

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504645
Decision Date:	05/16/2025	Hearing Date:	04/09/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	04/25/2025 for the appellant and 05/02/2025 for MassHealth's Response

Appearance for Appellant:



Appearance for MassHealth:

Patricia Lemke and Krystina Trout



*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:	05/16/2025	Hearing Date:	04/09/2025
MassHealth's Rep.:	Patricia Lemke and Krystina Trout	Appellant's Rep.:	[REDACTED]
Hearing Location:	Springfield 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 03/07/2025, MassHealth informed the appellant that it reviewed her application for MassHealth Long Term Care (LTC) benefits determined and that she is not eligible because she failed to submit requested verifications (130 CMR 515.008; Exhibit 1). On 03/21/2025, a timely appeal was filed on the appellant's behalf (130 CMR 610.015(B); Exhibits 2 and 4). 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 04/09/2025 (Exhibit 3). The appellant attorney requested an extension of time to submit the missing verifications. His request was granted, and the record remained open in this matter until 04/25/2025 for his submission and until 05/02/2025 for MassHealth's response (Exhibit 6). On 05/01/2025, the appellant's attorney requested an extension of the record open period. His request was denied, and the record open period closed on 05/02/2025 (Exhibits 9-12).

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 11/28/2024. That application was denied and not appealed. Some verifications were received by MassHealth on 01/29/2025, which became the reapplication date. The appellant was admitted to the skilled nursing facility in autumn 2023 and is seeking MassHealth LTC benefits starting on 11/01/2024.

On 02/14/2025, informed the appellant that it needed additional information in order to determine her eligibility. MassHealth requested the following verifications, due on 03/06/2025:

Proof of Other Income from TRANSFER

Verify if bank account [REDACTED] is another account, as it transferred funds to [REDACTED]. If yes send statements 11/1/19 to date needed. If not yours, verify this.

Proof of Other Income from ANN3 (Annuity Form)

All ANN3 forms for annuitized contracts must be resubmitted as none of them specify the Commonwealth of Massachusetts as primary beneficiary

Proof of Assets from an Annuity from [REDACTED]

Provide statements 11/1/19-3/5/23, 3/5/24 to date needed. Send verification that contract is surrendered, if so provide disposition of all funds distributed.

Proof of Bank Account Information from Personal Needs Allowance (PNA) Account PNA/PRIVATE PAY

If/once entered in nursing facility, please have the facility send us:

Private pay statement and what each payment covered.

If these do not apply to you, please have the facility send us a letter verifying such.

Proof of Bank Account Information from Individual Retirement Account (IRA)

RETIREMENT ACCOUNTS - You indicated owning retirement accounts but did not specify these account. Provide listing of all retirement accounts. For each owned, send statements 11/1/19 to date coverage needed, showing how assets spent to \$2000 limit. For transactions \$1000+ send copies of cleared checks, explanation of funds spent, bills. Verify source of all deposits. Indicate in statements where income is deposited.

Proof of Bank Account Information from Checking Account [REDACTED]

-Send invoice verifying payment to All American and Prosper were yours

-Verify deposit \$4920 on 1/23, \$50,000 on 1/24, \$4,456 on 12/23

-Verify checks [REDACTED]

-Provide invoice for [REDACTED] to [REDACTED] for \$10,500

-Verify withdrawal of \$18,462 10/23, \$6,000 on 11/24

Proof of Assets from an Annuity from [REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. Send check copy used to purchase annuity. Send document that Commonwealth is beneficiary.

Proof of Assets from an Annuity from [REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. PLEASE RESUBMIT Ann3 as submission does not list the Commonwealth of Ma as beneficiary. Send document that Commonwealth is beneficiary.

Proof of Assets from an Annuity from [REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable.

Proof of Bank Account Information from Checking Account [REDACTED]

Provide statements 11/1/19-12/07/20.

For transactions \$1000+ send copies of cleared checks, explanation of funds spent, bills. Verify source of all deposits and verify where income sources are deposited.

Proof of Assets from an Annuity from [REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. Send check copy used to purchase annuity. Send document that Commonwealth is beneficiary.

Proof of Bank Account Information from Savings Account [REDACTED]

Provide statements 11/1/19-12/07/20.

For transactions \$1000+ send copies of cleared checks, explanation of funds spent, bills. Verify source of all deposits and verify where income sources are deposited.

-Verify payments [REDACTED] \$515, [REDACTED] \$672 monthly

-Verify \$50,000 deposit on 6/2024 and \$50,000 withdrawal on 6/24

-Verify \$8500 withdrawal on 11/24

-Verify \$63922 withdrawal on 8/21

Proof of Assets from an Annuity from [REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value -VERIFY WHERE INCOME IS DEPOSITED.

Send document from company verifying Commonwealth is beneficiary.

-Please resubmit ANN3- submission does not list Commonwealth as beneficiary.

Proof of Bank Account Information from Other Type of Account [REDACTED]

Provide listing of all closed accounts since 11/1/19. For each- Provide statements 11/1/19 to closure.

For transactions \$1000+ send copies of cleared checks, explanation of funds spent, bills. Verify source of all deposits and verify where income sources are deposited.
-Verify account closure and the disposition of any available closing funds.

Proof of Assets from an Annuity from [REDACTED]
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. Send check copy used to purchase annuity. Send document that Commonwealth is beneficiary.

Proof of Assets from an Annuity from [REDACTED]
Provide statements 11/1/19-date of full surrender. Send verification that contract is fully surrendered. Provide disposition of all funds distributed.
-Verify disposition \$5154 w/d 12/2024

Proof of Assets from an Annuity from [REDACTED]
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. Send check copy used to purchase annuity. Send document that Commonwealth is beneficiary.

On 03/07/2025, MassHealth denied the LTC application because not all of the above verifications were received by MassHealth by the deadline (Exhibits 1 and 5).

At the fair hearing on 04/09/2025, MassHealth testified that the following verification remained missing:

For [REDACTED]
-Verify deposit source \$4456 Dec 2023.
-Updated info shows \$42800 and \$5154 being deposited into this account 1/31/25 totaling \$47954 per deposit slip. Provide statements 1/16/25 to current verifying these deposits and current assets for this account.

[REDACTED]
Provide statements 1/30/25 to current. Verify transactions \$1000+ and all deposits.
-Verify deposit source \$35122 1/21/25 from Fidelity.

-Verify payments [REDACTED] \$672 monthly

[REDACTED]
Provide statements 11/1/19-date of full surrender. Send verification that contract is fully surrendered. Provide disposition of all funds distributed.

-Info received shows \$46789 still available 12/31/2024. (It appears Nationwide plan is affiliated with Fidelity. Is the \$35122 deposit into x98 associated with this account?)

[REDACTED]
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. Send document that Commonwealth is beneficiary.

[REDACTED]
-Verify where income is deposited, if applicable.

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. Send document from company verifying Commonwealth is beneficiary.

[REDACTED]
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. Send document that Commonwealth is beneficiary.

[REDACTED]
Verify original contract purchased price in [REDACTED]

[REDACTED]
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. We received ANN3. Send document that Commonwealth is beneficiary, if applicable.

(Exhibit 5.)

The appellant's attorney 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 for the appellant's submission until 04/25/2025 and for MassHealth's response until 05/02/2025 (Exhibit 6.)

The appellant made a submission of 637 pages during the record open period (Exhibit 7). The MassHealth representative informed the hearing officer that she received the submission. She responded on 04/28/2025 that the following items remained missing:

[REDACTED]

-Verify deposit source \$4456 Dec 2023.

[REDACTED]

-Verify deposit source \$35122 1/21/25 from Fidelity.

-Verify payments [REDACTED] \$672 monthly

[REDACTED]

Provide statements 11/1/19-date of full surrender. Send verification that contract is fully surrendered. Provide disposition of all funds distributed.

-Info received shows \$46789 still available 12/31/2024.

[REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary.

Send document that Commonwealth is beneficiary.

[REDACTED]

-Verify where income is deposited, if applicable.

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. Send document from company verifying Commonwealth is beneficiary.

[REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. Send document that Commonwealth is beneficiary.

██████████:
Verify original contract purchased price in ██████████

██████████
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. *We received ANN3.*
Send document that Commonwealth is beneficiary, if applicable.

(Exhibit 8.)

On 05/01/2025, the appellant's attorney sent an email to the hearing officer requesting an extension of 60 additional days of the record open period. He writes:

We request additional time to obtain information from the two insurance companies who have not responded to multiple requests re cash surrender value, if any, of the annuities.

We have previously requested information on multiple occasions without a response. We request an additional 60 days to obtain the required information.

(Exhibit 9.)

On 05/02/2025, the hearing officer responded to the appellant's request for an extension of the record open period by email, stating:

I am in receipt of the appellant's request dated 05/01/2025, a request to extend the record open period. I'm attaching a copy of the record open form that was provided to the parties at the close of the hearing. The appellant's submission was due by the close of business on April 25, 2025. The record open form contains the following language:

*REQUEST FOR ADDITIONAL TIME
If you need additional time to make your submission, you may request an extension
IN WRITING to the Hearing Officer at the Board of Hearings. The request MUST be*

received prior to the original submission due date, and you must state how much time is being requested and why.

The request for an extension of the record open was not received prior to the original submission due date.

The request is therefore denied.

(Exhibit 10.)

On 05/03/2025, appellant's counsel contacted the hearing officer by email to request reconsideration of the denial of appellant's request to extend the record open period. He writes:

You have an April 25, 2025 date per your records, but the auditor is continuing to request additional new information on April 28, 2025. I was under the mistaken assumption that a request would be available until the May 2, 2025 date in your notice. I request reconsideration of your extension denial. MassHealth has been provided everything that has been previously requested except for two insurance company responses that have been requested multiple times. I cannot provide information that is not in the application's possession and that the insurance company fails to provide. All I can do is continue to pursue the insurance companies in question in the hopes that they respond. Each has my Power of Attorney and I have provided you with documentation as to my multiple requests.

(Exhibit 11.)

On 05/07/2025, the hearing officer denied the appellant's request for reconsideration (Exhibit 12.)

Findings of Fact

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

1. The appellant applied for MassHealth long term care benefits on 11/29/2024. The application was denied for failure to provide requested verifications, and the appellant did not appeal the denial.
2. Some requested verifications were received by MassHealth on 01/29/2025. This became the reapplication date.
3. The appellant is requesting MassHealth benefits starting on 11/01/2024.

4. On 02/14/2025, MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination. The verifications were due by 03/06/2025.
5. On 03/07/2025, MassHealth denied the appellant's application for benefits because it did not receive the requested verifications.
6. The appellant submitted a request for a fair hearing on 03/21/2025.
7. A fair hearing took place before the Board of Hearings on 04/09/2025.
8. At the fair hearing, the appellant's attorney requested a record open period to submit the missing verifications. His request was granted and the record remained open in this matter until 04/25/2025 for appellant's submission and until 05/21/2025 for MassHealth's response.
9. During the record open period, the appellant submitted 637 pages of documents.
10. MassHealth informed the hearing officer during the record open period that the appellant provided some of the missing verifications; however, the following verifications were not received:

[REDACTED]

-Verify deposit source \$4456 Dec 2023.

[REDACTED]

-Verify deposit source \$35122 1/21/25 from [REDACTED].

-Verify payments Fidelity \$672 monthly

[REDACTED]

Provide statements 11/1/19-date of full surrender. Send verification that contract is fully surrendered. Provide disposition of all funds distributed.

-Info received shows \$46789 still available 12/31/2024.

[REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary.

Send document that Commonwealth is beneficiary.

[REDACTED]

-Verify where income is deposited, if applicable.

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value

Send document from company verifying Commonwealth is beneficiary.

[REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value.

Send document that Commonwealth is beneficiary.

[REDACTED]:

Verify original contract purchased price in [REDACTED]

[REDACTED]

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. We received ANN3.

Send document that Commonwealth is beneficiary, if applicable.

11. On 05/01/2025, the appellant's representative requested a 60-day extension of the record open period to submit the missing verifications. His request denied.

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 re-application was submitted on 01/29/2025. On 02/14/2025, 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 03/06/2025. The appellant failed to provide all of the requested information, and on 03/07/2025, 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, and a large submission was received from the appellant on 04/18/2025. A copy was provided to the MassHealth representative. Upon review, the MassHealth representative responded that the following verifications remained missing:

██████████
-Verify deposit source \$4456 Dec 2023.

██████████
-Verify deposit source \$35122 1/21/25 from ██████████
-Verify payments Fidelity \$672 monthly

██████████
Provide statements 11/1/19-date of full surrender. Send verification that contract is fully surrendered. Provide disposition of all funds distributed.
-Info received shows \$46789 still available 12/31/2024.

██████████:
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received,

contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary.
Send document that Commonwealth is beneficiary.

██████████:

-Verify where income is deposited, if applicable.
Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value
Send document from company verifying Commonwealth is beneficiary.

██████████

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value.
Send document that Commonwealth is beneficiary.

████████████████████

Verify original contract purchased price in ██████.

██████████

Send copy of full contract with owner's name, name of person getting income, company name, account number, dates of purchase, purchase price, amount of income received, contract terms, rights (or absence of) to change beneficiaries, and list of beneficiaries. Verify annuity is irrevocable and non-assignable. If policy can be surrendered, verify current value. If purchased after 2/8/06 and annuitized, send back ANN3 form showing Commonwealth of MA as beneficiary. We received ANN3.
Send document that Commonwealth is beneficiary, if applicable.

Since the appellant failed to provide the missing verifications during the record open period, MassHealth's denial of the LTC application is supported by the regulations. 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


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