

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2515928
<b>Decision Date:</b>	1/28/2026	<b>Hearing Date:</b>	11/25/2025
<b>Hearing Officer:</b>	Thomas J. Goode	<b>Record Open to:</b>	01/09/2026

**Appearance for Appellant:**




**Appearance for MassHealth:**

Elizabeth Kittiphane, Quincy 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long Term Care-Verifications
<b>Decision Date:</b>	1/28/2026	<b>Hearing Date:</b>	11/25/2025
<b>MassHealth's Rep.:</b>	Elizabeth Kittiphane	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Tewksbury 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 September 2, 2025, MassHealth denied Appellant's application for MassHealth long-term care benefits for failure to verify eligibility (130 CMR 515.008, 516.001 and Exhibit 1). Appellant filed this appeal in a timely manner on October 30, 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 to allow Appellant's representative to submit additional verifications. Record open extensions were allowed at Appellant's request. The hearing record closed following the MassHealth response on January 9, 2026.

### Action Taken by MassHealth

MassHealth denied Appellant's application for long-term care benefits for failure to verify eligibility.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, 516.001, in denying Appellant's application for long-term care benefits for failing to verify eligibility.

## Summary of Evidence

The MassHealth representative testified that Appellant has not been admitted to a nursing facility. An application for long-term care benefits was submitted to MassHealth on July 15, 2025. On July 22, 2025, MassHealth issued a request for verifications due back to MassHealth by August 21, 2025. On September 2, 2025, the application was denied for failure to submit verification of eligibility. Outstanding verifications included proof of an [REDACTED] insurance policy; rental income allocation, and documentation of rental payments; health insurance; nursing facility documentation including notification of admission to a facility, personal needs account information, and private payment statement; proof of [REDACTED] account including bank statements from April 22, 2025 through July 11, 2025, complete statements from January 1, 2022 through April 21, 2025, proof of all transactions of \$1,500.00 or greater and all disbursements; unreported [REDACTED] account information with statements from July 15, 2020 through current, transactions of \$1,500.00 or greater, and all disbursements. MassHealth noted that a nursing facility screening and admission information is necessary to approve a long-term care application.

Appellant's representative confirmed that although long-term care placement is anticipated, Appellant has not yet been admitted to a nursing facility and that she was working on marshaling documentation. She added that she and her son would deliver documentation in-person to the caseworker, but more time was needed to obtain all outstanding verifications including documentation of a \$395,253.00 withdrawal by Appellant's late estranged husband from a [REDACTED] account.

The hearing record remained open until December 9, 2025, to allow Appellant to submit documentation. On December 8, 2025, Appellant requested an extension to obtain outstanding documentation. The extension request was allowed. Appellant submitted additional documentation (Exhibit 12). MassHealth reviewed all documentation submitted by Appellant's representative and generated a list of outstanding verifications that includes: a divorce decree, multiple [REDACTED] transfers from a [REDACTED] bank account that were not previously requested because MassHealth did not have the statements and which require documentation now that statements have been submitted, confirmation of closure of the account from which \$395,253.00 was withdrawn, [REDACTED] Bank statements from 11/2/21 through current or closing documentation, Personal Needs Allowance Statement, nursing facility admission information, nursing facility screening (Exhibit 13).

## Findings of Fact

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

1. Appellant has not been admitted to a skilled nursing facility.
2. An application for long-term care benefits was submitted to MassHealth on July 15, 2025.
3. On July 22, 2025, MassHealth issued a request for verifications due back to MassHealth by August 21, 2025.
4. On September 2, 2025, the application was denied for failure to submit verification of eligibility. Outstanding verifications included proof of an [REDACTED] insurance policy; rental income allocation, and documentation of rental payments; health insurance; nursing facility documentation including notification of admission to a facility, personal needs account information, and private payment statement; proof of a [REDACTED] Bank account including bank statements from April 22, 2025 through July 11, 2025, complete statements from January 1, 2022 through April 21, 2025, proof of all transactions of \$1,500.00 or greater and all disbursements; unreported [REDACTED] account information with statements from July 15, 2020 through current, transactions of \$1,500.00 or greater, and all disbursements.
5. The hearing record remained open until December 9, 2025, to allow Appellant to submit documentation. On December 8, 2025, Appellant requested an extension to obtain outstanding documentation. The extension request was allowed.
6. Appellant submitted additional documentation (Exhibit 12), and the hearing record closed on January 9, 2026.
7. MassHealth reviewed all documentation submitted by Appellant's representative and generated a list of outstanding verifications that includes: a divorce decree, multiple [REDACTED] transfers from a [REDACTED] bank account that were not previously requested because MassHealth did not have the statements and which require documentation now that statements have been submitted, confirmation of closure of the account from which \$395,253.00 was withdrawn, [REDACTED] Bank statements from 11/2/21 through current or closing documentation, Personal Needs Allowance Statement, nursing facility admission information, and nursing facility screening.

## Analysis and Conclusions of Law

A hearing decision must be based on a preponderance of the evidence (130 CMR 610.082(B)). Appellant has the burden of proving the invalidity of the determination by the MassHealth agency.<sup>1</sup> The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: *MassHealth: Universal Eligibility Requirements*, 130 CMR 518.000: *MassHealth: Citizenship and Immigration*, and 130 CMR 520.000: *MassHealth: Financial Eligibility* (130 CMR 516.003).

Regulation 130 CMR 516.001 provides:

(A) Filing an Application.

(1) Application. To apply for MassHealth

(a) for an individual living in the community, an individual or his or her authorized representative must file a complete paper Senior Application and all required Supplements or apply in person at a MassHealth Enrollment Center (MEC); or

(b) for an individual in need of long-term-care services in a nursing facility, a person or his or her authorized representative must file a complete paper Senior Application and Supplements or apply in person at a MassHealth Enrollment Center (MEC).

(2) Date of Application.

(a) The date of application is the date the application is received by the MassHealth agency.

(b) An application is considered complete as provided in 130 CMR 516.001(C).

(c) If an applicant described in 130 CMR 519.002(A)(1) has been denied SSI in the 30-day period before the date of application for MassHealth, the date of application for MassHealth is the date the person applied for SSI.

(3) Paper Applications or In-person Applications at the MassHealth Enrollment Center (MEC) — Missing or Inconsistent Information.

(a) If an application is received at a MassHealth Enrollment Center or MassHealth outreach site and the applicant did not answer all required questions on the Senior Application or if the Senior Application is unsigned, the MassHealth agency is unable to determine the applicant's eligibility for MassHealth.

(b) The MassHealth agency requests responses to all of the unanswered questions necessary to determine eligibility. The MassHealth agency must receive such information within 15 days of the date of the request for the information.

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

(c) If responses to all unanswered questions necessary to determine eligibility are received within 15 days of the date of the notice, referenced in 130 CMR 516.001(A)(3)(b), the MassHealth agency will request any corroborative information necessary to determine eligibility, as provided in 130 CMR 516.001(B) and (C).

(d) If responses to all unanswered questions necessary for determining eligibility are not received within the 15-day period referenced in 130 CMR 516.001(A)(4)(b), the MassHealth agency notifies the applicant that it is unable to determine eligibility. The date that the incomplete application was received will not be used in any subsequent eligibility determinations. If the required response is received after the 15-day period, the eligibility process commences and the application is considered submitted on the date the response is received, provided that if the required response is submitted more than one year after the initial incomplete application, a new application must be completed.

(e) Inconsistent answers are treated as unanswered.

Regulation 130 CMR 516.001(B) provides that MassHealth may request additional information or documentation, if 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). An 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 (130 CMR 515.008(A)).<sup>2</sup> The right to appeal a MassHealth determination of eligibility applies only to an applicant or member or nursing facility resident, not to a nursing facility seeking payment.

Here, Appellant has not been admitted to a nursing facility. An application for long-term care benefits was submitted to MassHealth on July 15, 2025, in anticipation of nursing facility placement. On July 22, 2025, MassHealth issued a request for verifications due back to MassHealth by August 21, 2025. On September 2, 2025, the application was denied for failure to submit verification of eligibility. At the time of the denial, outstanding verifications included proof of an [REDACTED] insurance policy; rental income allocation, and documentation of rental payments; health insurance; nursing facility documentation including notification of admission to a facility, personal needs account information, and private payment statement; proof of a [REDACTED] Bank account including bank statements

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<sup>2</sup> Regulation 130 CMR 516.003(G) allows verification exceptions for special circumstances: “(e)xcept with respect to the verifications of citizenships and immigration status, the MassHealth agency will permit, on a case-by-case basis, self-attestation of individuals for all eligibility criteria when documentation does not exist at the time of application or renewal, or is not reasonably available, such as in the case of individuals who are homeless or have experienced domestic violence or a natural disaster.” An exception for special circumstances does not apply to the facts at hand.

from April 22, 2025 through July 11, 2025, complete statements from January 1, 2022 through April 21, 2025, proof of all transactions of \$1,500.00 or greater and all disbursements; unreported [REDACTED] account information with statements from July 15, 2020 through current, transactions of \$1,500.00 or greater, and all disbursements. The hearing record remained open until December 9, 2025, to allow Appellant to submit documentation. On December 8, 2025, Appellant requested an extension to obtain outstanding documentation. The extension request was allowed. Appellant submitted additional documentation (Exhibit 12). MassHealth reviewed all documentation submitted by Appellant's representative, including a binder of documents hand-delivered to the case worker and scanned into the hearing record (Exhibits 8-10, 13), and generated a list of outstanding verifications that includes: a divorce decree, multiple [REDACTED] transfers from a [REDACTED] bank account that were not previously requested because MassHealth did not have the statements and which require documentation now that statements have been submitted, confirmation of closure of the account from which \$395,253.00 was withdrawn, [REDACTED] Bank statements from 11/2/21 through current or closing documentation, Personal Needs Allowance Statement, nursing facility admission information, and nursing facility screening (Exhibit 13). Although additional time was allowed during the hearing record open period to allow Appellant's representative to marshal the documentation required to verify eligibility, the documentation was reviewed by MassHealth, and eligibility could not be determined. Therefore, required verification of assets including bank account transfers and withdrawals, Personal Needs Allowance account, nursing facility admission information and other required eligibility factors requested by MassHealth have not been submitted to MassHealth during the pendency of this appeal. Appellant has not been admitted to a nursing facility and therefore retroactive coverage based on an application dated July 15, 2025, is not needed. Thus, Appellant's representative can work directly with the MassHealth to complete a MassHealth long-term care application should nursing facility placement occur.

For the foregoing 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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

  
MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171