

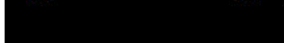
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417210
Decision Date:	3/10/2025	Hearing Date:	12/16/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	01/24/2025

Appearance for Appellant:



Appearance for MassHealth:

Shelly Ann Lewis



*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 - Assets
Decision Date:	3/10/2025	Hearing Date:	12/16/2024
MassHealth's Rep.:	Shelly Ann Lewis	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 09/11/2024, MassHealth informed the appellant that it reviewed her application for MassHealth and determined that she is not eligible because her assets exceed the \$2,00.00 program limit (130 CMR 515.008; Exhibit 1). On 11/08/2024, a timely appeal was filed on the appellant's behalf by her 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 12/16/2024. 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 01/17/2025 for the appellant's submission and until 01/24/2025 for MassHealth's response (Exhibit 6). Neither party made a submission during the record open period.

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 11/30/2023, seeking a MassHealth benefit start date of 08/12/2023. As part of the eligibility process, MassHealth requested information regarding the appellant's assets. According to the information provided to MassHealth, at the time of the determination, the appellant had the following assets:

- Personal Needs Account (PNA) - \$321.23;
- Bank Balances totaling \$6,834.38; and
- Annuity - \$9,633.97.

The total of the assets was \$16,789.58, which exceeded the \$2,000.00 program limit for MassHealth LTC benefits. The application was denied on 09/11/2024 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 assets were cashed out and spent down.

At the fair hearing, the MassHealth representative testified that since the denial notice was issued, some of the above information was received by MassHealth. The only missing documentation is:

- [REDACTED] IRA account [REDACTED] \$4697
This account has been known to MassHealth since 9/2008.
Send in 1/2022-11/2024 monthly statements with proof of where any withdrawals went.
If account is closed, send in closing statement with proof of where the remaining funds were deposited.

The attorney representing the appellant testified that the above account is listed as an annuity; however, it is an IRA. She testified that the funds were requested from MetLife on 12/10/2024 and as of the date of the hearing, counsel had not yet received the proceeds. She requested that the record remain open until 01/17/2025 so that she could provide the missing asset verification. Her request was granted, and the record remained open until 01/17/2025 for the appellant's submission and until 01/24/2025 for MassHealth's response (Exhibit 6).

No submission was made by either party during the record open period.¹

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 11/30/2023, seeking a MassHealth benefit start date of 08/12/2023.
2. MassHealth requested from the appellant financial information necessary to make an eligibility determination for MassHealth LTC benefits.
3. On 09/11/2024, 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 11/08/2024.
5. A fair hearing took place before the Board of Hearings on 12/16/2024.
6. As of the date of the fair hearing, the following information was not provided:
 - [REDACTED] IRA account [REDACTED] \$4697
This account has been known to MassHealth since 9/2008.
Send in 1/2022-11/2024 monthly statements with proof of where any withdrawals went.
If account is closed, send in closing statement with proof of where the remaining funds were deposited.

(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 01/17/2025 for the appellant's submission and until 01/24/2025 for MassHealth's response.
8. During the record open period, the appellant did not verify that her assets were below the \$2,000.00 limit for MassHealth LTC benefits.

¹ On 01/24/2025, appellant's counsel made a submission of documents; however, since her submission deadline had passed, and no request for an extension was made, her documents were not accepted into the hearing record (Exhibits 7 and 8).

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 11/30/2023, seeking a MassHealth benefit start date of 08/12/2023. MassHealth calculated that the appellant had countable assets totaling

\$16,789.58, which exceed the \$2,000.00 limit.

By the time of the fair hearing, there was only one verification missing. It involved a MetLife account that contained assets totaling \$4,697.00. MassHealth requested proof that the account had been spent down, so that the total countable assets would less than the \$2,000.00 limit for LTC benefits.

Appellant's counsel acknowledged that she was actively working on reducing the assets. Additional time was requested and was granted. The appellant's submission was due no later than the close of business on 01/17/2025, the date requested by counsel. No submission was made during the record open period.

There was no dispute as to what information was requested by MassHealth and what the appellant's countable assets were at the time of the fair hearing. 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

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