

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Numbers:	2515971 & 2513793
Decision Date:	2/9/2026	Hearing Date:	11/25/2025
Hearing Officer:	Emily Sabo	Record Open to:	1/30/2026

Appearances for Appellant:



Appearance for MassHealth:

Kim McAvinchey, 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:	2/9/2026	Hearing Date:	11/25/2025
MassHealth's Rep.:	Kim McAvinchey	Appellant's Reps.:	[REDACTED]
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	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 notice dated September 2, 2025, MassHealth denied the Appellant's long-term-care application on the grounds that she did not provide MassHealth with the information required to determine her eligibility within the time allowed. 130 CMR 515.008, 130 CMR 526.003, and Exhibit 1. The Appellant's representative filed a timely appeal on September 19, 2025. 130 CMR 610.015(B) and Exhibit 2. Through notice dated October 22, 2025, MassHealth denied the Appellant's long-term-care application because while the Appellant submitted one or more proofs to begin the reapplication process, she did not submit the additional proofs needed in the time allowed. 130 CMR 515.008 and Exhibit 1. The Appellant's representative filed a timely appeal on October 30, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.¹

Action Taken by MassHealth

¹ The two appeals have been combined for hearing and decision.

MassHealth denied the Appellant's application for MassHealth long-term-care benefits on the grounds that she did not provide the requested information to determine her eligibility.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 130 CMR 516.003, in denying the Appellant's application for MassHealth long-term-care benefits.

Summary of Evidence

The hearing was held by telephone. The MassHealth representative testified that the Appellant is over the age of [REDACTED]. The MassHealth representative testified that the Appellant was admitted to the nursing facility on [REDACTED]. The MassHealth representative testified that the Appellant applied for MassHealth long-term-care benefits on July 23, 2025, and sought a payment start date of July 1, 2025. The MassHealth representative testified that MassHealth sent an information request on July 29, 2025, and an updated request for verifications on August 8, 2025. On September 2, 2025, MassHealth denied the application for lack of verifications. The Appellant provided some verifications, resulting in a September 17, 2025 restamp date and another MassHealth request for information. On September 30, 2025, in response to additional verifications received and processed, MassHealth sent the Appellant an updated verification request. The application was denied for lack of verifications a second time on October 22, 2025.

As of the date of the hearing, the MassHealth representative stated that the following verifications remain outstanding:

- Proof of fair market value of Massachusetts real estate at time of sale
- Irrevocable burial contract, including legible copy of statement of goods and services
- Missing statements and verifications for two bank accounts, including explanation of deposits, and further information related to possible pension deposit
- Information from trustee regarding a family irrevocable trust
- Proof of insurance policy owner and number
- Tax information
- Explanation about conflicting information provided on the application
- Explanation of life insurance proceeds for Appellant's spouse who died in [REDACTED]
- Information on another trust
- Explanation of initial deposit of a new bank account started in 2025
- Verification of Social Security income and explanation of where social security income had previously been deposited.

The Appellant's representative verified the Appellant's identity. The record was held open until

December 30, 2025, for the Appellant, and until January 30, 2026, for MassHealth's review and response. Exhibit 12. The Board of Hearings did not receive any submissions from the Appellant.

On January 21, 2026, the MassHealth representative responded and stated

MassHealth has reviewed submissions from 12/31/25, 1/9/26 and 1/16/26. Submissions did not include divider pages as requested which made it very difficult to sort through, specifically, 310 pages and determine which bank verifications were provided. There were at least three bank accounts previously unknown to MassHealth disclosed in this submission. . . .

Due to the volume of documents received since July 2025, and piecing together all verifications six months later, it is possible something was missed. If the appellant submitted during the Record Open period one of the verifications listed below, MassHealth requests that it be resubmitted as a stand-alone verification, not the entire submission.

The following verifications remain outstanding and/or need additional clarification:

1. Copy irrevocable burial contract. (Received Statement of Goods and Services.)
2. Trustee letter. Instructions for disclosing schedule of assets in a letter from the Trustee are very specific and outlined on Information Requests, Denials and the MH submission at hearing. Trustee letter submitted is still missing information which the Trustee must attest to: MH requires disclosure of all assets transferred in/out of trust. MassHealth is aware of at least the sale of a property not discussed in letter (address of property, date sold, amount received, how funds disbursed, if deposited to a bank, need name and account number). Regarding transfers into the Trust, the Trustee states only "A trust checking account was opened..." with no name of bank and no account number (and MH will verify that net proceeds from sale match opening deposit to account.) Trustee states, "the remaining balance in the trust account..." with no account number or name of bank. Trustee did not provide accounting for all assets currently in the trust.
Did not receive proof of value of trust assets. MassHealth has received one page of a statement in the name of the Revocable Trust for . . . Bank account . . . dated 7/31/25. The bottom part of statement is cut off and unable to see deposits to account.
3. Explanation/proof . . . deposits 75.49 to . . . Bank account If pension, send proof gross monthly amount and all deductions.
4. Proof source of recurring deposits 885.68 to . . . Bank account If pension send

proof current gross monthly income and all deductions.

5. Completed application page 15/question 11 with all Trust information for both trusts.
6. Explanation from appellant if she received proceeds from any life insurance policy when spouse passed in [REDACTED] with explanation/proof of amount(s) received and how funds disbursed/spent down. Signed and dated statement explaining did any assets pass directly to appellant as heir when spouse passed/send proof. Appellant submitted a court document stating only that spouse's assets did not require filing a tax return with no explanation/proof of what those assets were and how disbursed. Appellant could also have been the beneficiary of assets which bypassed probate. No explanations for assets or life insurance received (signed and dated statement from appellant or POA.)
7. Account . . . statements from opening (7/22/25) to present. (See #2 above.) Account must verify \$17,150 to realtor as explained in 12/31/25 submission.
8. Explanation of accounts prior to July 2023. MassHealth received miscellaneous account statements with no explanation for all accounts prior to July 2022, all of which should have been listed on application. At this point, no accounting of all active and closed accounts has been provided.
9. SS benefit letter for 2025. Request made on 9/30/25 for copy of SS benefit letter to verify gross monthly SS income, all deductions and net SS income. Appellant sent 2026 benefit letter. Although sometimes available, to date, MassHealth has been unable to match gross SS income and deductions from SSA.
10. Based on verifications received in 12/31/25 submission, it appears appellant is receiving four pensions: 446.40 . . . , . . . 885.68 and 171.18, and . . . 75.49. MassHealth needs clarification/verification are these all pensions (gross monthly amount and all deductions required.)
11. Undisclosed . . . account. Send proof balance 7/1/20. Send year-end only statements for each year 2020 to 2025. Do not send five years of monthly statements. Each year-end statement should account for all activity 1/1/xx to 12/31/xx. Send proof current balance or closing statement. Explain/send proof all disbursements and all deposits. If opened after 7/1/20, explain/send proof source of opening deposit.
12. Previously unknown . . . Bank account . . . disclosed in 12/31/25 submission. Statements received 7/01/20 to closing 7/06/23.
Unverified deposits:

4,622.52	04/02/21	... – unknown asset
55.10	08/20/21	
13.20	10/27/21	
42,849.32	09/01/22	...
	Disbursement:	
42,000	09/06/22	Transfer to unknown account ...

13. Previously unknown account . . . disclosed in 12/31/25 submission (pg 114 of 310) – closing statement provided with no bank name. (Closing statement provided to verify closing withdrawal transferred to open acct) See instructions for all financial resources and/or closed accounts.

Due to the number of undisclosed bank accounts/financial assets, at this time, MassHealth is requesting a complete accounting of all financial resources: active, accounts closed after 7/1/20, accounts owned/closed individually and/or jointly with spouse and/or any other individual and all trust accounts. This includes all financial resources/assets, not just bank accounts. Appellant was responsible to provide this information on her application. This will require a signed and dated statement from the appellant or POA listing all accounts as named here, as applicable.

Exhibit 14 at 1-3.

On January 29, 2026, the Appellant’s representative emailed the hearing officer and MassHealth representative, and stated that

We faxed in a lot of documentation to [MassHealth representative] which she has reviewed. After she reviewed it, she sent another letter requesting further information. In response we are faxing the documentation to her today. Some of the items she requested we still haven’t received, so we are requesting an extension. Additionally, since it is such a large file and we are unsure if [MassHealth representative] will need further clarity, we are respectfully requesting more time for [MassHealth representative] to review the information submitted and let us know if there are any further items needed to approve the application.

Exhibit 13 at 1.

The MassHealth representative responded that her earlier email had not been requesting additional verifications but was an explanation of what was still outstanding. Exhibit 15 at 1. The MassHealth representative objected to the Appellant’s request for an extension of the record open to submit further information. *Id.* The hearing officer denied the Appellant’s request to extend the record further. Exhibit 16.

Findings of Fact

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

1. The Appellant is over the age of [REDACTED] Testimony; Exhibit 4.
2. The Appellant was admitted to a nursing facility on [REDACTED] Testimony.
3. On July 23, 2025, the Appellant applied for MassHealth long-term-care benefits. Testimony, Exhibit 5.
4. On July 29, 2025, MassHealth issued a request for information to the Appellant. Testimony, Exhibit 5.
5. On August 8, 2025, MassHealth requested additional verification information from the Appellant. Testimony, Exhibit 5.
6. On September 2, 2025, MassHealth denied the Appellant's application for failing to submit verifications. Testimony, Exhibit 5.
7. On September 17, 2025, the Appellant provided MassHealth with some verifications, which resulted in a restamp date of September 17, 2025, and MassHealth issued a new request for information. Testimony, Exhibit 5.
8. On September 19, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
9. On September 30, 2025, MassHealth issued an updated request for information to the Appellant. Testimony, Exhibit 5.
10. On October 22, 2025, MassHealth denied the Appellant's application for MassHealth long-term-care benefits for the second time on the grounds that the Appellant had failed to submit the requested verifications. Exhibit 2.
11. On October 30, 2025, the Appellant's representative filed a timely appeal with the Board of Hearings. Exhibit 2.
12. The hearing was held on November 25, 2025. The MassHealth representative testified that the following items were still missing:
 - Proof of fair market value of Massachusetts real estate at time of sale

- Irrevocable burial contract, including legible copy of statement of goods and services
- Missing statements and verifications for two bank accounts, including explanation of deposits, and further information related to possible pension deposit
- Information from trustee regarding a family irrevocable trust
- Proof of insurance policy owner and number
- Tax information
- Explanation about conflicting information provided on the application
- Explanation of life insurance proceeds for Appellant's spouse who died in [REDACTED]
- Information on another trust
- Explanation of initial deposit of a new bank account started in 2025
- Verification of Social Security income and explanation of where social security income had previously been deposited

Testimony, Exhibit 5.

13. The record was held open until December 30, 2025, for the Appellant's submission, and until January 30, 2026, for MassHealth's review and response. Exhibit 12.
14. The Board of Hearings did not receive any submissions from the Appellant during the record open period.
15. On January 21, 2026, the MassHealth representative responded that verifications requested including the burial contract, pension information, trust information, and the explanation regarding the Appellant's late spouse's life insurance policy remain outstanding. Exhibit 14.

Analysis and Conclusions of Law

MassHealth regulations provide that:

130 CMR 515.008: Responsibilities of Applicants and Members

(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.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, assets, inheritances, gifts, transfers of and proceeds from the sale of real or personal property, distributions from or transfers into trusts, address, availability of health insurance, immigration status, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

130 CMR 516.001: Application for Benefits

(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.

(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.

(B) Corroborative Information. 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.

(C) Receipt of Corroborative Information. 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.

130 CMR 516.003: Verification of Eligibility Factors

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*.

(A) Information Matches. The MassHealth agency initiates information matches with federal and state agencies and other informational services, as described at 130 CMR 516.004, when an application is received in order to verify eligibility.

(B) Electronic Data Sources. If electronic data sources are unable to verify or are not reasonably compatible with the attested information, additional documentation will be required from the individual.

(C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant listing all requested verifications and the deadline for submission of the requested verifications.

(D) Time Standards. 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.

(E) Reasonable Opportunity to Verify Citizenship and Identity or Immigration Status. The MassHealth agency provides applicants and members a reasonable opportunity period to provide satisfactory documentary evidence of citizenship and identity or immigration status if MassHealth's electronic data matches are unable to verify the applicant's citizenship or immigration status.

(1) Time Standards. The reasonable opportunity period begins on, and extends 90 days from, the date on which an applicant or member receives a reasonable opportunity notice.

(2) Coverage Start Date.

(a) Coverage for individuals who receive a reasonable opportunity period begins on the date the Request for Information Notice is sent.

(b) If satisfactory documentary evidence of citizenship and identity or immigration status is received before the end of the reasonable opportunity period, retroactive coverage is provided for the verified coverage type in accordance with 130 CMR 516.006.

(F) Reasonable Opportunity Extension. Applicants or members who have made a good faith effort to resolve inconsistencies or obtain verification of immigration status may receive a 90-day extension. Requests for a reasonable opportunity extension must be made before the expiration of the verification time period.

(G) Verification Exceptions for Special Circumstances. Except 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.

130 CMR 520.007: Countable Assets

Countable assets are all assets that must be included in the determination of eligibility. Countable assets include assets to which the applicant or member or his or her spouse would be entitled whether or not these assets are actually received when failure to receive such assets results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. In determining whether or not failure to receive such assets is reasonably considered to result from such action or inaction, the MassHealth agency considers the specific circumstances involved. The applicant or member and the spouse must verify the total value of countable assets. However, if he or she is applying solely for MassHealth Senior Buy-In for Qualified Medicare Beneficiaries (QMB) as described in 130 CMR 519.010: *MassHealth Senior Buy-In for Qualified Medicare Beneficiaries (QMB)* or MassHealth Buy-In for Specified Low Income Medicare Beneficiaries (SLMB) or

MassHealth Buy-In for Qualifying Individuals (QI) both as described in 130 CMR 519.011: *MassHealth Buy-In*, verification is required only upon request by the MassHealth agency. 130 CMR 520.007 also contains the verification requirements for certain assets. . . .

130 CMR 520.009: Countable-income Amount

(A) Overview.

- (1) An individual's and the spouse's gross earned and unearned income less certain business expenses and standard income deductions is referred to as the countable-income amount. In determining gross monthly income, the MassHealth agency multiplies the average weekly income by 4.333 unless the income is monthly.
- (2) For community residents, the countable-income amount is compared to the applicable income standard to determine the individual's financial eligibility.
- (3) For institutionalized individuals, specific deductions described in 130 CMR 520.026 are applied against the individual's countable-income amount to determine the patient-paid amount.
- (4) The types of income that are considered in the determination of eligibility are described in 130 CMR 520.009, 520.018, 520.019, and 520.021 through 520.024. These include income to which the applicant, member, or spouse would be entitled whether or not actually received when failure to receive such income results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. In determining whether or not failure to receive such income is reasonably considered to result from such action or inaction, the MassHealth agency will consider the specific circumstances involved.

. . . .

(D) Unearned Income. Income that does not directly result from an individual's own labor or services is unearned. Unearned income includes, but is not limited to, social security benefits, railroad retirement benefits, pensions, annuities, federal veterans' benefits, rental income, interest, and dividend income. Gross rental income is the countable rental-income amount received less business expenses as described at 130 CMR 520.010(C). The applicant or member must verify gross unearned income. However, if he or she is applying solely for MassHealth Senior Buy-In for Qualified Medicare Beneficiaries (QMB) as described in 130 CMR 519.010: *MassHealth Senior Buy-in (for Qualified Medicare Beneficiaries (QMB))* or MassHealth Buy-In for Specified Low Income Medicare Beneficiaries (SLMB) or MassHealth Buy-In for Qualifying Individuals (QI) or both as described in 130 CMR 519.011: *MassHealth Buy-In*, verification is required only upon MassHealth agency request. Verifications include

- (1) a recent check stub showing gross income;
- (2) a statement from the income source when matching is not available;
- (3) for rental income: a written statement from the tenant or a copy of the lease; or
- (4) other reliable evidence.

Here, MassHealth denied the Appellant's application for MassHealth long-term-care benefits because the Appellant failed to submit the necessary information to determine whether she was

eligible. 130 CMR 515.008(A). While the record was held open, the Appellant did not submit all of the requested information to the Board of Hearings or MassHealth. What remains outstanding includes the Appellant's burial contract, pension information, trust information, and an explanation regarding the Appellant's late spouse's life insurance policy, including if the appellant received any life insurance proceeds. See Exhibits 1, 5, and 14. Thus, the Appellant has not demonstrated that MassHealth erred in denying the Appellant's application. 130 CMR 515.008(A); see also 130 CMR 516.001(A)(3), (B).

Accordingly, 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.

Emily Sabo
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

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