Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2516466
Decision Date:	1/22/2026	**Hearing Date:**	12/08/2025
Hearing Officer:	Emily Sabo	**Record Open to:**	1/14/2026

Appearance for Appellant:
[redacted] Business Office Manager

Appearance for MassHealth:
Elen Adamyan, 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

Appeal Decision:	Denied	**Issue:**	Long Term Care; Verifications
Decision Date:	1/22/2026	**Hearing Date:**	12/08/2025
MassHealth's Rep.:	Elen Adamyan	**Appellant's Rep.:**	[redacted]
Hearing Location:	Quincy Harbor South (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 a notice dated September 11, 2025, MassHealth denied the Appellant's application for MassHealth Long-Term-Care because MassHealth determined that the Appellant did not provide MassHealth with requested information within the time required.[1] 130 CMR 515.008 and Exhibit 1. The Appellant filed this appeal in a timely manner on November 7, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's application for MassHealth Long-Term-Care services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 130 CMR 516.003, in determining that the Appellant did not provide MassHealth with requested information

[1] The denial notice states that verifications of the following were not provided to MassHealth: the Appellant's most recent savings account statement dated within 45 days. Exhibit 1. It also states that the Appellant is approved for the Medicare Savings Program's Qualified Medicare Beneficiary benefits as of October 1, 2025. *Id.*

within the time required.

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 MassHealth is seeking the Appellant's bank statements or a letter from the bank explaining that the Appellant has closed her account.

The Appellant's representative verified the Appellant's identity. The Appellant's representative testified that the Appellant cannot leave the nursing facility, where she is living and the Appellant's bank requires that the Appellant appear in person to access her statements.

The record was held open until January 7, 2026, for the Appellant to provide the bank statements, and until January 14, 2026, for MassHealth's review and response. Exhibit 5. On January 7, 2026, the Appellant's representative submitted a notice, dated January 7, 2026, that a petition for guardianship of the Appellant had been filed. Exhibit 6.

Findings of Fact

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

1. The Appellant is an adult over the age of [redacted] and resides in a nursing facility. Testimony; Exhibit 4.

2. On September 11, 2025, MassHealth denied the Appellant's August 4, 2025, application for MassHealth Long-Term-Care because MassHealth determined that the Appellant did not provide MassHealth with requested information within the time required. Exhibit 1.

3. The Appellant filed this appeal in a timely manner on November 7, 2025. Exhibit 2.

4. MassHealth explained that the reason for the denial was that the Appellant had failed to provide her most recent bank statement (dated within the last 45 days) or a letter from the bank explaining that she had closed her account. Testimony, Exhibit 1.

5. The record was held open until January 7, 2026, for the Appellant to submit the requested information. Exhibit 5.

6. The Appellant did not submit the requested information during the record open period. Exhibit 6.

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.

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 the requested information to the Board of Hearings or MassHealth. What remains outstanding is the Appellant's most recent bank statement (dated within the last 45 days) or a letter from the bank explaining that she had closed her account. Exhibit 1. 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.[2]

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.

[2] The filing of a petition for guardianship of the Appellant also raises a question of who may have the authority to act on the Appellant's behalf regarding filing an application with MassHealth or prosecuting an appeal with the Board of Hearings. Exhibit 6.

Emily Sabo
Hearing Officer
Board of Hearings

[redacted]

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