

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310769
<b>Decision Date:</b>	12/5/2023	<b>Hearing Date:</b>	11/16/2023
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Courtney Juday, Springfield MEC

**Interpreter:**



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Eligibility; Over Assets; Over 65
<b>Decision Date:</b>	12/5/2023	<b>Hearing Date:</b>	11/16/2023
<b>MassHealth's Rep.:</b>	Courtney Juday	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	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 October 17, 2023, MassHealth denied the appellant's application for MassHealth benefits because MassHealth determined that the appellant had more countable assets than MassHealth benefits allow. (Ex. 1; 130 CMR 520.003 and 130 CMR 520.004). Appellant filed this appeal in a timely manner on October 26, 2023 (Ex. 2; 130 CMR 610.015(B)). Denial of assistance is valid grounds for appeal before the Board of Hearings. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied appellant's application for MassHealth benefits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.003, in determining that the appellant was over assets to qualify for MassHealth benefits.

### Summary of Evidence

Appellant and the MassHealth worker (worker) appeared by telephone and were sworn. The worker testified to the following: Appellant is over 65 in a household of 1 and resides in the community. In August 2023, MassHealth received an over 65 eligibility review form that was processed and generated a Request for Information that was sent to appellant. After the response was received, a denial letter for benefits was sent to appellant, which is the subject of this appeal. The worker stated MassHealth reviews income pursuant to 130 CMR 520.009 (B) and assets pursuant to 130 CMR 520.003. She stated appellant met the monthly income guidelines but exceeds the monthly \$2000 asset limit. She testified appellant has three bank accounts totaling \$395,644.23. Appellant did not refute the amount of his assets. The worker stated appellant is eligible for Health Safety Net.

Appellant testified he was waiting to hear on the status of his application for Medicare. He was hoping for a smooth transition from MassHealth to Medicare.

## **Findings of Fact**

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

1. Appellant is over 65 and resides in the community. (Testimony).
2. MassHealth received an over 65 application from appellant in August 2023. (Testimony).
3. Appellant was denied MassHealth benefits for being over assets. (Testimony).
4. Appellant has \$395,644.23 in assets, over the \$2,000 asset limit. (Testimony; 130 CMR 520.003).
5. Appellant does not dispute the amount of his assets. (Testimony).

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 520.003(A), 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.

The issue in this appeal is whether MassHealth was correct in determining that appellant was over the allowable asset limit and denying him MassHealth benefits. The MassHealth worker testified appellant had total assets of \$395, 644.23. Appellant did not dispute this figure. Appellant is well over the \$2000.00 limit for assets. Therefore, 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.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186