassHealth reopened the application. The appellant later withdrew the appeal, and MassHealth issued a second request for verifications with a due date of July 12, 2025. MassHealth again received additional verifications but did not receive all required information and denied the application on July 18, 2025, based on outstanding verifications.

At the hearing, the MassHealth representative identified the following verifications as outstanding:

1. Statements for a Bank One checking account dated from December 7, 2019 through February 6, 2025, and documentation for all transactions of \$1,500.00 or greater and all transfers to and from Bank Two, including 26 identified transactions dated March 2, 2020 through May 6, 2025.
2. Statements for a Bank Two savings account dated from January 1, 2023 through October 30, 2024, and documentation for all transactions of \$1,500.00 or greater.
3. Verification of the current face value and cash surrender value of a specified life insurance policy.
4. Statements for a Bank Three money market account dated from January 1, 2023 through the date the account closed, and documentation for all transactions of \$1,500.00 or greater.

In response, the appellant's representative requested additional time to submit the outstanding verifications. The Hearing Officer exercised discretion to leave the record open for a defined period and issued a written record-open order requiring the appellant's representative to submit the specified verifications by December 10, 2025, and affording MassHealth until December 17,

2025, to review any submissions and identify remaining deficiencies. On December 9, 2025, the appellant's representative requested additional time beyond the record-open deadline, but the Hearing Officer did not further extend the record. No additional verifications were submitted before the record closed on December 17, 2025.

The burden of establishing eligibility for MassHealth benefits rests with the applicant. (130 CMR 515.008(A)). Because the appellant did not submit the required verifications within the time allowed, including during the record-open period, MassHealth lacked sufficient information to determine eligibility for LTC benefits, and the denial was proper.

For the above stated reasons, the 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

  
cc: Quincy MEC, Attn: Cassandra Moura, 100 Hancock Street, 6th Floor, Quincy, MA 02171