

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515878
Decision Date:	2/25/2026	Hearing Date:	12/1/2025
Hearing Officer:	David Jacobs	Record Open:	2/2/2026

Appearance for Appellant:



Appearance for MassHealth:

Jenny Chan, Quincy MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	2/25/2026	Hearing Date:	12/1/2025
MassHealth Rep.:	Jenny Chan	Appellant Rep.:	[REDACTED]
Hearing Location:	Board of Hearings (Remote)		

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 10/20/2025, MassHealth notified the appellant that he is not eligible for MassHealth long-term care (“LTC”) benefits because he did not give MassHealth the information it needs to decide his eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on 10/29/2025 (Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth notified the appellant that he is not eligible for MassHealth long-term-care services because he did not give MassHealth the information it needs to decide his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified in summary as follows: The appellant applied for MassHealth long-term care benefits on 7/1/2025 and was subsequently denied on 8/18/2025 for missing verifications (Exhibit 7). The appellant reapplied on 9/9/2025 and the final denial on appeal was issued on 10/20/2025 for missing verifications *id.* MassHealth identified the following documents in need of submission by the appellant at the hearing:

1. [REDACTED]
 - a. This account needs to be reported on the asset page of the application.
 - b. Missing statements from 8/12/2023 to 10/13/2023 and 11/14/2023 to 12/13/2023.
 - c. Missing check copies from 6/14/2022 to 8/13/2025 and proof for all deposits and transactions \$1500 or greater with bills, receipts or invoices.
 - d. Provide proof of account owner for [REDACTED]
 - e. Provide bills, receipts, invoices and explanation for payments to [REDACTED]

2. [REDACTED]
 - a. This account needs to be reported on the asset page of the application.
 - b. Need bank statements from 10/14/2023 to present and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - c. Need copies of check numbers [REDACTED] and source of deposit on 7/24/2023.

3. [REDACTED]
 - a. Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

4. [REDACTED]

- a. Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

5. [REDACTED]

- a. Need proof for all transactions \$1500 or greater from 1/3/2023 to 8/6/2025 such as bills, receipts, invoices, source of deposits.
- b. Need proof and explanation for the reoccurring Zelle deposits from [REDACTED]
- c. Needs bills, receipts for payments for [REDACTED]

6. [REDACTED]

- a. Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

7. [REDACTED]

- a. This account was not reported on the application. Closing letter received, however one year of account statements needed prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

8. **Supplement A Form**

- a. Need resubmission of Supplement A form and answer all questions.

(Exhibit 7)

The appellant representative conceded to the need for the requested documents and requested a record open period to submit them. The hearing officer agreed and the record was held open until 1/5/2026 for the appellant to submit documents and 1/19/2026 for MassHealth to review the submissions (Exhibit 9). Later, several more extension requests were granted by the hearing officer until the final one of 2/2/2026 for the appellant to submit documents and 2/9/2026 for MassHealth to review the submissions (Exhibit 10). On 2/6/2026, MassHealth found that not all requested verifications had been submitted and sent the following list of documents still pending:

1. [REDACTED]

- a. This account needs to be reported on the asset page of the application.
 - b. Missing check copies from 6/14/2022 to 10/14/2025 and proof for all deposits and transactions \$1500 or greater with bills, receipts or invoices.
 - c. Provide proof of account owner for [REDACTED]
 - d. Provide bills, receipts, invoices and explanation for payments to [REDACTED]
 - e. Vehicle related transactions are shown between 11/19/2025 to 11/21/2025, however no vehicle were reported.
2. [REDACTED]
- a. This account needs to be reported on the asset page of the application.
 - b. Need bank statements from 10/14/2023 to present or one year of statements prior to the closing date, provide proof of closing and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - c. Need check copies for checks [REDACTED] and source of deposit on 7/24/2023.
3. [REDACTED]
- a. One year of statements prior to the closing date needed and proof for all transactions \$1500 or greater with bills, receipts or invoices. We cannot accept a \$0 balance as proof of closing, please provide proof stating this account has been closed.
4. [REDACTED]
- a. One year of statements prior to the closing date needed and proof for all transactions \$1500 or greater with bills, receipts or invoices. We cannot accept a \$0 balance as proof of closing, please provide proof stating this account has been closed.
5. [REDACTED]
- a. Please provide proof for the source of deposits on 1/3/23, 1/18/23, 3/1/23, 9/2/25, and 9/18/25.
 - b. Please provide bills, receipts or invoices for transactions on 1/27/23, 7/30/24, 3/14/25, 3/27/25, unspecified withdrawals between 6/6/25 to 8/6/25, 9/15/25, 9/19/25 and 12/10/25.
 - c. Needs bills, receipts for payments for [REDACTED]

d. For transactions between 8/7/25 to 1/7/26, please provide proof and explanation for reoccurring withdrawals for Facebook and ACI.

6. [REDACTED]

a. Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

7. [REDACTED]

a. The verification you submitted from 12/1/22 to 12/31/22 shows a withdrawal of \$41343.75, please provide proof of where the funds were deposited.

(Exhibit 11, pgs. 6-7)

The appellant representative criticized MassHealth's response as he believes all requested bank account statements have been submitted and he is willing to accept unverified withdrawals as transfer penalties to be potentially cured later (Exhibit 11, pg. 5). On 2/10/2026, in response to these criticisms, the MassHealth representative reviewed the submissions again with her supervisor. They changed as much of the request as possible to resource transfers but still reported that the following documents could not be located in the submissions:

1. [REDACTED]

a. Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.

2. [REDACTED]

a. Please provide proof for the source of deposits on 1/3/23, 1/18/23, 3/1/23, 9/2/25, and 9/18/25.

3. [REDACTED]

a. One year of statements prior to the closing date needed and proof for all transactions \$1500 or greater with bills, receipts or invoices. We cannot accept a \$0 balance as proof of closing, please provide proof stating this account has been closed. ** we received July 2022-08/2022**

4. [REDACTED]

a. Need bank statements from 10/14/2023 to present or one year of statements prior to the closing date, provide proof of closing and proof for all transactions \$1500 or greater with bills, receipts or invoices.

5. [REDACTED]

- a. One year of statements prior to the closing date we only have 8/20/2020 to-9/2020

(Exhibit 11, pg. 1)

The representative asked the appellant representative to please let her know if any of the above documents had been submitted *id.* The appellant representative did not respond by 2/17/2026, when the hearing officer emailed all parties stating that he would not accept any additional discussion on this matter (Exhibit 11, pg. 1).

Findings of Fact

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

1. On 7/1/2025, the appellant applied for MassHealth long-term care benefits and was previously denied on 8/18/2025 for missing verifications.
2. On 9/9/2025, the appellant reapplied and was again denied for missing verifications on 10/20/2025.
3. The requested verifications are as follows:
 - [REDACTED]
 - This account needs to be reported on the asset page of the application.
 - Missing statements from 8/12/2023 to 10/13/2023 and 11/14/2023 to 12/13/2023.
 - Missing check copies from 6/14/2022 to 8/13/2025 and proof for all deposits and transactions \$1500 or greater with bills, receipts or invoices.
 - Provide proof of account owner for [REDACTED]
 - Provide bills, receipts, invoices and explanation for payments to [REDACTED]
 - [REDACTED]
 - This account needs to be reported on the asset page of the application.
 - Needs bank statements from 10/14/2023 to present and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - Needs check copies for checks [REDACTED] and source of deposit on 7/24/2023.
 - [REDACTED]
 - Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - [REDACTED]

- Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - [REDACTED]
 - Need proof for all transactions \$1500 or greater from 1/3/2023 to 8/6/2025 such as bills, receipts, invoices, source of deposits.
 - Need proof and explanation for the reoccurring [REDACTED]
 - Need bills, receipts for payments for [REDACTED]
 - [REDACTED]
 - Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - [REDACTED]
 - This account was not reported on the application. Closing letter received, however one year of account statements needed prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - Supplement A Form
 - Need resubmission of Supplement A form and answer all questions.
4. With extensions, the record was held open until 2/2/2026 for the appellant to submit documents and until 2/9/2026 for MassHealth to review the submissions.
5. On 2/10/2026, MassHealth found that not all the requested submissions had been submitted and the following were still pending:
- [REDACTED]
 - Our Asset Verification System reported this account. Need bank statements from 1/1/2024 to present or if closed one year of statements prior to the closing date and proof for all transactions \$1500 or greater with bills, receipts or invoices.
 - [REDACTED]
 - Please provide proof for the source of deposits on 1/3/23, 1/18/23, 3/1/23, 9/2/25, and 9/18/25.
 - [REDACTED]
 - One year of statements prior to the closing date needed and proof for all transactions \$1500 or greater with bills, receipts or invoices. We cannot accept a \$0 balance as proof of closing, please provide proof stating this account has been closed. ** we received July 2022-08/2022**
 - [REDACTED]
 - Need bank statements from 10/14/2023 to present or one year of statements prior to the closing date, provide proof of closing and proof for all transactions

- [REDACTED] \$1500 or greater with bills, receipts or invoices.
 - One year of statements prior to the closing date we only 8/20/2020 to- 9/2020

Analysis and Conclusions of Law

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (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(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

If the requested information, with the exception of verification of citizenship, identity, and immigration status, is received within 30 days of the date of the request, the application is considered complete. The MassHealth agency will determine the coverage type providing the most comprehensive medical benefits for which the applicant is eligible. If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied.

On 2/6/2026, the MassHealth representative emailed a list of pending verifications that was criticized by the appellant representative for including documents that he argued had been submitted or should just be considered unverified resource transfers (Exhibit 11, pgs. 6-7). In response, on 2/10/2026, MassHealth re-reviewed all the submitted documents and changed as much of the request as possible to resource transfers, but still reported a list of unsubmitted documents (Exhibit 11, pg. 1). The hearing officer reviewed the record and came to the same conclusion as MassHealth. Further, the appellant originally applied for MassHealth long-term care benefits on 7/1/2025 and such application was denied on 8/18/2025 for missing verifications. The appellant reapplied on 9/9/2025 and that application was also denied for missing verifications, including accounts not reported on the application. The appellant has had since September, 2025 (and even earlier if the July, 2025 application date is considered) to submit the requested verifications to MassHealth and after over 5 months has failed to do so. Therefore, as not all of the requested verifications have been submitted by the record close date of 2/2/2026, MassHealth did not err in denying the appellant's application for long-term care benefits.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:

Quincy MEC

