

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2309788
Decision Date:	1/5/2024	Hearing Date:	11/15/2023
Hearing Officer:	Christine Therrien	Record Open to:	01/02/2024

Appearance for Appellant:
[Redacted] Representative

Appearance for MassHealth:
Liz Landry, Taunton



*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 – over assets
Decision Date:	1/5/2024	Hearing Date:	11/15/2023
MassHealth’s Rep.:	Liz Landry	Appellant’s Rep.:	██████████
Hearing Location:	Taunton MassHealth Enrollment Center Telephonic		

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 8/30/23, MassHealth denied the appellant's application for Long Term Care (LTC) benefits because MassHealth determined that the appellant had more countable assets than regulations allow. (130 CMR 520.003 and Exhibit 1). The appellant filed this appeal promptly on 10/13/23. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). The record was left open for the submission of additional evidence until 1/2/24.

Action Taken by MassHealth

MassHealth denied the appellant’s LTC benefits because she has more countable assets than regulations allow.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.003, in determining that the appellant has more countable assets than regulations allow.

Summary of Evidence

The MassHealth representative testified that MassHealth received a short to long-term care conversion application on 4/30/23, with a requested coverage start date of 4/1/23. The MassHealth representative testified that appellant was admitted to the facility on [REDACTED] 22. The MassHealth representative testified that MassHealth sent a request for verifications on 5/29/23. The MassHealth representative testified that all the requested verifications were received, and a denial was issued on 8/30/23 because the appellant has more countable assets than MassHealth regulations allow. The MassHealth representative testified that as of 8/30/23, the appellant had a bank account with assets totaling \$13,798.94. The MassHealth representative testified that the MassHealth asset limit is \$2,000.00. The MassHealth representative testified that the appellant has \$11,798.94 in excess assets that need to be spent down.

The appellant's representative testified that the appellant was discharged from the long-term care facility on [REDACTED] 23, and the appellant has been unreachable. The appellant's representative testified that she has reached out to the appellant and wonders if the appellant is avoiding her because she has an outstanding bill with the facility.

The record was left open until 1/2/24 to allow the appellant's representative time to submit proof that the appellant was within the asset limit by spending down her assets for her care. The appellant's representative did not submit anything after the hearing. The appellant's representative testified that she was unable to reach the appellant and would like a decision issued to provide the long-term care facility.

Findings of Fact

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

1. MassHealth received a short to long-term care conversion application on 4/30/23, with a requested coverage start date of 4/1/23. The appellant was admitted to the facility on 9/21/22.
2. MassHealth sent a request for verifications on 5/29/23.
3. All the requested verifications were received, and a denial was issued on 8/30/23 because the appellant has more countable assets than MassHealth regulations allow.
4. As of 8/30/23 the appellant had a bank account with assets totaling \$13,798.94.
5. The MassHealth asset limit is \$2,000.00.
6. The appellant has \$11,798.94 in excess assets that need to be spent down.

7. The appellant was discharged from the long-term care facility on [REDACTED] 23.
8. The record was left open until 1/2/24 to allow the appellant's representative time to submit proof the appellant's assets were within the MassHealth limit.
9. The appellant's representative did not submit anything after the hearing. The appellant's representative testified that she was unable to reach the appellant, and would like a decision issued to provide the long-term care facility.

Analysis and Conclusions of Law

"The total value of countable assets owned by or available to individuals applying for or receiving MassHealth Standard, Family Assistance, or Limited may not exceed" \$2,000 for an individual. (130 CMR 520.003(A)(1)). If an applicant for long-term-care benefits has more than \$2,000.00 in assets, they may reduce their assets and achieve eligibility per 130 CMR 520.004. 130 CMR 520.004(A) reads in part as follows:

130 CMR 520.004: Asset Reduction

(A) Criteria.

- (1) An applicant whose countable assets exceed the asset limit of MassHealth Standard, Family Assistance, or Limited may be eligible for MassHealth
 - (a) as of the date the applicant reduces his or her excess assets to the allowable asset limit without violating the transfer of resource provisions for nursing-facility residents at 130 CMR 520.019(F); or
 - (b) as of the date, described in 130 CMR 520.004(C), the applicant incurs medical bills that equal the amount of the excess assets and reduces the assets to the allowable asset limit within 30 days after the date of the notification of excess assets.
- (2) In addition, the applicant must be otherwise eligible for MassHealth.

The appellant had assets in her bank account above the \$2,000.00 MassHealth limit when MassHealth received the short-term to long-term care conversion application in April 2023 and in August 2023 when the denial notice was issued. Regardless of whether or not the appellant has been discharged from the facility, she must cooperate with MassHealth in providing the requested information to establish eligibility. 130 CMR 515.008(A).¹ Given that the appellant did not respond

¹ 130 CMR 515.008: Responsibilities of Applicants and Members (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.

to her representative's request to provide proof that her assets were within the MassHealth limits 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.

Christine Therrien
Hearing Officer
Board of Hearings

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

[REDACTED]