

# Office of Medicaid

## BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Approved	Appeal Number:	2507540
Decision Date:	9/15/2025	Hearing Date:	06/11/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	08/01/2025

Appearance for Appellant:

[REDACTED]

Appearance for MassHealth:  
Anna Martinez



*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>	Approved	<b>Issue:</b>	Long Term Care – Excess Assets
<b>Decision Date:</b>	9/15/2025	<b>Hearing Date:</b>	06/11/2025
<b>MassHealth's Rep.:</b>	Anna Martinez	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	Yes

### 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 05/02/2025, MassHealth informed the appellant that it decided he was not eligible for MassHealth benefits because he has more countable assets than MassHealth benefits allow (see 130 CMR 520.001, 520.003, 520.004 and Exhibit 1). The appellant filed this appeal in a timely manner on 05/14/2025 and his coverage is protected pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing was held on 06/11/2025. The appellant was represented by counsel, who appeared telephonically, as did the MassHealth representative. During the fair hearing, counsel requested additional time to show verification that the appellant's assets have been reduced. Her request was granted, and the record remained open until 07/11/2025 for the appellant's submission and until 07/18/2025 for MassHealth's response (Exhibit 5). The appellant's representative asked for an extension of the record open period, citing difficulty obtaining the requested information. The appellant's request was granted, and the record open period was extended until 07/25/2025 for the appellant's submission and until 08/01/2025 for MassHealth's response (Exhibit 6). The appellant made a submission during the record open period; however, MassHealth did not submit a written response (Exhibit 7).

## Action Taken by MassHealth

MassHealth denied the appellant's application benefits because his assets exceed the program limits.

## Issue

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

## Summary of Evidence

All parties appeared telephonically for this hearing. Exhibits 1-4 were marked as evidence. The MassHealth representative testified that the appellant, an adult male over the age of [REDACTED] who resides in the community, was previously approved for MassHealth benefits, having been determined to be eligible for MassHealth Standard benefits, through the Frail Elder Waiver with a Medicare Savings Plan (MSP). On 01/17/2025, MassHealth again approved the appellant for Standard Benefits with MSP; however, the MassHealth notice informed the appellant that his assets exceeded the \$2,000.00 limit for him to receive those benefits. The notice informed the appellant that he must reduce his assets to be below \$2,000.00 within 90 days. As of 05/02/2025, the appellant has countable assets of \$2,766.00 in a [REDACTED] account. Because the appellant's assets were not reduced to comply with the guidelines, MassHealth informed the appellant that it would downgrade his benefits from MassHealth Standard with MSP to MSP only (Exhibit 1).

The appellant was represented in this hearing by [REDACTED] She requested an extension of time to provide verification that the appellant's assets are below \$2,000.00. Her request was granted, and the record remained open until 07/25/2025 for the appellant's submission and until 08/01/2025 for MassHealth's response (Exhibit 5).

During the record open period, the appellant provided verification from [REDACTED] that his assets were reduced to \$1,010.06 (Exhibit 6). MassHealth made no submission during the record open period.

## Findings of Fact

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

1. The appellant is over [REDACTED] years of age and he lives in the community.

2. Prior to the issues that gave rise to this appeal, the appellant was eligible for MassHealth Standard benefits under the Frail Elder Waiver with MSP.
3. On 01/17/2025, MassHealth again approved the appellant for Standard Benefits with MSP; however, the MassHealth notice informed the appellant that his assets exceeded the \$2,000.00 limit for him to receive those benefits. The notice informed the appellant that he must reduce his assets to be below \$2,000.00 within 90 days.
4. As of 05/02/2025, the appellant had countable assets of \$2,766.00 in a [REDACTED] account.
5. Because the appellant's assets were not reduced to comply with the guidelines, MassHealth informed the appellant that it would downgrade his benefits from MassHealth Standard with MSP to MSP only.
6. Through a notice dated 05/02/2025, MassHealth informed the appellant that it decided he was not eligible for MassHealth benefits because he has more countable assets than MassHealth benefits allow.
7. The appellant filed this appeal in a timely manner on 05/14/2025 and his coverage is protected pending the outcome of this appeal.
8. A fair hearing took place on 06/11/2025. All parties attended telephonically.
9. At the fair hearing, the MassHealth representative testified that the appellant has joint ownership of a bank account at [REDACTED] with a balance of \$2,766.00
10. At the fair hearing, the appellant's representative requested an extension of time to provide verifications that the appellant's assets are below the \$2,000.00 limit.
11. At the fair hearing, the record remained open until 07/25/2025 for the appellant's submission and until 08/01/2025 for MassHealth's response.
12. During the record open period, the appellant's representative provided verification that the assets in the [REDACTED] account were reduced to \$1,010.06 (Exhibit 6).
13. MassHealth made no submission during the record open period.

## **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...

The appellant was previously approved for and received MassHealth Standard benefits under a Frail Elder Waiver and MSP. MassHealth downgraded the appellant's eligibility because on 05/02/2025, his assets exceeded the \$2,000.00 asset limit. The MassHealth representative testified that the appellant is the joint owner of a [REDACTED] account with \$2,766.00. During the hearing process the appellant provided verification that the balance of the [REDACTED] account MassHealth referenced had been reduced to \$1,010.06, which is below the MassHealth asset limit. MassHealth made no objection or any submission during the record open period.

The appellant has shown by a preponderance of the evidence that his assets have been reduced to conform with the \$2,000.00 asset limit. Accordingly, this appeal is approved.

## **Order for MassHealth**

Release Aid Pending. Redetermine eligibility using the updated asset amount, \$1,010.06. Inform the appellant of the new determination and include appeal rights.

## **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, Division of Medical Assistance, at the address on the first page of this decision.

---

Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc: [REDACTED]  
[REDACTED]

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