

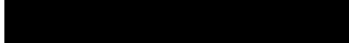
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2517874
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	12/30/2025
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	01/22/2026

**Appearance for Appellant:**



**Appearance for MassHealth:**

Donovan Sorhaindo *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>	Approved	<b>Issue:</b>	Long-Term Care/Verifications
<b>Decision Date:</b>	2/4/2026	<b>Hearing Date:</b>	12/30/2025
<b>MassHealth's Rep.:</b>	Donovan Sorhaindo	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Taunton 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 November 18, 2025, MassHealth denied the appellant's application for MassHealth Long-Term Care (LTC) benefits because MassHealth determined that although he had submitted one or more proofs to begin the reapplication process, he did not submit additional proofs needed in the time allowed. (See 130 CMR 515.008; 516.001; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on December 4, 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 22, 2026 to allow submission of additional documentation and a response from the MassHealth representative. (Ex. 6). The record closed on January 22, 2026. (Ex. 7).

## Action Taken by MassHealth

MassHealth denied the appellant's application for LTC benefits for failure to submit requested verification within the time allowed.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 515.008 and 516.001,

in denying the appellant's application for LTC benefits for failure to submit requested verifications under the circumstances presented.

## Summary of Evidence

MassHealth was represented by a benefit eligibility representative from the Taunton MassHealth Enrollment Center (MEC), and the appellant was represented by the person he named in his fair hearing request. The parties attended remotely by telephone.

The MassHealth representative provided the following information. The appellant submitted an application for LTC benefits on April 25, 2025. (Testimony; Ex. 5, p. 3). At the time of the application, the appellant was a single individual, under the age of 65, residing at a skilled nursing facility, where he had received skilled nursing services since late 2024. (Testimony; Ex. 3; Ex. 5, p. 4). The appellant is seeking LTC benefits effective from May 1, 2025. (Testimony). MassHealth processed the appellant's application and issued a request for verifications listing various items of financial documentation the appellant needed to submit. (Testimony; Ex. 5, p. 1). During the application review, MassHealth identified significant activity in the appellant's bank checking and savings accounts within the five-year look-back period, including deposits and withdrawals totaling approximately \$38,000.00 and individual transactions exceeding \$1,300.00. (Testimony; Ex. 5, pp. 5, 8 - 11).

On November 18, 2025, MassHealth denied the application for failure to submit required verifications within the time allowed, citing the appellant's failure to provide sufficient documentation explaining the deposits and withdrawals. (Testimony; Ex. 1; Ex. 5, pp. 4 - 5). The appellant timely appealed that denial. (Ex. 5, p. 2). Although the appellant submitted bank statements as requested, he had not provided explanations or documentation showing how the withdrawn funds were used or whether the transactions were for fair market value. (Testimony). The MassHealth representative further stated that, because the transactions occurred within the five-year look-back period, MassHealth requested an explanation of the deposits and withdrawals. (Testimony).<sup>1</sup>

The appeal representative provided the following information. The appellant has a long history of alcohol and substance use disorders and significant mental health conditions. (Testimony). The appellant received a settlement following a motor vehicle accident and rapidly depleted those funds through repeated cash withdrawals used for alcohol, drugs, and basic living expenses while he was homeless. (Testimony). The withdrawals consisted almost entirely of cash transactions, which made it impossible to trace the funds to specific vendors or obtain receipts. (Testimony). Furthermore, efforts to reconstruct the appellant's spending were unsuccessful due to the appellant's cognitive decline and inability to recall details. (Testimony).

The MassHealth representative stated that the deposits and withdrawals occurred within the five-

---

<sup>1</sup> The notice on appeal did not refer to any disqualifying transfers of resources (Ex. 1).

year look-back period and that MassHealth requested explanation of those transactions. (Testimony). The MassHealth representative suggested additional means of obtaining information, and the appeal representative requested additional time to submit supporting documentation, including a statement from a physician, to further explain the appellant's circumstances. (Testimony).

Following the discussion, the parties agreed that the record would remain open to permit the appeal representative to submit additional verification explaining the deposits and withdrawals at issue. (Testimony). The Hearing Officer stated that the appeal representative would have until January 13, 2026 to submit such documentation, and that the MassHealth representative would then have until January 20, 2026 to review any submissions and respond in writing, including confirming whether the requested documentation had been received and identifying any documentation that remained outstanding. (Testimony; Ex. 6, p. 1).

On January 12, 2026, the appellant submitted an affidavit executed under the pains and penalties of perjury attesting that he routinely withdrew varying amounts of cash from his checking and savings accounts between November 2021 and February 2022 and used the entirety of those funds to purchase alcohol and narcotics to support longstanding addictions, without transferring funds to other individuals. (Ex. 7, pp. 2 – 3). The appeal representative requested a two-day extension to obtain a signed affidavit from the appellant's treating physician, which was granted. (Ex. 7, pp. 5–7). On January 16, 2026, the appellant submitted the signed affidavit from his treating physician at the skilled nursing facility, who attested that the appellant suffers from multiple serious medical and psychiatric conditions requiring constant monitoring and skilled nursing care, was homeless and struggling with addiction during the period when the withdrawals occurred, and cannot be safely discharged without endangering his health or life. (Ex. 7, p. 8).

The MassHealth representative reviewed the post-hearing submissions and reported that MassHealth had not made a determination as to whether the documentation sufficiently explained the financial transactions. (Ex. 7, p. 10). The Hearing Officer closed the record on January 22, 2026, and proceeded to review the evidence and draft a decision. (Ex. 7, p. 11).

## **Findings of Fact**

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

1. The appellant applied for MassHealth LTC benefits on April 25, 2025. (Testimony; Ex. 5, p. 3).
2. At the time of application, the appellant was a single individual under the age of 65 residing in a skilled nursing facility. (Testimony; Ex. 3; Ex. 5, p. 4).
3. During its review of the application, MassHealth identified deposits and withdrawals in the appellant's bank accounts within the five-year look-back period, including aggregate

activity of approximately \$38,000.00 and individual transactions exceeding \$1,300.00. (Testimony; Ex. 5, pp. 5, 8 – 11).

4. MassHealth issued a Verification Checklist requesting documentation explaining the deposits and withdrawals identified during the look-back period. (Testimony; Ex. 5, p. 1).
5. The appellant submitted bank statements in response to MassHealth's requests but did not submit documentary records tracing the withdrawn funds to specific vendors or demonstrating fair market value prior to the denial. (Testimony; Ex. 5, pp. 4 – 5).
6. On November 18, 2025, MassHealth denied the appellant's application for LTC benefits on the ground that required verifications had not been submitted within the time allowed. (Testimony; Ex. 1).
7. The appellant timely appealed the denial on December 4, 2025. (Testimony; Ex. 2).
8. During the appeal process, information was provided showing that the withdrawals consisted primarily of cash transactions and that records documenting the specific use of those funds did not exist. (Ex. 7, pp. 2 – 3).
9. During the period of the withdrawals, the appellant suffered from serious medical, psychiatric, and cognitive impairments that limited his ability to reconstruct or document his spending. (Testimony; Ex. 7, p. 8).
10. As of the close of the record on January 22, 2026, MassHealth had not made a determination as to whether the documentation submitted sufficiently explained the bank account financial transactions. (Ex. 7, pp. 10 – 11).

## **Analysis and Conclusions of Law**

MassHealth applicants must cooperate with MassHealth by providing information necessary to establish and maintain eligibility for benefits. (130 CMR 515.008(A)). MassHealth may require applicants to submit corroborative information reasonably necessary to determine eligibility and must afford a reasonable opportunity to submit such information. (130 CMR 516.001(B)). If MassHealth does not receive the required verification within the applicable timeframe, it may deny the application. (130 CMR 516.001(C); 516.003).

For applicants seeking LTC benefits, MassHealth may require verification sufficient to determine the ownership, availability, and disposition of assets during the five-year look-back period, including verification relating to insurance policies, recurring premium payments, and other transactions that may implicate countable assets or the transfer-of-assets rules. (130 CMR 520.003; 520.007; 520.016; 520.019; 520.020). The applicant bears the burden of producing documentation sufficient to explain such transactions and to demonstrate that they were for fair

market value or otherwise non-disqualifying. (130 CMR 520.019; 520.020). Where an applicant does not timely submit verification reasonably requested by MassHealth, MassHealth may properly deny the application for failure to provide verification, even if information submitted after the denial may later clarify the transactions. (130 CMR 520.009(E)).

The sole issue before the Board is whether MassHealth properly denied the appellant's application for LTC benefits for failure to submit required verifications. The Board's review is limited to the grounds stated in the notice under appeal and does not extend to issues not yet determined by MassHealth. (130 CMR 610.015(B); 130 CMR 610.032).

MassHealth requested verification concerning the appellant's financial transactions during the look-back period, and the record reflects that the appellant submitted information in response to those requests and provided explanations regarding the nature and use of the withdrawn funds. The failure to submit the specific documentation requested was not the result of noncooperation but rather reflected that the precise records sought either did not exist or could not reasonably be obtained due to the manner in which the funds were spent and the appellant's significant medical, psychiatric, and cognitive impairments.

A denial for failure to provide verifications may be appropriate where the absence of verification prevents MassHealth from making an eligibility determination, regardless of whether the applicant's actions are characterized as noncooperation. Here, however, the information developed at hearing and during the record-open period is sufficient to allow MassHealth to evaluate the transactions at issue and to determine whether the transactions occurred within the five-year look-back period and required explanation. The absence of documentary evidence does not, by itself, preclude MassHealth from making an eligibility determination where the agency possesses sufficient information to assess the nature of the transactions and apply the transfer-of-assets rules.

Under these circumstances, the regulations contemplate that MassHealth will proceed to evaluate eligibility based on the information available and issue a determination on the merits, rather than deny the application for failure to submit verification.

For the above reasons, the appeal is APPROVED.

## **Order for MassHealth**


Issue a new written eligibility determination, using the April 25, 2025, application, based on the information already obtained, addressing eligibility and any transfer-of-assets issues, and providing the appellant with appeal rights.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

---

Scott Bernard  
Hearing Officer  
Board of Hearings

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