

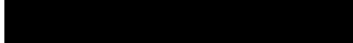
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516706
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	12/15/2025
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	01/14/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Waleska Estrada *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>	01/27/2026	<b>Hearing Date:</b>	12/15/2025
<b>MassHealth's Rep.:</b>	Waleska Estrada	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<b>Aid Pending:</b>	N/A

### 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 October 29, 2025, MassHealth denied the appellant's application for MassHealth Long-Term Care (LTC) benefits because MassHealth determined that the appellant failed to submit requested verifications within the required timeframe. (See 130 CMR 515.008; 516.001; 516.003; and Ex. 1). The appellant filed this appeal in a timely manner on November 13, 2025. (See 130 CMR 610.015(B); Ex. 2). Denial of assistance constitutes valid grounds for appeal. (See 130 CMR 610.032).

Following receipt of the appeal, the Board of Hearings sent the appeal representative a letter on November 13, 2025, requesting proof of representation and related information. (See 130 CMR 610.016; and Ex. 4). Upon receipt of the requested documentation on November 17, 2025, the Board scheduled the hearing. (See 130 CMR 610.047; and Ex. 5). Following the hearing, the record remained open until January 14, 2026, to allow for submission of additional documentation and for a response from the MassHealth representative. (See 130 CMR 610.071; and Ex. 7).

### Action Taken by MassHealth

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

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008, 516.001, and 516.003 in determining that the appellant failed to submit requested verifications within the required timeframe.

## Summary of Evidence

MassHealth was represented by a benefits eligibility worker from the Springfield MassHealth Enrollment Center (MEC). The appellant was represented by a person authorized to do so by the holder of the appellant's power of attorney. Both parties attended the hearing by telephone.

The MassHealth representative testified first. The appellant is an unmarried individual over the age of 65 who resides in a nursing facility. (Testimony; Ex. 3). Prior to October 29, 2025, MassHealth requested documentation verifying the appellant's assets to determine eligibility. (Testimony). MassHealth did not receive all requested documentation within the required timeframe and, as a result, issued a denial dated October 29, 2025. (Testimony; Ex. 1). After issuing the denial, MassHealth received and verified a bank statement for one financial account on November 12, 2025. (Testimony).<sup>1</sup> On December 5, 2025, MassHealth issued a Request for Information seeking submission of the outstanding bank statement and life insurance documentation. (Testimony). As of the hearing date two items remained outstanding: (1) a current bank statement for a second financial institution account, and (2) documentation identifying the cash surrender value of a life insurance policy. (Testimony). These were the only verifications MassHealth still required to proceed with an eligibility determination. (Testimony).

The appeal representative testified next. The appeal representative had obtained a bank statement from the appellant's daughter, who serves as the appellant's power of attorney. (Testimony). The daughter reported she was unaware of the existence of any life insurance policy. (Testimony). The appeal representative explained that the daughter had served as power of attorney for only several years and therefore may not have knowledge of older financial instruments. (Testimony).

In response, the MassHealth representative testified that MassHealth records reflected that the life insurance policy had previously been verified and had remained on record for many years.

---

<sup>1</sup> Under MassHealth regulations, when an application is denied for failure to submit requested verifications and MassHealth subsequently receives the requested information within 30 days of the date of denial, the date of receipt of one or more of the verifications is considered the date of reapplication. (See 130 CMR 516.002(A), (B)). In this case, MassHealth received and verified a bank statement on November 12, 2025, which would ordinarily constitute the date of reapplication under 130 CMR 516.002(A). However, the MassHealth representative did not testify as to whether November 12, 2025 was treated as the reapplication date, and no determination regarding a reapplication date was made on the record.

(Testimony). During the hearing, the MassHealth representative provided the policy number to facilitate further inquiry regarding the policy. (Testimony).

The appeal representative requested additional time after the hearing to submit the outstanding verifications. (Testimony). The Hearing Officer asked the MassHealth representative how much time MassHealth would require to review any submissions. (Testimony). The MassHealth representative testified that she could complete review within approximately 48 hours of receipt. (Testimony).

At the conclusion of the hearing, the record was left open to allow the appeal representative to submit a current bank statement for the outstanding account and documentation regarding the life insurance policy on or before January 12, 2026, and to allow the MassHealth representative to review any submissions and report whether all requested verifications had been received on or before January 14, 2026. (Testimony; Ex. 7). By email dated January 13, 2026, the MassHealth representative reported that she had not received any additional documentation during the record-open period and therefore had taken no further action, noting that a separate Request for Information issued by MassHealth remained pending with a later deadline. (Ex. 8, p. 1). Later the same day, the appeal representative responded by email that she had again contacted the life insurance company seeking confirmation regarding the policy and was awaiting a response. (Ex. 8, p. 2). No further communication was received after this, and the record closed on January 14, 2026. (Id.).

## **Findings of Fact**

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

1. The appellant is an unmarried individual over the age of 65 who resides in a nursing facility. (Testimony; Ex. 3).
2. Prior to October 29, 2025, MassHealth requested documentation verifying the appellant's assets to determine eligibility. (Testimony).
3. MassHealth did not receive all requested documentation within the required timeframe and issued a denial dated October 29, 2025. (Testimony; Ex. 1).
4. After issuing the denial, MassHealth received and verified a bank statement for one financial account on November 12, 2025 (Testimony).
5. As of the date of the hearing, December 15, 2025, two verifications remained outstanding: a current bank statement for a second financial institution account and documentation identifying the cash surrender value of a life insurance policy. (Testimony).

6. These were the only remaining verifications required for MassHealth to proceed with an eligibility determination. (Testimony).
7. On December 5, 2025, MassHealth issued a Request for Information seeking submission of the outstanding bank statement and life insurance documentation. (Testimony).
8. At the conclusion of the hearing, the record was left open to allow submission of outstanding verifications by January 12, 2026, and review by the MassHealth representative by January 14, 2026. (Testimony; Ex. 7).
9. By email dated January 13, 2026, the MassHealth representative reported that no additional documentation had been received during the record-open period, and no further documentation was submitted before the hearing record closed on January 14, 2026. (Ex. 8, pp. 1-2).

## **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 determine eligibility, MassHealth may request corroborative information necessary to verify income, assets, and other eligibility factors, and will specify a deadline for submission of such information in a written notice. (130 CMR 516.001(B); 516.003(C), (D)). Failure to submit requested verifications within the required timeframe may result in denial of benefits. (130 CMR 516.001(B)(2); 516.003(D)).

In this case, MassHealth requested documentation verifying the appellant's assets to determine eligibility, including a current bank statement for one financial account and documentation identifying the cash surrender value of a life insurance policy. MassHealth did not receive all requested documentation within the required timeframe and denied the application on October 29, 2025. After issuing the denial, MassHealth received and verified a bank statement for one financial account, but the remaining two verifications continued to be outstanding.

At the hearing, the MassHealth representative identified the outstanding verifications and testified that these were the only remaining items needed to proceed with an eligibility determination. The appeal representative explained that the appellant's daughter, who serves as power of attorney, was unaware of the life insurance policy and had served in that role for only several years. However, MassHealth records reflected that the life insurance policy had previously been identified and had remained on record for many years, and the policy number was available for further inquiry.

At the request of the appeal representative, the record was left open to allow submission of the outstanding verifications and to allow MassHealth a reasonable opportunity to review any new evidence. (See 130 CMR 610.071(A)(2)). Despite the additional time provided, no further

documentation was submitted before the record closed. Despite the additional time provided, no further documentation was submitted before the record closed.

The burden of establishing eligibility for MassHealth benefits rests with the applicant. (130 CMR 515.008(A)). While the appeal representative made efforts to obtain the requested information, the required verifications were not submitted within the time allowed, including during the record-open period. As a result, MassHealth lacked sufficient information to determine the appellant's eligibility for benefits. Based on the foregoing, MassHealth correctly denied the appellant's application for failure to submit requested verifications within the required timeframe, and the denial was proper.

For the above 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.

---

Scott Bernard  
Hearing Officer  
Board of Hearings

  
cc: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104