

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504129
Decision Date:	05/30/2025	Hearing Date:	04/14/2025
Hearing Officer:	Radha Tilva	Record Open to:	05/28/2025

Appearance for Appellant:



Appearance for MassHealth:

Katie LaDuke, Springfield MEC Rep.



*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:	LTC - verifications
Decision Date:	05/30/2025	Hearing Date:	04/14/2025
MassHealth's Rep.:	Katie LaDuke	Appellant's Rep.:	[REDACTED]
Hearing Location:	Springfield MEC	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 January 22, 2025, MassHealth determined that appellant was not eligible for MassHealth long-term care benefits because the appellant did not provide the requested verifications (Exhibit 1). The appellant filed this appeal in a timely manner on March 10, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's MassHealth long-term care application for failure to verify.

Issue

The appeal issue is whether MassHealth was correct in determining that appellant was ineligible for MassHealth long-term care benefits for failure to verify.

Summary of Evidence

The MassHealth representative who appeared at hearing telephonically testified that appellant applied for MassHealth long-term care benefits on December 10, 2024, seeking an eligibility start

date of December 19, 2024. On December 18, 2024, MassHealth issued a request for verifications. As the verifications weren't received, a denial issued on January 22, 2025. The information still pending included information about five different annuities. The MassHealth representative explained that she needed current statements (within the last 45 days) showing gross monthly income from the annuities, and needed to verify the current value of the annuity contracts (Exhibit 5). In addition, if a particular contract was annuitized, MassHealth requested a copy of the full annuity contract and a copy of the check used to purchase the annuity, plus verification if the contract was irrevocable and non-assignable (*Id.*).

The appellant was represented by an employee of the nursing facility, who testified that she just started working at the facility in [REDACTED]. The representative stated that she did not have the paperwork yet, as the appellant's health care proxy stated that she was sick and could not come into the office to meet her. The hearing officer held the appeal record open until May 12, 2025 for the representative to submit the requested documentation regarding the annuities. Subsequently, the appellant's representative requested an extension on May 12, 2025. On May 27, 2025, the MassHealth representative stated that she did not receive any of the requested information (Exhibit 6). The hearing officer asked appellant's representative, by email dated May 27, 2025, if she still needed additional time to obtain the requested information, with a response due date of May 28, 2025 (Exhibit 7). As of May 29, 2025, the appellant's representative did not respond to the hearing officer.

Findings of Fact

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

1. Appellant applied for MassHealth long-term care benefits on December 10, 2024 seeking an eligibility start date of December 19, 2024.
2. On December 18, 2024, MassHealth issued a request for verifications to the appellant.
3. Verifications were not timely received.
4. MassHealth issued a denial notice to the appellant on January 22, 2025 for failure to verify.
5. At the appeal hearing, the verifications that still remained pending included detailed information about 5 different annuities (see Exhibit 5).
6. The hearing record was held open for the representative to work on obtaining the information and submitting it to MassHealth.
7. As of May 29, 2025, no information was submitted to MassHealth or the hearing officer

regarding the annuities.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members (130 CMR 515.002). The regulations governing MassHealth at 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for noninstitutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as defined by Title XIX of the Social Security Act and authorized by M.G.L. c. 118E, and certain Medicare beneficiaries (130 CMR 515.002). The appellant in this case is an institutionalized person. Therefore, the regulations at 130 CMR 515.000 through 522.000 apply (130 CMR 515.002).

Pursuant to 130 CMR 515.008, applicants or members must cooperate with MassHealth in providing information to establish and maintain eligibility and must comply with all of the rules and regulations governing MassHealth, including recovery. MassHealth may request additional information and documentation, if necessary, to determine eligibility (130 CMR 516.001).

To obtain the necessary information and documentation, MassHealth sends the applicant written notification requesting verifications to corroborate information necessary to determine eligibility, generally within five days of the receipt of the application (130 CMR 516.001(B)). The notice advises the applicant that the requested verifications 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(B)). Under the regulations, if the requested information, with the exceptions of verification of immigration status, is not provided within 30 days of the date of the request, MassHealth benefits may be denied (130 CMR 516.001(C)).

The appellant was provided with the appropriate 30 days to provide the information necessary for an eligibility determination on December 18, 2024. As of the date of the notice on appeal, January 22, 2025, the appellant had not provided that information. Additional time following the hearing was also provided to the appellant's representative. However, MassHealth did not receive any of the requested annuity information. The appellant's representative did not dispute the fact that the appellant received proper notice requesting information (130 CMR 516.001).

MassHealth acted within its discretion to deny the appellant's application for long-term care coverage (130 CMR 516.001(C)). The decision made by MassHealth was correct.

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.

Radha Tilva
Hearing Officer
Board of Hearings

[REDACTED]

cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104