

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507475
Decision Date:	8/12/2025	Hearing Date:	06/09/2025
Hearing Officer:	Thomas Doyle	Record Open to:	07/13/25

Appearance for Appellant:



Appearance for MassHealth:

Krystina Trout, Tewksbury 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

Appeal Decision:	Denied	Issue:	Verifications
Decision Date:	8/12/2025	Hearing Date:	06/09/2025
MassHealth's Rep.:	Krystina Trout	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (phone)	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 May 5, 2025, MassHealth notified appellant that she is not eligible for MassHealth long-term care benefits because she has more countable assets than MassHealth benefits allow. (Ex. 1). The appellant filed a timely appeal on May 13, 2025. (Ex. 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032(A)).

Action Taken by MassHealth

MassHealth found appellant not eligible for MassHealth long-term care benefits because she has more countable assets than MassHealth benefits allow.

Issue

Was MassHealth correct in finding appellant not eligible for MassHealth long-term care benefits because she has more countable assets than MassHealth benefits allow.

Summary of Evidence

The MassHealth worker (worker) appeared at the hearing by telephone and testified in summary as follows: MassHealth received an application for long term care on September 27, 2024. She stated appellant preserved a reapplication date of November 21, 2024 through an appeal in March 2025.¹ On May 5, 2025 a denial was issued due to appellant being over assets. The worker stated there was a life insurance policy with a cash surrender value of \$1,961; several bank accounts totaling \$6,404; and stocks valued at \$1,454.20. The worker stated in May 2025, MassHealth received a verification indicating a private pay to the facility in the amount of \$7,760. She stated to see how the money was applied, MassHealth needed a "private pay if paid" and an updated SC-1. The worker stated to ensure the spend down was completed, MassHealth would need bank statements on all of appellant's accounts, the status on the cash surrender value of the life insurance policy and the stocks.

The appeal representative appeared by phone. After the worker's testimony, the appeal representative stated he understood what verifications MassHealth was seeking to show the spend down. He requested the record be left open for him to forward the necessary verifications. Therefore, I left the record open until June 23, 2025 for the appellant's representative to submit documents and until June 30, 2025 for MassHealth to review the submissions (Ex. 7, p. 1). In an email dated June 23, 2025, an associate of the appeal representative at Spooner Guardianship provided some of the verifications requested by MassHealth. (Ex. 7, p. 2). In an email dated June 24, 2025, the worker stated based upon what the appeal representative's associate had provided in his email, MassHealth needed verification of certain checks and verification "of the life insurance and stocks being cashed out and spent down." (Ex. 7, p. 3). On June 24, 2025, the appeal representative requested the record open period be extended to obtain the information sought by MassHealth. (Ex. 7, p. 4). In an email dated June 24, 2025, I extended the record open period, giving appellant until July 7, 2025 to provide all outstanding verifications to MassHealth. MassHealth was given until July 10, 2025 to review. (Ex. 7, p. 4).

On July 9, 2025, after the worker sent an email checking on the status of the verifications for this appeal, I emailed the appeal representative asking him to advise me on the status of this record open. There was no response from the appeal representative. On July 14, 2020, I emailed the appeal representative again and set a deadline of 3pm on July 15, 2025 for him to update the status of the record open. I advised the appeal representative that if I did not hear from him by the deadline, the record would close and a decision would issue. In the same email, I requested the worker update me on what verifications were still missing from the appeal representative. (Ex. 7, p. 6). In an email dated July 14, 2025, the worker informed me "we still need proof the applicant is under asset, as the life insurance (\$1961) and stock account (\$1454) alone put them over asset." (Ex. 7, p. 7). I emailed the appeal representative on July 15, 2025 and requested to know his intentions with this appeal. I asked him to please respond by 3pm that day. (Id.) The

¹ The worker did not testify as to the outcome of the March 2025 appeal.

appeal representative did not respond by 3pm on July 15, 2025. With no requests for any further extensions before me, I closed the record.

Findings of Fact

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

1. MassHealth received an application for long-term care on September 27, 2024. (Testimony).
2. Appellant preserved a reapplication date of November 21, 2024 through an appeal in March 2025. On May 5, 2025 a denial was issued due to appellant being over assets. (Testimony).
3. MassHealth was seeking verifications for appellant's assets regarding a life insurance policy with a cash surrender value of \$1,961; several bank accounts totaling \$6,404; and stocks valued at \$1,454.20. (Testimony).
4. in May 2025, MassHealth received a verification indicating a private pay to the facility in the amount of \$7,760. (Testimony).
5. To ensure a spend down was completed, MassHealth needed bank statements on all of appellant's accounts, the status on the cash surrender value of the life insurance policy and the stocks. (Testimony).
6. The appeal representative stated he understood what verifications MassHealth was seeking to show the spend down. (Testimony).
7. The record was left open until June 23, 2025 for the appellant's representative to submit documents and until June 30, 2025 for MassHealth to review the submissions. (Ex. 7, p. 1). In an email dated June 23, 2025, an associate of the appeal representative at Spooner Guardianship provided some of the verifications requested by MassHealth. (Ex. 7, p. 2). In an email dated June 24, 2025, the worker stated based upon what the appeal representative's associate had provided in his email, MassHealth needed verification of certain checks and verification "of the life insurance and stocks being cashed out and spent down." (Ex. 7, p. 3). On June 24, 2025, the appeal representative requested the record open period be extended to obtain the information sought by MassHealth. (Ex. 7, p. 4). In an email dated June 24, 2025, I extended the record open period, giving appellant until July 7, 2025 to provide all outstanding verifications to MassHealth. MassHealth was given until July 10, 2025 to review. (Ex. 7, p. 4).
8. On July 9, 2025, after the worker sent an email checking on the status of the verifications for this appeal, I emailed the appeal representative asking him to advise me on the status of this

record open. There was no response from the appeal representative.

9. On July 14, 2020, I emailed the appeal representative again and set a deadline of 3pm on July 15, 2025 for him to update the status of the record open. I advised the appeal representative that if I did not hear from him by the deadline, the record would close and a decision would issue. In the same email, I requested the worker update me on what verifications were still missing from the appeal representative. (Ex. 7, p. 6).
10. In an email dated July 14, 2025, the worker informed me "we still need proof the applicant is under asset, as the life insurance (\$1961) and stock account (\$1454) alone put them over asset." (Ex. 7, p. 7). I emailed the appeal representative on July 15, 2025 and requested to know his intentions with this appeal. I asked him to please respond by 3pm that day. (Id.) The appeal representative did not respond by 3pm on July 15, 2025. With no requests for any further extensions before me, I closed the record.

Analysis and Conclusions of Law

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.

For an individual over the age of 65, pursuant to 130 CMR 519.005(B):

519.005: Community Residents 65 Years of Age or Older

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981);

Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

On this record, appellant has not demonstrated the invalidity of the denial of MassHealth benefits. Before the hearing, appellant exceeded the \$2000 individual limitation explicitly stated within the regulation. At the hearing, the worker stated MassHealth had received a verification that appellant had made a payment to the facility of \$7760. The record was left open until June 23, 2025 for the appellant to accomplish a spend down of assets and to submit verifications to MassHealth. MassHealth was given until June 30, 2025 to review the submissions. After review by MassHealth, appellant requested the record open period be extended. Appellant was given until July 7, 2025 to provide the missing verifications and provide further proof of spend down. MassHealth was given until July 10, 2025 to review. At the close of the second record open period, I confirmed with MassHealth that appellant still needed to show proof of spend down of a life insurance policy and stocks. I gave appellant until 3pm on July 15, 2025 to provide an update on the missing verifications and spend down. The appeal representative failed to reply and there were no further requests to extend the record open period. MassHealth confirmed the value of the life insurance policy and the stocks placed appellant over the asset limit. (Ex. 7, p. 7)). Accordingly, appellant has not met her burden, by a preponderance of evidence, that MassHealth's determination to deny coverage due to excess assets is invalid. 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.

Thomas Doyle
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290