

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517171
<b>Decision Date:</b>	01/27/2026	<b>Hearing Date:</b>	12/19/2025
<b>Hearing Officer:</b>	Alexandra Shube	<b>Record Open to:</b>	01/23/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

*Via telephone:*  
Katie LaDuke, Springfield 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>	01/27/2026	<b>Hearing Date:</b>	12/19/2025
<b>MassHealth's Rep.:</b>	Katie LaDuke	<b>Appellant's Rep.:</b>	Guardian
<b>Hearing Location:</b>	Quincy Harbor, Remote	<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 24, 2025, MassHealth denied the appellant's application for MassHealth long-term care benefits because the appellant failed to submit all requested information needed to determine the appellant's eligibility within the required time frame (Exhibit 1). The appellant filed this appeal in a timely manner on November 19, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

At the request of the appellant's representative, the record was held open until January 16, 2026 for the appellant's representative to submit the missing verifications. MassHealth was given until January 23, 2026 to review and respond to the appellant's submission.

### Action Taken by MassHealth

MassHealth denied the appellant's application for MassHealth benefits for failure to submit requested verifications in a timely manner.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant failed to submit requested verifications in a timely manner.

## Summary of Evidence

All parties appeared at hearing via telephone. The MassHealth representative testified as follows: the appellant is over the age of 65 and a resident of a nursing facility. On August 8, 2025, MassHealth received an application for long-term care benefits on behalf of the appellant requesting a start date of October 17, 2025. On August 19, 2025, MassHealth issued a request for information with a due date of September 18, 2025. MassHealth did not receive all the requested verifications and, on September 24, 2025, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. At the time of hearing, MassHealth still required verification of the appellant's bank account where his Social Security income is being deposited, including statements from January 1, 2025 to the present date and verifying the disposition of funds for transactions of \$1,000 or more.

The appellant's representative, his court appointed guardian, testified as follows: it has been a difficult case and nobody knew if the appellant had a bank account until MassHealth identified it. The bank is in [REDACTED] and he has spent hours trying to get through to it, including using an interpreter. He has sent letters with no response and finally located an email address yesterday but has yet to get a response to that. The bank is only located in the [REDACTED] area. He asked for additional time to work on obtaining the information.

The record was held open until January 16, 2026 for the appellant and until January 23, 2026 for the MassHealth representative. This hearing officer did not hear from the appellant's representative during the record open period, other than on December 31, 2025 when the guardian acknowledging receipt of the record open email which this hearing officer had emailed the day of hearing, December 19, 2025. On January 26, 2026, the MassHealth representative, who was out of the office on January 23, 2026, stated that MassHealth had not received the requested bank statements.

## Findings of Fact

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

1. The appellant is over the age of 65 and is a resident of a nursing facility (Testimony and Exhibit 4).

2. On August 8, 2025, MassHealth received a long-term care application on behalf of the appellant requesting a start date of October 17, 2025 (Testimony and Exhibit 5).
3. On August 19, 2025, MassHealth issued a request for information with a due date of September 18, 2025 (Testimony and Exhibit 5).
4. MassHealth did not receive all the requested verifications and, on September 24, 2025, issued a denial notice for failure to provide all requested verifications within the required time frame. This is the notice under appeal. (Testimony and Exhibit 1).
5. On November 19, 2025, the appellant timely appealed the denial notice (Exhibit 2).
6. At the time of hearing, MassHealth was missing verifications related to the appellant's bank account (Testimony and Exhibit 5).
7. The record was held open until January 16, 2026 for the appellant and until January 23, 2026 for the MassHealth representative (Exhibit 7).
8. By the close of the record open period, MassHealth had not received the requested verifications (Exhibit 8).

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 515.008(A), an "applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility..." After receiving an application for MassHealth benefits, MassHealth proceeds as follows:

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.

(130 CMR 516.001(B)). "If the requested information...is received [by MassHealth] within 30 days of the date of the request, the application is considered complete....If such information is not received within 30 days of the date of the request, MassHealth benefits may be denied."  
(130 CMR 516.001(C).)

MassHealth denied the appellant's application for failure to submit all requested information needed to determine the appellant's eligibility within the required time frame. The appellant was granted a record open period to obtain and submit the missing documents. At the close of the record open period, MassHealth had not received the requested information. As the appellant has failed to submit all requested verifications, 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

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