

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2413955
<b>Decision Date:</b>	02/28/2025	<b>Hearing Date:</b>	10/09/2024
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	12/27/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Patricia Lemke



*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>	Long Term Care – Verifications
<b>Decision Date:</b>	02/28/2025	<b>Hearing Date:</b>	10/09/2024
<b>MassHealth’s Rep.:</b>	Patricia Lemke	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 08/16/2024, MassHealth informed the appellant that it reviewed her application for MassHealth and determined that she is not eligible because her assets exceeded the \$2,000.00 program limit (130 CMR 515.008; Exhibit 1). On 09/11/2024, a timely appeal was filed on the appellant’s behalf by her durable power of attorney, appointing [REDACTED] as the appeal representative (130 CMR 610.015(B); Exhibits 2 and 4). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

A fair hearing took place before the Board of Hearings on 10/09/2024. At the fair hearing, the appellant’s representative requested additional time to submit verifications that the assets had been reduced to below \$2,000.00. The request was granted, and the record remained open in this matter until 11/08/2024 for the appellant’s submission and until 11/15/2024 for MassHealth’s response (Exhibit 6). On 11/07/2024, the appellant representative requested an extension of the record open period to submit the missing verifications. Her request was granted, and the record remained open until 12/13/2024 for her submission and until 12/27/2024 for MassHealth’s response (Exhibit 7). On 12/11/2024, the appellant representative requested a third extension of the record open period. Her request was denied (Exhibit 8).

## Action Taken by MassHealth

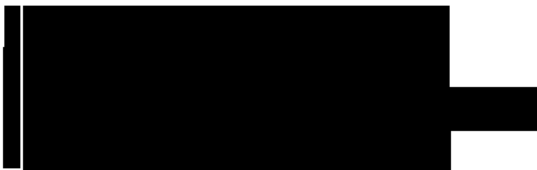
MassHealth denied the appellant's application for Long Term Care (LTC) benefits because her assets exceed the program limits.

## Issue

The issue is whether or not the appellant's assets are below the program limits for MassHealth Long Term Care benefits.

## Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 12/11/2023, seeking a MassHealth benefit start date of 10/01/2023. As part of the eligibility process, MassHealth requested information regarding the appellant's assets. According to the information provided to MassHealth, the appellant has the following assets:



The total of the assets is \$12,220.00, which exceeds the \$2,000.00 program limit for MassHealth LTC benefits. The application was denied on 08/16/2024 based on excess assets (Exhibits 1 and 5).

The MassHealth representative testified that she would need to see that the balances of the above accounts have been reduced to an aggregate of less than \$2,000.00. In addition, she requested that the appellant show how the stocks and life insurance accounts were cashed out and spent down.

The appellant representative testified that she was "given this case late in the game." She testified that the DPOA was "confused," over the ownership of the assets. The DPOA was in the process of accessing the assets and spending them down. The representative stated that they were "resending the DPOA documents to both companies."

The appellant representative requested three additional weeks to provide proof that the appellant had reduced her assets. The request was granted, and the record remained open in this matter until 11/08/2024 for the appellant's submission and until 11/15/2024 for MassHealth's response (Exhibit 6). On 11/07/2024, the appellant representative requested an extension of the record open period

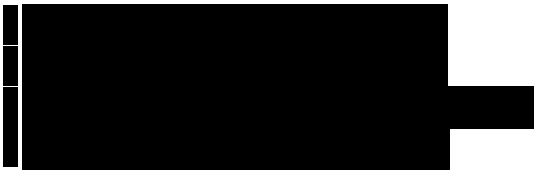
to submit the missing verifications. Her request was granted, and the record remained open until 12/13/2024 for her submission and until 12/27/2024 for MassHealth's response (Exhibit 7). On 12/11/2024, the appellant representative requested a third extension of the record open period. Her request was denied (Exhibit 8).

On 01/09/2025, the MassHealth representative informed the hearing officer that "to date I have not received verification that the assets have been reduced" (Exhibit 9).

## 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 12/11/2023, seeking a MassHealth benefit start date of 10/01/2023.
2. MassHealth requested from the appellant financial information necessary to make an eligibility determination for MassHealth LTC benefits.
3. On 08/16/2024, MassHealth denied the appellant's application for benefits because it determined her assets exceeded the \$2,000.00 program limit for MassHealth LTC benefits.
4. The appellant submitted a request for a fair hearing on 09/11/2024.
5. A fair hearing took place before the Board of Hearings on 10/09/2024.
6. As of the date of the fair hearing, the following assets were owned by the appellant:



(See Exhibit 5.)

7. At the fair hearing, the appellant's appeal representative requested additional time to provide verification that the assets were reduced. Their request was granted, and the record remained open in this matter until 11/08/2024 for the appellant's submission and until 11/15/2024 for MassHealth's response.

8. On 11/07/2024, the appellant representative requested an extension of the record open period to submit the missing verifications. Her request was granted, and the record remained open until 12/13/2024 for her submission and until 12/27/2024 for MassHealth's response.
9. On 12/11/2024, the appellant representative requested a third extension of the record open period. Her request was denied
10. During the record open period, the appellant did not verify that her assets were below the \$2,000.00 limit for MassHealth LTC benefits.

## **Analysis and Conclusions of Law**

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members (See 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 (See 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 to this case (See 130 CMR 515.002).

MassHealth regulations at 130 CMR 520.003 address asset limits as follows:

(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 the following limits:

- (1) for an individual — \$2,000; and
- (2) for a couple living together in the community where there is financial responsibility according to 130 CMR 520.002(A)(1) — \$3,000.

Regulations at 130 CMR 520.007 address countable assets as follows:

Countable assets are all assets that must be included in the determination of eligibility. Countable assets include assets to which the applicant or member or his or her spouse would be entitled whether or not these assets are actually received when failure to receive such assets results from the action or inaction of the applicant, member, spouse, or person acting on his or her behalf. In determining whether or not failure to receive such assets is reasonably considered to result from such action or inaction, the MassHealth agency considers the specific circumstances involved. The applicant or member and the spouse must verify the total value of countable assets. However, if he or she is applying solely for Mass-Health Senior Buy-in for Qualified Medicare Beneficiaries

(QMB) as described in 130 CMR 519.010: MassHealth Senior Buy-in (for Qualified Medicare Beneficiaries (QMB)) or MassHealth Buy-in for Specified Low Income Medicare Beneficiaries (SLMB) or MassHealth Buy-in for Qualifying Individuals (QI) both as described in 130 CMR 519.011: MassHealth Buy-in, verification is required only upon request by the MassHealth agency. 130 CMR 520.007 also contains the verification requirements for certain assets. The assets that the MassHealth agency considers include, but are not limited to, the following...

This is an application for LTC benefits, submitted on 12/11/2023, seeking a MassHealth benefit start date of 10/01/2023. MassHealth calculated that the appellant had countable assets totaling \$12,220.00, which exceed the \$2,000.00 limit.

At the fair hearing, the appellant representative acknowledged that she and the appellant's DPOA were actively working on reducing the assets. Additional time was requested, and the first two requests were granted. On 12/11/2024, the appellant representative made one last request for additional time. The request was denied.

On 01/09/2025, MassHealth informed the hearing officer that she had not received verification that the assets had been reduced.

There was no dispute as to the amount or allocation of assets, as counted by MassHealth. The appellant representative requested time to provide verifications that the appellant was eligible for LTC benefits; however, she failed to do so within the record open period. Accordingly, MassHealth's denial is supported by the regulations and relevant facts in the hearing 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

[REDACTED]

[REDACTED]

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