

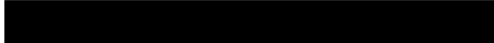
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517250
<b>Decision Date:</b>	1/21/2026	<b>Hearing Date:</b>	12/18/2025
<b>Hearing Officer:</b>	David Jacobs	<b>Record Open:</b>	1/8/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Stacy Kirby, Taunton MEC



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	LTC; Verifications
<b>Decision Date:</b>	1/21/2026	<b>Hearing Date:</b>	12/18/2025
<b>MassHealth Rep.:</b>	Stacy Kirby	<b>Appellant Rep.:</b>	██████████
<b>Hearing Location:</b>	Board of Hearings (Remote)		

### 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 9/30/2025, MassHealth notified the appellant that she is not eligible for MassHealth long-term care (“LTC”) benefits because she did not give MassHealth the information it needs to decide her eligibility within the required time frame (Exhibit 1). The appellant filed a timely appeal on 11/21/2025 (Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

### Action Taken by MassHealth

MassHealth notified the appellant that she is not eligible for MassHealth long-term-care services because she did not give MassHealth the information it needs to decide her eligibility within the required time frame.

### Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is not eligible for MassHealth benefits.

## Summary of Evidence

The MassHealth representative appeared at the hearing telephonically and testified in summary as follows: The appellant applied for MassHealth long-term care benefits on 8/13/2025 and the application was denied by notice dated 9/30/2025 for failure to submit the requested verifications (Exhibit 1). The requested start date for MassHealth benefits is 8/1/2025. MassHealth identified the following documents in need of submission by the appellant at the hearing:

1. [REDACTED]
  - a. Statements from 8/1/2022 to 10/1/2023
  - b. Receipts for large deposits from 12/1/2020 to 1/31/2021
2. [REDACTED]
  - a. Statements from 7/1/2023 to 11/1/2023
  - b. Statements from 10/1/2024 to 3/13/2025
3. Proof for what checks [REDACTED] were for.
4. Receipts for all transactions of \$1,500.00 or more.
5. Information regarding unknown annuity indicated on application.
  - a. Contract
  - b. Proof that beneficiary was changed to Commonwealth of Massachusetts
  - c. Annuity tracking form
  - d. Proof of gross income if it is employer based
6. HUD Statement showing deposit for sale of property at [REDACTED]

The appellant's representative appeared telephonically on behalf of the appellant. She conceded to the facts laid out by MassHealth and requested additional time to obtain the requested documents. Thereafter, the hearing officer left the record open until 1/8/2026 for the appellant to submit documents and 1/15/2026 for MassHealth to review the submissions (Exhibit 5).

On 1/16/2026, MassHealth informed the parties that not all the requested documents had been received (Exhibit 7). Of the list identified at hearing only items 2 and 6 had been received by MassHealth *id.* Later that day the appellant representative responded that no further documents would be submitted because the appellant's family have been incredibly unsupportive and the facility has started the process to discharge the appellant *id.* The representative then requested the hearing officer to make a decision on the matter *id.*

## Findings of Fact

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

1. On 8/13/2025, the appellant applied for MassHealth long-term care benefits.

2. On 9/30/2025, the appellant's application was denied for failure to submit all requested verifications.
3. The requested verifications are as follows:
  - a. [REDACTED]
    - i. Statements from 8/1/2022 to 10/1/2023
    - ii. Receipts for large deposits from 12/1/2020 to 1/31/2021
  - b. [REDACTED]
    - i. Statements from 7/1/2023 to 11/1/2023
    - ii. Statements from 10/1/2024 to 3/13/2025
  - c. Proof for what checks [REDACTED] were for.
  - d. Receipts for all transactions of \$1,500.00 or more.
  - e. Information regarding unknown annuity indicated on application.
    - i. Contract
    - ii. Proof that beneficiary was changed to Commonwealth of Massachusetts
    - iii. Annuity tracking form
    - iv. Proof of gross income if it is employer based
  - f. HUD Statement showing deposit for sale of property at [REDACTED]  
[REDACTED]
4. The record was held open until 1/8/2026 for the appellant to submit documents and 1/15/2026 for MassHealth to review the submissions.
5. On 1/16/2026, MassHealth confirmed that only account statement for the bank account ending in [REDACTED] and the HUD statement had been submitted.
6. The appellant representative stated that no additional documents would be submitted as the appellant's family have been uncooperative the facility plans to begin discharge proceedings against the appellant.

## **Analysis and Conclusions of Law**

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility (130 CMR 516.001). 130 CMR 516.001(B) provides the following with respect to corroborative information:

- (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(C) sets forth the process regarding the receipt of corroborative information, and provides as follows:

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.

On 1/16/2026 MassHealth stated that not all the requested verifications had been submitted by the record close date of 1/8/2026 (Exhibit 7). The appellant representative confirmed as such saying that the appellant's family has been uncooperative, and no further documents will be submitted *id.* A review of the record also confirms that not all the requested verifications have been submitted by the appellant. Therefore, as not all of the requested verifications have been submitted by the record close date of 1/8/2026, MassHealth did not err in denying the appellant's application for long-term care benefits.

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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David Jacobs  
Hearing Officer  
Board of Hearings

cc: Taunton MEC  
