

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517183
Decision Date:	2/2/2026	Hearing Date:	12/19/2025
Hearing Officer:	Scott Bernard	Record Open to:	01/23/2026

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist *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

Appeal Decision:	Denied	Issue:	Long-Term Care/Verifications
Decision Date:	2/2/2026	Hearing Date:	12/19/2025
MassHealth's Rep.:	Lynn Bloomquist	Appellant's Rep.:	[REDACTED]
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 18, 2025, MassHealth denied the appellant's application for MassHealth Long-Term Care (LTC) benefits because MassHealth determined that she did not give MassHealth the information it needed to decide her eligibility within the required timeframe. (See 130 CMR 515.008; 516.003; and Exhibit (Ex.) 1). The appellant, through her authorized representative, filed this appeal in a timely manner on November 19, 2025. (See 130 CMR 610.015(B) and Ex. 2). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Following the hearing, the record remained open until January 23, 2026 to allow submission of additional documentation and a response from the MassHealth representative. (Ex. 6 – Ex. 14).

Action Taken by MassHealth

MassHealth denied the appellant's application for LTC benefits because MassHealth determined that al that she did not give MassHealth the information it needed to decide her eligibility within the required timeframe.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.003, in determining that the appellant did not submit the required verifications.

Summary of Evidence

The hearing was held on December 19, 2025. MassHealth was represented by a benefit eligibility representative from the Tewksbury MassHealth Enrollment Center (MEC) and the appellant was represented by her authorized representative. The parties attended the hearing by telephone.

The MassHealth representative testified first, concerning the appellant's application, the verification requests, and the basis for the denial. The appellant, an individual over the age of [REDACTED], was admitted to a nursing facility in [REDACTED] (Testimony). MassHealth received an application for LTC benefits in July 2025 with a requested coverage start date of May 1, 2025. (Testimony; Ex. 5, p. 1). MassHealth denied the application by notice dated September 18, 2025, because required financial verifications were not submitted within the applicable timeframe. (Testimony; Ex. 5, p. 1). At the time of the denial, MassHealth required additional documentation concerning multiple bank accounts, an individual retirement account (IRA), personal needs account (PNA) activity, private-pay payments to the facility, and a recurring life insurance premium withdrawal. (Testimony; Ex. 5, pp. 1–2). As of the day prior to the hearing, MassHealth had not received all outstanding verifications necessary to issue a new eligibility determination. (Testimony; Ex. 5, p. 2). MassHealth received additional documents shortly before the hearing, but the MassHealth representative had not been able to review these prior to the hearing. (Testimony; Ex. 5, p. 2).

The appeals representative asserted that she submitted documentation addressing all verification items identified by MassHealth on December 18, 2025, and earlier on December 19, 2025 (Testimony; Ex. 6, pp. 1–2; Ex. 10). The submissions included bank statements covering the required look-back period and explanations for deposits and disbursements reflected on those statements. (Testimony; Ex. 6, p. 2). The appeals representative testified that a recurring insurance premium withdrawal shown on one checking account related to a policy owned by a third party, although the appellant had historically paid the premium. (Testimony; Ex. 6, p. 2). The appeals representative acknowledged that she did not have documentation confirming when the premium payments ceased or whether payments continued after November 2025. (Testimony; Ex. 6, p. 3).

The parties agreed to leave the record open for MassHealth to review the recently submitted documentation and to identify any additional verification required to issue an eligibility determination with appeal rights. (Testimony). A limited record-open order was issued directing MassHealth to review the submissions and to advise by December 22, 2025 whether the documentation was sufficient to permit issuance of an eligibility determination or whether additional verification remained outstanding. (Ex. 7, p. 1). The MassHealth representative was able to submit a written narrative later in the day on December 19, 2025 which identified outstanding

verifications relating to multiple financial accounts, PNA activity, private-pay payments to the facility, and requesting clarification regarding a recurring insurance premium withdrawal. (Ex. 8, pp. 1–2).

A revised record-open order directed the appeals representative to submit additional documentation relating to the following. (Ex. 9, p. 10). The appeal representative was asked to submit information concerning a checking account and a savings account held at the same bank, including statements for both accounts from October 1, 2023, through the present, proof of the source of all deposits, and explanations for all disbursements of \$1,000.00 or more. (Id.). With respect to the checking account, the order further required explanations for all transfers of \$1,000.00 or more and verification regarding the insurance policy associated with a recurring monthly withdrawal of \$47.75, as statements had been received only for the period from January 1, 2025, through June 1, 2025. (Id.). With respect to the savings account, the order noted that statements had been received only for the period from January 1, 2025, through March 1, 2025. (Id.). The order also directed submission of documentation relating to an Individual Retirement Account (IRA) held through a life insurance company, including proof of the source of all disbursements made during the 60-month look-back period and statements from December 31, 2024 through the present reflecting the current balance. (Id.). Finally, the order directed the appeals representative to indicate whether a PNA had been opened since September 2, 2025, and whether any private-pay payments had been made since that date, including the dates and periods such payments covered. (Id.). The appeal representative was asked to submit these verifications by January 9, 2026, and the MassHealth representative was asked to submit a response by January 16, 2026. (Id.).

On January 7, 2026, the appeals representative submitted additional documentation and informed the parties that historical statements from an IRA covering an earlier portion of the look-back period remained pending despite repeated requests to the financial institution and requested additional time to obtain and submit the remaining statements. (Ex. 11, pp. 1–2). On January 9, 2026, the appeals representative notified the parties that the delay resulted from circumstances outside the appellant’s control and requested an extension of the record open period, which was granted. (Ex. 12, pp. 1–2). The record open period was extended until January 16, 2026, for the appeal representative and January 23, 2026, for the MassHealth representative. (Ex. 12, p. 1).

On January 15, 2026, the appeals representative submitted historical IRA documentation covering the earlier portion of the look-back period, including statements reflecting distributions deposited into the checking account. (Ex. 13, pp. 1–3). In that submission, the appeals representative indicated that the documentation addressed the outstanding verifications previously identified. (Ex. 13, p. 1).

On January 23, 2026, after reviewing the post-hearing submissions, the MassHealth representative emailed the parties stating that MassHealth could not issue an eligibility determination because verification remained outstanding regarding a recurring insurance policy premium reflected on the appellant’s checking account. (Ex. 14, p. 1). The MassHealth representative stated that, although

documentation indicated that a third party currently owned the policy, MassHealth required verification establishing that the appellant held no ownership interest in the policy at any point during the 60-month look-back period. (*Id.*). The appeals representative responded by email questioning whether the newly identified verification requirement fell within the scope of the original denial notice or the record-open orders and inquiring whether MassHealth intended to issue a new information request. (Ex. 14, p. 2).

As of January 23, 2026, based on the submissions reviewed, the record also did not contain complete statements for the appellant's checking account for January 2024, April 2024, May 2024, June 2024, and September through December 2024, and did not contain statements for the appellant's savings account for January through December 2024, notwithstanding the revised record-open order requiring statements for both accounts from October 1, 2023 through the present. (Ex. 5, pp. 1–2; Ex. 6; Ex. 9, p. 1; Ex. 10).

Findings of Fact

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

1. The appellant is an individual over the age of [REDACTED] who was admitted to a nursing facility in [REDACTED] (Testimony; Ex. 5, p. 1).
2. MassHealth received the appellant's application for MassHealth LTC benefits in July 2025, with a requested coverage start date of May 1, 2025. (Testimony; Ex. 5, p. 1).
3. By notice dated September 18, 2025, MassHealth denied the application because required financial verifications were not submitted within the applicable timeframe. (Testimony; Ex. 1; Ex. 5, p. 1).
4. At the time of the denial, MassHealth required documentation relating to multiple financial accounts, an IRA, PNA activity, private-pay payments to the nursing facility, and clarification regarding a recurring life insurance premium withdrawal. (Testimony; Ex. 5, pp. 1–2).
5. As of the day prior to the hearing on December 19, 2025, MassHealth had not received all outstanding verifications necessary to issue an eligibility determination, although additional documentation was transmitted shortly before the hearing and had not yet been reviewed. (Testimony; Ex. 5, p. 2).
6. At the hearing, the appellant's representative asserted that she submitted documentation addressing all verification items identified by MassHealth, including financial account statements, documentation concerning private-pay payments and PNA activity, and statements relating to an IRA, and testified that a recurring life insurance

premium withdrawal related to a policy purportedly owned by a third party. (Testimony; Ex. 6, pp. 1–2).

7. The appellant’s representative acknowledged that she did not have documentation confirming whether or when the appellant’s life insurance premium payments associated with that policy ceased. (Testimony; Ex. 6, pp. 2–3).
8. Following the hearing, a revised record-open order issued specifying the additional documentation required from the appeals representative in order for MassHealth to complete its review of the appellant’s eligibility:
 - a. Additional documentation relating to a checking account and a savings account held at the same bank, including statements for both accounts from October 1, 2023, through the present, proof of the source of all deposits, and explanations for all disbursements of \$1,000.00 or more:
 - i. With respect to the checking account, the revised record-open order further required explanations for all transfers of \$1,000.00 or more and verification regarding the insurance policy associated with a recurring monthly withdrawal of \$47.75, as statements had been received only for the period from January 1, 2025, through June 1, 2025;
 - ii. With respect to the savings account, the revised record-open order noted that statements had been received only for the period from January 1, 2025, through March 1, 2025, and required submission of statements from October 1, 2023, through the present;
 - b. The revised record-open order also directed submission of documentation relating to an individual retirement account held through a life insurance company, including proof of the source of all disbursements made during the 60-month look-back period and statements from December 31, 2024, through the present reflecting the current account balance;
 - c. Finally, the revised record-open order directed the appeals representative to indicate whether a personal needs account had been opened since September 2, 2025, and whether any private-pay payments had been made since that date, including the dates and periods such payments covered. (Ex. 9, p. 1).
9. During the record-open period, the appellant’s representative submitted additional financial documentation, including historical IRA documentation covering earlier portions of the look-back period. (Ex. 10, pp. 1–6; Ex. 13, pp. 1–3).
10. On January 7 and January 9, 2026, the appellant’s representative informed the parties that certain historical individual retirement account statements were not immediately

available despite repeated requests to the financial institution and requested an extension of the record-open period, which was granted, extending the deadline for submission of documentation to January 16, 2026 and the deadline for MassHealth's review to January 23, 2026. (Ex. 11, pp. 1–2; Ex. 12, pp. 1–2)

11. On January 23, 2026, after reviewing the post-hearing submissions, MassHealth advised that it could not issue an eligibility determination because verification remained outstanding concerning whether the appellant held any ownership interest in the insurance policy associated with the recurring premium payments during the 60-month look-back period, and the appellant's representative questioned whether that verification requirement fell within the scope of the original denial notice or the record-open orders. (Ex. 14, pp. 1–2).
12. As of January 23, 2026, based on the submissions reviewed, the record also did not contain complete statements for the appellant's checking account for January 2024, April 2024, May 2024, June 2024, and September through December 2024, and did not contain statements for the appellant's savings account for January through December 2024, notwithstanding the revised record-open order requiring statements for both accounts from October 1, 2023 through the present. (Ex. 5, pp. 1–2; Ex. 6; Ex. 9, p. 1; Ex. 10).

Analysis and Conclusions of Law

MassHealth applicants must cooperate with MassHealth in providing information necessary to establish and maintain eligibility for benefits. (130 CMR 515.008(A)). MassHealth may require applicants to submit corroborative information necessary to determine eligibility and must provide a reasonable opportunity to submit that information. (130 CMR 516.001(B)). If MassHealth does not receive the required information within the applicable timeframe, it may deny the application. (130 CMR 516.001(C); 516.003). Where an individual applies for Long-Term Care benefits, MassHealth may require verification sufficient to determine the ownership, availability, and disposition of assets during the look-back period, including verification relating to insurance policies and recurring premium payments that may implicate countable assets or transfer-of-asset rules. (130 CMR 520.003; 520.007; 520.016; 520.019).

MassHealth denied the appellant's application for LTC benefits because required financial verifications were not submitted within the applicable timeframe. At the time of the denial, MassHealth required documentation relating to multiple financial accounts, an IRA, PNA activity, private-pay payments to the nursing facility, and clarification regarding a recurring life insurance premium withdrawal. As of the day prior to the hearing, MassHealth had not received all verifications necessary to issue an eligibility determination.

Although the appellant's representative asserted at the hearing that documentation addressing all verification items had been submitted, she acknowledged that she did not have documentation establishing whether or when the appellant's premium payments associated with the life

insurance policy ceased. Because the MassHealth representative had not yet reviewed the recently submitted materials, the record appropriately remained open to permit review and to identify whether any verification remained outstanding.

During the record-open period, MassHealth reviewed the submissions and identified that additional verification remained outstanding, including verification relating to financial accounts, PNA activity, private-pay payments to the facility, and clarification regarding the recurring insurance premium withdrawal. The appellant's representative submitted additional documentation during the record-open period and requested additional time where documentation was not immediately available, including with respect to historical IRA records.

After reviewing the post-hearing submissions, MassHealth advised on January 23, 2026, that it could not issue an eligibility determination because verification remained outstanding concerning whether the appellant held any ownership interest in the life insurance policy associated with the recurring premium payments during the 60-month look-back period. Without verification resolving that ownership question, MassHealth could not determine whether the policy implicated countable assets or transfer-of-asset rules applicable to LTC eligibility.

The appellant's representative questioned whether that verification requirement fell within the scope of the original denial notice or the record-open orders. That argument is not persuasive. When MassHealth reviews submissions intended to cure a verification-based denial, it may require clarification of issues reasonably raised by the documentation submitted, including clarification necessary to determine ownership and availability of assets during the look-back period. Recurring life insurance premium payments reflected in financial records reasonably raise a question as to ownership of the associated policy and require verification sufficient to resolve that question.

Because MassHealth did not receive verification establishing that the appellant held no ownership interest in the life insurance policy at any point during the look-back period, MassHealth was unable to complete its eligibility determination. Accordingly, MassHealth's denial of the application for failure to submit required verifications was consistent with applicable regulations.

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