

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518305
Decision Date:	02/27/2026	Hearing Date:	January 12, 2026
Hearing Officer:	Brook Padgett	Record Open:	February 12, 2026

Appellant Representative:



MassHealth Representative:

Patricia Rogers, Taunton MEC



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Long Term Care Verifications 130 CMR 516.003
Decision Date:	02/27/2026	Hearing Date:	January 12, 2026
MassHealth Rep.:	P. Rogers	Appellant Rep.:	[REDACTED]
Hearing Location:	Taunton MEC		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The Appellant received a MassHealth notice dated November 12, 2025, stating: “MassHealth has reviewed your application for MassHealth long term care services which you filed on September 30, 2025. You are not eligible because you did not give MassHealth the information needs to decide your eligibility within the required time frame. 130 CMR 515.008 and 516.003”. (Exhibit 1). The Appellant appealed this notice timely on December 12, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant’s application for long term care benefits for failure to submit required verifications.

Issue

Did the Appellant submit the requested verifications prior to the close of the fair hearing and should these verifications be considered by MassHealth?

Summary of Evidence

MassHealth provided testimony indicating that the Appellant, who is over 65 years old, applied for long-term care benefits on September 30, 2025, requesting coverage beginning June 05, 2025. Following an asset match, MassHealth sent verification requests on October 06, 2025, and October 14, 2025, to determine where the Appellant's Social Security income was being deposited. In response, the Appellant's representative informed MassHealth that the Social Security funds were deposited into the sister's account. The representative provided bank statements from September 2025 through December 2025; however, all information on these statements was blacked out, except for the deposits. (Exhibits 4, 5 and 6). MassHealth stated that even though the account was not in the Appellant's name, they were required to review all deposits and withdrawals made from February 2025 through September 2025. On November 12, 2025, the application was denied because the Appellant failed to submit the verifications necessary to determine eligibility. (Exhibit 1).

The Appellant's representative noted that he had explained MassHealth's requirements to the sister, but she felt she was not obligated to provide the information because it was her personal bank account and she was acting as a representative payee to help her sister. The facility requested additional time to convince the sister to submit the required deposit and withdrawal verifications. At the representative's request, the record was left open until February 12, 2026. This extension was granted to provide MassHealth with unredacted statements for Citizens Bank account 366-3, spanning from February 01, 2025, through September 20, 2025, to show all deposits and withdrawals from the shared account. Furthermore, MassHealth required a spreadsheet identifying which transactions belonged to the Appellant, along with verifications demonstrating how the withdrawn funds were spent; otherwise, the case would be denied. (Exhibit 7).

Within the required timeframe, the Appellant's representative submitted the unredacted bank statements covering February 01, 2025, through September 20, 2025, alongside a narrative explaining that the funds covered the Appellant's monthly expenses. The narrative claimed the funds were used for living, safety, and personal support, which were necessary and vital for maintaining the Appellant's basic daily functioning. It listed the following expenses: rent (\$600.00), food (\$300.00), toiletries (\$70.00), dry cleaning (\$80.00), transportation (\$100.00), hair care (\$50.00), adult care (\$100.00), cable (\$70.00), clothing (\$100.00), housecleaning/lawn care/snow removal (\$64.00), home repairs (\$100.00), and a security camera (\$70.00). The narrative asserted that these expenses were not discretionary and supported the Appellant's ability to live independently in the community. (Exhibit 8).

MassHealth reviewed the submission and determined that the narrative lacked sufficient information and detail to make an eligibility determination. Because the submission did not include receipts or corroborating evidence to verify how the withdrawn funds were spent, the request remained denied. (Exhibit 9).

Findings of Fact

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

1. On September 30, 2025, the Appellant applied for MassHealth long term care benefits. (Testimony).
2. On October 06, 2025, and October 14, 2025, after receiving an asset match MassHealth requested the Appellant provide verifications demonstrating where her Appellant's Social Security income was being deposited. (Exhibit 4).
3. In response the Appellant submitted bank statements from September 2025 to December 2025, with all information but the deposits blacked out. (Exhibits 5 and 6).
4. On November 12, 2025, the Appellant's application was denied for failing to submit verification of all deposits and withdrawals from the bank account in which her Social Security checks were being deposited. (Exhibit 1).
5. At the Appellant's fair hearing the Appellant's representative requested the record remain open until February 12, 2026, to submit the requested verifications showing all deposits and withdrawals from the shared account; along with a spreadsheet demonstrating how the Appellant's assets which were withdrawn were spent. (Exhibit 7).
6. The Appellant's representative submitted within the required time period the unredacted verification of all deposits and withdrawals from the shared account along with a narrative explaining how the Appellant's funds were spent. (Exhibit 8).

Analysis and Conclusions of Law

The Appellant applied for MassHealth long-term care benefits on September 30, 2025. On October 06 and October 14, 2025, MassHealth requested verification of all deposits and withdrawals from the shared bank account where the Appellant's Social Security checks were deposited. MassHealth subsequently denied the application on November 12, 2025, due to the Appellant's failure to submit the verification required to determine long-term care eligibility. The Appellant appealed this action, and during the hearing on January 12, 2026, her representative requested that the record remain open to submit the necessary information.

The record was extended until February 12, 2026, allowing the Appellant or her representatives to provide bank statements from February 01, 2025, through September 20, 2025. These statements needed to show all deposits and withdrawals from the shared account. The extension also required a spreadsheet indicating which transactions belonged to the Appellant, along with verifications

showing how her withdrawn assets were spent. The record open form explicitly stated that failure to provide this information would result in the denial of the appeal.

While the Appellant did submit unredacted bank statements and a narrative explaining the expenditure of the funds, she did not provide receipts, bills, or any other proof to verify how the funds were actually used. Despite being granted additional time and receiving a clear warning about the consequences of failing to provide the information, the Appellant and her representatives failed to submit expense verifications. Instead, they relied solely on an unsubstantiated narrative from a family member. Consequently, MassHealth was unable to determine the Appellant's eligibility for the long-term care program.

130 CMR 516.003: Verification of Eligibility Factors

The MassHealth agency requires verification of eligibility factors including income, assets, residency, citizenship, immigration status, and identity as described in 130 CMR 517.000: MassHealth: Universal Eligibility Requirements, 130 CMR 518.000: MassHealth: Citizenship and Immigration, and 130 CMR 520.000: MassHealth: Financial Eligibility.

- (C) Request for Information Notice. If additional documentation is required, including corroborative information as described at 130 CMR 516.001(B), a Request for Information Notice will be sent to the applicant, listing all requested verifications and the deadline for submission of the requested verifications.

- (D) Time Standards. The following time standards apply to the verification of eligibility factors. **(1) The applicant or member has 30 days from the receipt of the Request for Information Notice to provide all requested verifications. (2) If the applicant or member fails to provide verification of information within 30 days of receipt of the MassHealth agency's request, MassHealth coverage is denied or terminated. (Emphasis added).**

Because the Appellant failed to provide sufficient verification to determine eligibility, she has not complied with the above-referenced regulations. As a result, MassHealth acted within its discretion to deny the application. 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Taunton MEC

