

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517311
Decision Date:	2/26/2026	Hearing Date:	12/24/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	02/16/2026

Appearance for Appellant:



Appearance for MassHealth:

Jessica Adamiec, Taunton 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:	Eligibility; Over 65; Long-term care; Verifications
Decision Date:	2/26/2026	Hearing Date:	12/24/2025
MassHealth's Rep.:	Jessica Adamiec	Appellant's Rep.:	[REDACTED]
Hearing Location:	Taunton MassHealth Enrollment Center Room 1 (Remote)	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 24, 2025, MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information it needed to decide his eligibility within the required timeframe. (130 CMR 515.008; Exhibit 1). The appellant filed this appeal in a timely manner on November 21, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence and for MassHealth to review and respond. (Exhibit 6).

Action Taken by MassHealth

MassHealth notified the appellant that he was not eligible to receive MassHealth benefits because he did not submit the information needed to determine his eligibility within the required time frame.

Issue

The appeal issue is whether MassHealth was correct in notifying the appellant that he was not eligible for MassHealth benefits because he did not submit the information needed to determine his eligibility within the required timeframe.

Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is over the age of [REDACTED] and he resides in a nursing facility. On August 5, 2025, MassHealth received the appellant's application for long-term care benefits, with a requested start date is May 9, 2025. On August 20, 2025, MassHealth notified the appellant that additional information was needed to determine his eligibility, which was due by September 20, 2025. MassHealth did not receive any of the requested information. On September 24, 2025, MassHealth sent the appellant a denial notice for failure to submit the requested documentation needed to determine his eligibility. (Exhibit 1). As of the date of the hearing, the following verification was still outstanding:

- Proof of Health Insurance – front and back copies of the health insurance card and current premium bill;
- Bank Account Information – verify the following deposits from checking account in the amounts of \$6,913.24 (on January 30, 2024) and \$4,762.46 (on March 18, 2024) and submit the source of those funds;
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all disbursements from 401K retirement plan;
- Real Estate from Primary Residency – submit current assessed value of property located in [REDACTED];
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second checking account that was previously reported and includes transfers on statements. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited;
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a savings account that was previously reported. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited;
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second savings account that was previously reported. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited.

(Exhibit 1, pp. 2-3).

The appellant's representative appeared at the hearing by telephone and testified that the

appellant had not provided the facility with any information, despite several requests. He requested to have additional time to speak to the appellant and attempt to resolve this matter.

Following the hearing, the record was left open for a brief period to allow the appellant additional time to submit the outstanding verifications to MassHealth, and for MassHealth to review submission. (Exhibit 6).¹ The MassHealth representative subsequently responded that she received some, but not all the requested verifications that are needed to determine the appellant's eligibility. She noted that the following verifications remain outstanding:

- Proof of Health Insurance,
- Bank Account Information – verification of the following deposits from the appellant's checking account in the amounts of \$6,913.24 (on January 30, 2024) and \$4,762.46 (on March 18, 2024) and submit the source of those funds,
- Real Estate from Primary Residency – the current assessed value of property located in Massachusetts,
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second checking account that was previously reported and includes transfers on statements. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited,
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(Exhibit 7, p. 14).²

Findings of Fact

¹ The appellant's initial request to extend the record open period was granted. (Exhibit 7, p. 11).

² On February 18, 2026, following the closing of the record open period, the appellant submitted a second request for an extension, and the requested bank account documentation, as described above. The request to further extend the record open period was denied. (Exhibit 7, pp. 16-18).

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

1. The appellant is over the age of [REDACTED] and he resides in a nursing facility.
2. On August 5, 2025, MassHealth received the appellant's application for long-term care benefits, with a requested start date of May 9, 2025.
3. On August 20, 2025, MassHealth notified the appellant that additional information was needed to determine eligibility, which was due September 20, 2025. MassHealth did not receive the requested documentation.
4. On September 24, 2025, MassHealth notified the appellant that he was not eligible to receive long-term care benefits because he did not submit the requested documentation needed to determine his eligibility.
5. The appellant timely appealed this MassHealth action.
6. As of the hearing date, the following verifications were still outstanding:
 - Proof of Health Insurance – front and back copies of the health insurance card and current premium bill;
 - Bank Account Information – verify the following deposits from checking account in the amounts of \$6,913.24 (on January 30, 2024) and \$4,762.46 (on March 18, 2024) and submit the source of those funds;
 - Bank Account Information – copies of statements from January 1, 2024 through present, verifying all disbursements from 401K retirement plan;
 - Real Estate from Primary Residency – submit current assessed value of property located in [REDACTED]
 - Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second checking account that was previously reported and includes transfers on statements. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited;
 - Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a savings account that was previously reported. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited;
 - Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second savings account that was previously reported. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited.
7. Following the hearing, the record was left open for the appellant to submit the outstanding

verifications and for MassHealth to review submission.

8. The MassHealth representative subsequently indicated that she received some, but not all the requested verifications needed to determine the appellant's eligibility. The following verifications remain outstanding:

- Proof of Health Insurance,
- Bank Account Information – verification of the following deposits from the appellant's checking account in the amounts of \$6,913.24 (on January 30, 2024) and \$4,762.46 (on March 18, 2024) and submit the source of those funds,
- Real Estate from Primary Residency – the current assessed value of property located in [REDACTED]
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second checking account that was previously reported and includes transfers on statements. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited,
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Analysis and Conclusions of Law

Applicants for MassHealth have an obligation to cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all rules and regulations of MassHealth, including recovery or maintaining other health insurance. (See, 130 CMR 515.008).

Once an application for MassHealth long-term care benefits has been submitted, the MassHealth agency requests all corroborative information necessary to determine eligibility. (See, 130 CMR 516.001). 130 CMR 516.019(B) provides the following, with respect to corroborative information:

- (1) The MassHealth agency sends the applicant written notification requesting the

³ See, footnote # 2, above.

corroborative information generally within five days of receipt of 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.

In the present case, the appellant was granted a post-hearing record-open period to submit the outstanding information described above. Despite the additional time granted, the appellant submitted some, but not all outstanding information. Specifically, the appellant did not submit the following:

- Proof of Health Insurance,
- Bank Account Information – verification of the following deposits from the appellant’s checking account in the amounts of \$6,913.24 (on January 30, 2024) and \$4,762.46 (on March 18, 2024) and submit the source of those funds,
- Real Estate from Primary Residency – the current assessed value of property located in [REDACTED]
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a second checking account that was previously reported and includes transfers on statements. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited,
- Bank Account Information – copies of statements from January 1, 2024 through present, verifying all sources of deposits and withdrawals \$1500 and over from a savings account that was previously reported. If the account has been closed, submit copies of statements to closing and verify where the closing funds were deposited,
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⁴ See, footnote # 2, above.

Without all requested information, the appellant has not fulfilled his obligations under 130 CMR 516.001. The action taken by MassHealth was within the regulations. 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc: [REDACTED]

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780