

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419142
Decision Date:	01/16/2025	Hearing Date:	01/09/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:  
Patricia Rogers, Taunton MEC



*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
<b>Decision Date:</b>	01/16/2025	<b>Hearing Date:</b>	01/09/2025
<b>MassHealth's Rep.:</b>	Patricia Rogers	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 December 6, 2024, MassHealth notified Appellant that she is not eligible for MassHealth long-term care benefits because countable assets exceed program limits (130 CMR 520.003, 520.004 and Exhibit 1). Appellant filed this appeal in a timely manner on December 13, 2024 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

Through a notice dated December 6, 2024, MassHealth notified Appellant that she is not eligible for MassHealth long-term care benefits because countable assets exceed program limits.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.003, 520.004, in determining that Appellant's countable assets exceed program limits.

### Summary of Evidence

The MassHealth representative testified that Appellant was admitted to a skilled nursing facility on [REDACTED]. A MassHealth long-term care application was submitted on June 13, 2024, which was denied for failure to provide verification of eligibility. Following an appeal, the June 13, 2024 application date was preserved by MassHealth. Appellant was admitted on a short-term basis from [REDACTED] through [REDACTED] and the nursing facility is seeking coverage effective April 1, 2024. On December 6, 2024, MassHealth issued a notice informing Appellant she is not eligible for MassHealth long term care benefits because countable assets exceed program limits. MassHealth testified that Appellant does not have a spouse residing in the community. Appellant has 6 bank accounts with countable assets totaling \$7,971, which exceeds the \$2,000 program limit to establish eligibility. The MassHealth representative testified that Appellant has not reduced assets by paying the nursing facility or establishing a pre-paid funeral contract, or purchasing items for her personal use documented with receipts.

Appellant testified that her countable assets held in the bank accounts are now more than MassHealth stated, and that she was told there would be a plan for her to establish eligibility without reducing assets. Appellant added that she does not need burial arrangements because her grandparents purchased burial space for her family.

## **Findings of Fact**

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

1. Appellant was admitted to a skilled nursing facility on [REDACTED].
2. A MassHealth long-term care application was submitted on June 13, 2024 which was denied for failure to provide verification of eligibility.
3. Following an appeal, the June 13, 2024 application date was preserved by MassHealth.
4. Appellant was admitted on a short-term basis from [REDACTED], and the nursing facility is seeking coverage effective April 1, 2024.
5. On December 6, 2024, MassHealth issued a notice informing Appellant she is not eligible for MassHealth long term care benefits because countable assets exceed program limits.
6. Appellant does not have a spouse residing in the community.
7. Appellant has 6 bank accounts with countable assets totaling \$7,971.

## **Analysis and Conclusions of Law**

Asset limits and asset reduction requirements to establish MassHealth eligibility are described below with relevant emphasis added:

520.003: Asset Limit

(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.

(B) The total value of countable assets owned by or available to individuals applying for or receiving MassHealth 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*, may not exceed the amount equal to two times the amount of allowable assets for Medicare Savings Programs as identified by the Centers for Medicare and Medicaid Services. Each calendar year, the allowable asset limits shall be made available on MassHealth's website.

(C) The treatment of a married couple's assets when one spouse is institutionalized is described in 130 CMR 520.016(B).

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.

(B) Evaluating Medical Bills. The MassHealth agency does not pay that portion of the medical bills equal to the amount of excess assets. Bills used to establish eligibility

- (1) cannot be incurred before the first day of the third month prior to the date of

application as described at 130 CMR 516.002: *Date of Application*; and  
(2) must not be the same bills or the same portions of the bills that are used to meet a deductible based on income.

(C) Date of Eligibility. The date of eligibility for otherwise eligible individuals described at 130 CMR 520.004(A)(1)(b) is the date that his or her incurred allowable medical expenses equaled or exceeded the amount of his or her excess assets.

(1) If after eligibility has been established, an individual submits an allowable bill with a medical service date that precedes the date established under 130 CMR 520.004(C), the MassHealth agency readjusts the date of eligibility.

(2) In no event will the first day of eligibility be earlier than the first day of the third month before the date of the application, if permitted by the coverage type.

**(D) Verification. The MassHealth agency requires the applicant to verify that he or she incurred the necessary amount of medical bills and that his or her excess assets were reduced to the allowable asset limit within required timeframes.**

Appellant is a nursing facility resident with no community spouse. She applied for MassHealth long-term care benefits on June 13, 2024. To be eligible for MassHealth long-term care benefits, Appellant's assets must be below the \$2,000 threshold as described above. There is no dispute that Appellant's assets exceed \$2,000. Therefore, the appeal is denied subject to the order below.

## Order for MassHealth

None, unless within 30 days from the date of this hearing decision Appellant submits verification that assets have been reduced to below \$2,000 in accordance with program requirements for asset reduction, then preserve the June 13, 2024 application and determine eligibility.

## 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 J. Goode  
Hearing Officer  
Board of Hearings

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