

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|----------------|------------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2502138 |
| Decision Date: | 08/01/2025 | Hearing Date: | 05/06/2025 |
| Hearing Officer: | Marc Tonaszuck | Record Open to: | 07/19/2025 |

Appearance for Appellant:



Appearance for MassHealth:

Caitlen Pynn



*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: | 08/01/2025 | Hearing Date: | 05/06/2025 |
| MassHealth's Rep.: | Caitlen Pynn | Appellant's Rep.: | Pro se |
| Hearing Location: | Worcester 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 01/22/2025, MassHealth informed the appellant that it reviewed her application for MassHealth Long Term Care (LTC) benefits and determined that she is not eligible because she failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 02/04/2025, a timely appeal was filed on the appellant's behalf (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place before the Board of Hearings (Board) on 05/06/2025 (Exhibit 3). The appellant's representative requested an extension of time to submit the missing verifications. His request was granted, and the record remained open in this matter until 06/06/2025 for the appellant's submission and until 06/13/2025 for MassHealth's response (Exhibit 5).

On 06/06/2025, the appellant's representative requested an extension of the record open period to submit the verifications to MassHealth (Exhibit 6). His request was granted, and the record open period was extended to 07/11/2025 for the appellant's submission and until 07/19/2025 for MassHealth's response (Exhibit 7).

On 07/11/2025, the appellant's representative requested an extension of the record open period

for two additional weeks (Exhibit 8). The hearing officer denied the appellant's second request to extend the record open period (Exhibit 9).

Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for failure to submit requested verifications.

Issue

The issue is whether or not the requested verifications were submitted to MassHealth.

Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 12/10/2024. As part of the eligibility process, on 12/13/2024 MassHealth sent to the appellant a request for information (VC-1), seeking verifications due on 01/12/2025. The verifications were not received by the due date, and the denial notice was issued on 01/22/2025. According to the MassHealth representative, all verifications listed on the denial notice remain outstanding (Exhibit 1).

The appellant's representative appeared at the fair hearing and testified telephonically. He testified that he needed additional time to provide the missing verifications. His request was granted, and the record remained open in this matter until 06/06/2025 for the appellant's submission and until 06/13/2025 for MassHealth's response (Exhibit 5).

On 06/06/2025, the appellant's representative requested an extension of the record open period to submit the verifications to MassHealth (Exhibit 6). His request was granted, and the record open period was extended to 07/11/2025 for the appellant's submission and until 07/19/2025 for MassHealth's response (Exhibit 7).

On 07/11/2025, the appellant's representative requested an extension of the record open period for two additional weeks (Exhibit 8). The hearing officer denied the appellant's second request to extend the record open period (Exhibit 9).

On 07/17/2025, the MassHealth representative notified the hearing officer and appellant's representative of the following:

The following verifications are still outstanding:

1. Verification of [REDACTED] letter to verify current benefit with any deductions.
2. [REDACTED] checking account [REDACTED]: This account was shown on provided statements for account [REDACTED]. Please verify ownership of this account. If your name is on the account, provide complete statements dated 9/1/23 to current or date of closure with verification of all transactions over \$1000. If your name is not on this account, verify ownership and explain transactions between this account and [REDACTED] shown on provided statements.
3. [REDACTED] savings account [REDACTED] This account was shown on provided statements for account [REDACTED]. Please verify ownership of this account. If your name is on the account, provide complete statements dated 9/1/23 to current or date of closure with verification of all transactions over \$1000. If your name is not on this account, verify ownership and explain transactions between this account and [REDACTED] shown on provided statements.
4. [REDACTED] statements dated 10/1/23 to current or date of closure with verification of all transactions over \$1000. The statements provided were illegible
5. [REDACTED] statements dated 10/1/23 to current or date of closure with verification of all transactions over \$1000. Please provide a copy of the annuity contract showing date and value at time of purchase.
6. [REDACTED] There are monthly premium payments of \$111.87 shown on provided bank statements. Please provide a current policy value statement that shows the policy owner, policy number, policy type, face value and cash surrender value, if any.
7. [REDACTED]: There are monthly premium payments of \$129.03 shown on provided bank statements. Please provide a current policy value statement that shows the policy owner, policy number, policy type, face value and cash surrender value, if any.
8. [REDACTED] We received a copy of your supplemental insurance card. Please provide verification of 2024 and 2025 premiums for this coverage.
9. [REDACTED] We received a copy of your Medicare Part D card. Please provide verification of 2024 and 2025 premiums for this coverage.

(Exhibit 10.)

Findings of Fact

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

1. The appellant applied for MassHealth long term care (LTC) benefits on 12/10/2024.
2. On 12/13/2024, MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination. The verifications were due by 01/12/2025.
3. On 01/22/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.

4. The appellant submitted a request for a fair hearing on 02/04/2025.
5. A fair hearing took place before the Board of Hearings on 05/06/2025.
6. As of the date of the fair hearing, all verifications listed on the 01/22/2025 denial notice remained outstanding.
7. At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted, and the record remained open in this matter until 06/06/2025 for the appellant's submission and until 06/13/2025 for MassHealth's response.
8. On 06/06/2025, the appellant's representative requested an extension of the record open period to submit the verifications to MassHealth (Exhibit 6). His request was granted, and the record open period was extended to 07/11/2025 for the appellant's submission and until 07/19/2025 for MassHealth's response (Exhibit 7).
9. On 07/11/2025, the appellant's representative requested an extension of the record open period for two additional weeks (Exhibit 8). The hearing officer denied the appellant's second request to extend the record open period (Exhibit 9).
10. On 07/17/2025, the MassHealth representative notified the hearing officer and appellant's representative that the following verifications remained outstanding:
 - [REDACTED] : Benefit letter to verify current benefit with any deductions.
 - [REDACTED] : This account was shown on provided statements for account [REDACTED]. Please verify ownership of this account. If your name is on the account, provide complete statements dated 9/1/23 to current or date of closure with verification of all transactions over \$1000. If your name is not on this account, verify ownership and explain transactions between this account and [REDACTED] shown on provided statements.
 - [REDACTED] savings account [REDACTED] : This account was shown on provided statements for account [REDACTED]. Please verify ownership of this account. If your name is on the account, provide complete statements dated 9/1/23 to current or date of closure with verification of all transactions over \$1000. If your name is not on this account, verify ownership and explain transactions between this account and [REDACTED] shown on provided statements.
 - [REDACTED] statements dated 10/1/23 to current or date of closure with verification of all transactions over \$1000. The statements provided were illegible
 - [REDACTED] statements dated 10/1/23 to current or date of closure with verification of all transactions over \$1000. Please provide a copy of the annuity contract showing date and value at time of purchase.

- [REDACTED] There are monthly premium payments of \$111.87 shown on provided bank statements. Please provide a current policy value statement that shows the policy owner, policy number, policy type, face value and cash surrender value, if any.
- [REDACTED] There are monthly premium payments of \$129.03 shown on provided bank statements. Please provide a current policy value statement that shows the policy owner, policy number, policy type, face value and cash surrender value, if any.
- [REDACTED] We received a copy of your supplemental insurance card. Please provide verification of 2024 and 2025 premiums for this coverage.
- [REDACTED]: We received a copy of your Medicare Part D card. Please provide verification of 2024 and 2025 premiums for this coverage.

Analysis and Conclusions of Law

MassHealth regulations at 130 CMR 515.008 address responsibilities of applicants and members as follows:

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility, and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining other health insurance.

Regulations at 130 CMR 516.001(B) address corroborative information as follows:

The MassHealth agency requests all corroborative information necessary to determine eligibility.

- (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.

This appeal involves a denial of MassHealth LTC benefits based on the appellant's failure to provide requested verifications within the regulatory time frame. The application was submitted on 12/10/2024. On 12/13/2024, MassHealth sent a request for verifications to the appellant, requesting certain documents and information to establish eligibility for LTC benefits. The submission was due by 01/12/2025. The appellant failed to provide all of the requested information, and on 01/22/2025, MassHealth denied the appellant's application for failure to provide verifications. A timely appeal was filed on behalf of the appellant, and a fair hearing was held before the Board of Hearings.

At the fair hearing, the appellant's representative requested additional time to provide the missing verifications. His request was granted. He requested an additional extension of time which was granted. The appellant's conservator made a third request for additional time to make his submission; however, the request was denied.

All of the requested verifications were not received by the Board. As a result, pursuant to the above regulations, MassHealth's denial of the appellant's application is supported by the facts in the record. This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

MassHealth Representative: Worcester MEC, Attn: Michael Rooney, 55 SW Cutoff Suite 1A,
Worcester, MA 01604