

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509740
Decision Date:	10/7/2025	Hearing Date:	07/31/2025
Hearing Officer:	Amy B. Kullar, Esq.	Record Open to:	09/01/2025; 09/30/2025

Appearance for Appellant:



Appearance for MassHealth:

Jernice Diaz, Taunton MassHealth Enrollment Center



*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; Excess Assets
Decision Date:	10/7/2025	Hearing Date:	07/31/2025
MassHealth's Rep.:	Jernice Diaz	Appellant's Rep.:	██████████
Hearing Location:	Taunton MassHealth Enrollment Center Room 2 (Telephone)	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 1, 2025, MassHealth denied the appellant's application for long-term care (LTC) benefits in a nursing facility on the grounds that the appellant had more countable assets than MassHealth regulations allow. *See* 130 CMR 520.003, 130 CMR 520.004, and Exhibit 1. The appellant filed this appeal in a timely manner on June 30, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits because MassHealth determined the appellant has more countable assets than MassHealth regulations allow.

Issue

Whether MassHealth was correct in determining that the appellant has more countable assets than MassHealth regulations allow.

Summary of Evidence

The appellant is a single adult who is over the age of 65 and who resided in a skilled nursing facility at the time of her application for MassHealth; she was represented at hearing by a Medicaid consultant.¹ MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

The MassHealth representative testified that on December 24, 2024, an application for MassHealth LTC benefits was filed on the appellant's behalf, seeking coverage beginning December 22, 2024. The issue at this appeal is that the appellant has excess countable assets. The MassHealth representative testified that MassHealth had identified and verified two financial accounts owned by the appellant. The first is a savings account that had a balance of \$4,372.80 on March 4, 2025, which is the last statement provided to MassHealth. The second account is an investment account; this account had a balance of \$43,226.11 on December 31, 2024; this is the last statement received at MassHealth for the appellant's investment account. The MassHealth representative concluded her testimony by stating that the appellant has \$45,598.00 in excess assets between her two financial accounts; the value of these assets is the basis for the issuance of the appellant's May 1, 2025 denial notice that is on appeal today.²

The appellant's representative did not dispute MassHealth's testimony regarding the timeline of the appellant's application at MassHealth, and she agreed that the appellant has \$45,598.00 in excess assets as described by the MassHealth representative in her testimony. The appellant's representative stated that since the appellant was discharged from her long-term care facility, in [REDACTED] it has been more difficult for the appellant's representative to communicate with her, and it is also making the appellant's spenddown logistics more challenging for the appellant's representative to manage. The appellant's representative stated that she is currently in contact with the appellant and that she has begun working with the appellant on the spenddown of her excess assets, but that this process will be gradual because the appellant is very concerned about exhausting all of her resources now that she has returned to live in the community.

The record was held open until September 2, 2025, to allow the appellant's representative an opportunity to submit a detailed update to MassHealth and the Hearing Officer regarding the status of the appellant's asset reduction and/or statements for both of the appellant's financial accounts that indicate the total value of all assets were reduced to \$2,000.00 or below. Exhibit 6. On August 29, 2025, the appellant's representative emailed the MassHealth representative and

¹ It was the testimony of the MassHealth representative and the appellant's representative that the appellant was a resident of a long-term care facility from [REDACTED] through [REDACTED]

² This figure was calculated by adding the total value of the appellant's financial accounts, and then subtracting \$2,000.00, which is the countable asset limit for an institutionalized single adult: $(\$4,372.80 + \$43,226.11) - \$2,000 = \$45,598.91$. Testimony; *see also* 130 CMR 520.016(A).

the Hearing Officer, requesting an extension of time to provide the appellant's status update regarding her reduction of her excess assets. Exhibit 7. This request was granted on September 2, 2025, and the record was held open until September 30, 2025. Exhibit 8. On October 6, 2025, having not received any additional communications from the appellant's representative since September 2, 2025, the Hearing Officer emailed the MassHealth representative and the appellant's representative, asking if there were any additional updates on the status of this appeal from either party. Exhibit 9. On October 6, 2025, The MassHealth representative responded to the Hearing Officer's email that she had not received any submissions or updates from the appellant's representative. Exhibit 10. On October 7, 2025, having received no communications from the appellant's representative since September 2, 2025, the Hearing Officer closed the administrative record.

Findings of Fact

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

1. The appellant is over the age of 65 and has a household size of one. Testimony and Exhibit 4.
2. On May 1, 2025, MassHealth denied the appellant's Long-Term Care application on the grounds that she had excess assets of \$45,598.00. Testimony and Exhibit 5.
3. The appellant filed a timely appeal with the Board of Hearings on June 30, 2025. Exhibit 2.
4. As of the date of the hearing, MassHealth and the appellant's representative agreed that the appellant had countable excess assets totaling \$45,598.00. Testimony and Exhibit 5.
5. Following the appeal hearing, the appellant representative requested that the record be kept open until September 2, 2025, so that the appellant could proceed with reducing her excess assets below \$2,000.00, which was granted. Testimony, Exhibit 6.
6. Following the appeal hearing, the appellant representative requested that the record be kept open until September 30, 2025, so that the appellant could proceed with reducing her excess assets below \$2,000.00, which was granted. Testimony, Exhibits 7, 8.
7. Following the hearing, the appellant's representative did not respond to any of the Hearing Officer's communications after September 2, 2025, and no further evidence was submitted to MassHealth or the Hearing Officer by the appellant's representative; as a result, the Hearing Officer closed the administrative record on October 7, 2025. Exhibits 9, 10.

Analysis and Conclusions of Law

To qualify for long-term-care benefits, an applicant must complete an application and cooperate with the MassHealth agency by submitting corroborative information. See 130 CMR 516.001(B). If the requested verifications are received within 30 days, “the application is considered complete” and MassHealth continues to “determine the coverage type ... for which the applicant is eligible.” 130 CMR 516.001(C). MassHealth may deny an application where the member has failed to provide requested information within 30 days. 130 CMR 516.001(C).

As part of this application process, MassHealth members must establish financial eligibility. This includes proving their countable assets are below a threshold and that those assets were reduced in accordance with state and federal law.

The applicable MassHealth regulations provide as follows:

519.006: Long-term-care Residents

(A) Eligibility Requirements. Institutionalized individuals may establish eligibility for MassHealth Standard coverage subject to the following requirements. They must

- (1) be younger than 21 years old or 65 years of age or older or, for individuals 21 through 64 years of age meet Title XVI disability standards or be pregnant;
- (2) be determined medically eligible for nursing facility services by the MassHealth agency or its agent as a condition for payment, in accordance with 130 CMR 456.000: *Long Term Care Services*;
- (3) contribute to the cost of care as defined at 130 CMR 520.026: *Long-term-care General Income Deductions*;
- (4) have countable assets of \$2,000 or less for an individual and, for married couples where one member of the couple is institutionalized, have assets that are less than or equal to the standards at 130 CMR 520.016(B): *Treatment of a Married Couple’s Assets When One Spouse Is Institutionalized*; and
- (5) not have transferred resources for less than fair market value, as described at 130 CMR 520.018: *Transfer of Resources Regardless of Date of Transfer* and 520.019: *Transfer of Resources Occurring on or after August 11, 1993*.

130 CMR 519.006(A).

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).

130 CMR 520.003.

520.016: Long-term Care: Treatment of Assets

(A) Institutionalized Individuals. The total value of assets owned by an institutionalized single individual or by a member of an institutionalized couple must not exceed \$2,000.

130 CMR 520.016(A).

If an applicant for long-term-care benefits has more than \$2,000.00 in assets, they may reduce their assets and achieve eligibility per 130 CMR 520.004:

(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.

130 CMR 520.004(A)(1).

Here, MassHealth denied the appellant's application on the grounds that her countable assets were verified to exceed \$2,000.00. 130 CMR 520.003(A)(1); *see also* 130 CMR 520.016(A). Specifically, as of the date of the hearing, MassHealth determined that the appellant had excess

assets of \$45,598.00. Testimony and Exhibit 5. At hearing, the appellant's representative agreed with MassHealth's determination. The appellant has not provided any evidence to establish that her countable assets have been reduced to \$2,000 or less, such that she would qualify for MassHealth, despite the hearing record being left open. Accordingly, MassHealth did not err in issuing its May 1, 2025 denial notice.

The 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings


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