

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507428
<b>Decision Date:</b>	9/17/2025	<b>Hearing Date:</b>	June 09, 2025
<b>Hearing Officer:</b>	Brook Padgett	<b>Record Open:</b>	August 11, 2025

**Appellant Representative:**

Pro se

**MassHealth Representative:**

Jonathan Gonzalez, Charlestown MEC



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long Term Care; Excess Assets; 130 CMR 520.003
<b>Decision Date:</b>	9/17/2025	<b>Hearing Date:</b>	June 09, 2025
<b>MassHealth Rep.:</b>	J. Gonzalez	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MEC		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The Appellant received a MassHealth notice dated April 18, 2025, stating you have more countable assets than MassHealth allows. (130 CMR 520.003) (Exhibit 1).

The Appellant appealed this notice timely on June 21, 2025. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the Appellant's request for MassHealth benefits.

## Issue

Is the Appellant over the asset limit for MassHealth benefits?

## Summary of Evidence

MassHealth testified that the notice on appeal was generated based on information that the Appellant submitted to MassHealth on April 17, 2025. On that date, the Appellant submitted statements from a [REDACTED] account ending in [REDACTED] (balance of \$1.00), a document related to an AARP term life insurance policy, and documentation related to a cost of living adjustment to the Appellant's Social Security benefit. MassHealth testified that these documents did not change MassHealth's prior determination that the Appellant was over asset to qualify for MassHealth Standard benefits. Specifically, the Appellant had previously verified assets including a [REDACTED] checking account (ending in [REDACTED]) with a balance of \$2,865, a [REDACTED] savings account (ending in [REDACTED]) with a balance of \$920.00, a [REDACTED] insurance policy (ending in [REDACTED]) with a cash surrender value (CSV) of \$4,015.23, and a [REDACTED] insurance policy (ending in [REDACTED]) with a CSV of \$1,069.78. Because these assets exceed \$2,000.00, the Appellant had been determined eligible for Senior Buy In coverage. On April 18, 2025, MassHealth notified the Appellant that she has more countable assets than MassHealth allows. (Exhibit 1).

The Appellant testified that she cashed in the [REDACTED] insurance policy to pay bills, and that she no longer owns the [REDACTED] life insurance policy. She also stated that the bank account balances have changed.

The Appellant stated she understood she needed to provide additional information and requested the record remain open until July 9, 2025, to allow time to submit documentation. (Exhibit 6). On June 19, 2025, the Appellant contacted the Board of Hearings (BOH) and requested the record open form so her son could assist in obtaining the required documents. (Exhibit 7 and 8). On June 30, 2025 (Exhibit 9); July 11, 2025, (Exhibit 10); and July 15, 2025 (Exhibit 11) the Appellant and MassHealth exchanged emails regarding missing documentation.

On July 18, 2025, the Appellant requested additional time to submit the required documentation (Exhibit 12); and the record was extended until August 11, 2025. (Exhibit 13). On August 01, 2025, MassHealth indicated the Appellant had submitted a number of documents; however, she still had not documented a change of ownership or surrender of the [REDACTED] Insurance policy. (Exhibit 14). On August 07, 2025, the Appellant submitted additional verifications. (Exhibit 15). On August 08, 2025, MassHealth emailed the Appellant stating the prior submission was a duplicate copy of [REDACTED] and proof of account closures for [REDACTED] accounts [REDACTED] and [REDACTED] but that the information regarding [REDACTED] Insurance policy [REDACTED] was still missing. (Exhibit 16). On August 11, 2025, the record closed without a response from the Appellant. (Exhibit 17).

## Findings of Fact

1. The Appellant is a Massachusetts community resident over the age of 65 who currently receives MassHealth Senior Buy In benefits.
2. On April 17, 2025, the Appellant submitted documentation to MassHealth, including: a [REDACTED] account ending in [REDACTED] (balance of \$1.00), a document related to an AARP term life insurance policy, and documentation related to a cost of living adjustment to the Appellant's Social Security benefit.
3. The Appellant had previously verified assets including a [REDACTED] checking account (ending in [REDACTED]) with a balance of \$2,865.00, a [REDACTED] savings account (ending in [REDACTED]) with a balance of \$920.00, a [REDACTED] insurance policy (ending in [REDACTED]) with a CSV of \$4,015.23, and a [REDACTED] insurance policy (ending in [REDACTED]) with a CSV of \$1,069.78.
4. Because these assets exceed \$2,000.00, the Appellant had been determined eligible for Senior Buy In coverage.
5. On April 18, 2025, MassHealth notified the Appellant that she has more countable assets than MassHealth allows.
6. The Appellant timely appealed this MassHealth determination.
7. After the hearing, the Appellant requested that the record remain open so that she could verify that her assets have been reduced. (Exhibit 4).
8. The record-open period was extended until August 11, 2025, to allow the Appellant time to obtain the requested information. (Exhibit 4).
9. The Appellant submitted information during the record-open period showing that some of her assets have been reduced; she failed to provide verification of either a change in ownership of the [REDACTED] insurance policy (ending in [REDACTED]), or that the policy has been surrendered. (Exhibit 5-17).

## Analysis and Conclusions of Law

Under 130 CMR 520.003, the total value of countable assets owned by or available to individuals applying for or receiving MassHealth Standard may not exceed \$2,000.00. Countable assets include bank accounts, life insurance policies with cash surrender value, and other accessible resources. (130 CMR 520.007).

In this instance, the appellant has failed to demonstrate that her assets have been reduced to within the MassHealth regulatory limits. The [REDACTED] insurance policy (ending in [REDACTED]) had been previously verified to have a CSV of \$4,015.23. Despite multiple opportunities to verify a change of the policy's ownership or value, the appellant did not do so. Therefore, the Appellant did not demonstrate that MassHealth made an error in determining that the Appellant's countable assets exceed the \$2,000.00 eligibility threshold set forth in 130 CMR 520.003.<sup>1</sup>

As a result, this appeal must be 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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Charlestown MEC

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<sup>1</sup> 130 CMR 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.