

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved; Remanded	<b>Appeal Number:</b>	2510705
<b>Decision Date:</b>	9/15/2025	<b>Hearing Date:</b>	08/18/2025
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	09/08/2025

**Appearance for Appellant:**



**Appearance for MassHealth:**

Katie LaDuke



*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 – Assets
<b>Decision Date:</b>	9/15/2025	<b>Hearing Date:</b>	08/18/2025
<b>MassHealth’s Rep.:</b>	Katie LaDuke	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 05/23/2025, MassHealth informed the appellant, a nursing home resident, that it decided he was not eligible for MassHealth Long Term Care 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 07/21/2025 (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 08/18/2025. The appellant was represented by the business office manager from the skilled nursing facility where he resides. All parties appeared telephonically. During the fair hearing, the appellant’s representative requested additional time to show verification that the appellant’s assets have been reduced. Her request was granted, and the record remained open until 09/01/2025 for the appellant’s submission and until 09/08/2025 for MassHealth’s response (Exhibit 5). The appellant made a submission during the record open period and MassHealth submitted a written response (Exhibits 6, 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, a resident of a skilled nursing facility filed an application for MassHealth LTC benefits on 03/25/2025, seeking a MassHealth benefit start date of 02/03/2025. A request for information was sent by MassHealth on 04/02/2025. According to the verified items, the appellant had the following assets:

██████ Life Insurance ██████ – Cash surrender value is \$879.76;  
██████ Checking ██████ – Balance of \$3,222.21;  
██████ Savings ██████ – Balance of \$1,531.11.

The MassHealth representative testified that the asset limit for an institutionalized person to be eligible for MassHealth LTC benefits is \$2,000.00. The appellant has total assets of \$5,633.39, which exceed the asset limit by \$3,633.39. Because the appellant's assets exceed the income limit of \$2,000.00 MassHealth denied the LTC application (Exhibits 1, 4).

The appellant was represented in this matter by the business office manager of the skilled nursing facility. She requested additional time to submit verifications that the assets are below the \$2,000.00 limit. Her request was granted, and the record was held open for the appellant's submission until 09/01/2025 and until 09/08/2025 for MassHealth's response.

The appellant made a submission during the record open period (Exhibit 6). On 09/09/2025, MassHealth acknowledged that verification of the spend down was complete and that the appellant had lowered his assets to be below the asset limit. The MassHealth representative asked for clarification of certain transactions (Exhibit 7).

## Findings of Fact

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

1. The appellant is a nursing home resident who submitted an application for MassHealth Long

Term Care benefits on 03/25/2025, seeking a MassHealth benefits start date of 02/03/2025.

2. MassHealth sent to the appellant a request for verification on 04/02/2025.
3. On 05/02/2025, MassHealth informed the appellant, a nursing home resident, that it decided he was not eligible for MassHealth Long Term Care benefits because he has more countable assets than MassHealth benefits allow.
4. The MassHealth asset limit for an institutionalized member is \$2,000.00.
5. The appellant filed his timely appeal on 07/21/2025.
6. At the fair hearing, the MassHealth representative provided proof that the appellant's assets exceeded the \$2,000.00 limit.
7. As of 05/02/2025, the appellant the following assets:

Life Insurance – Cash surrender value is \$879.76;  
Checking – Balance of \$3,222.21;  
Savings – Balance of \$1,531.11.

8. The appellant had a total of \$5,633.39 of countable assets.
9. At the fair hearing the appellant was represented by the business office manager of the skilled nursing facility where he resides.
10. The appellant's representative requested an extension of time to submit verification that the appellant's assets were reduced below the \$2,000.00 limit.
11. The appellant's representative's request was granted, and the record was left open until 09/01/2025 for her submission (Exhibit 5).
12. The appellant made a submission during the record open period (Exhibit 6).
13. On 09/09/2025, MassHealth acknowledged that verification of the spend down was complete and that the appellant had lowered his assets to be below the asset limit. The MassHealth representative asked for clarification of certain transactions (Exhibit 7).

## **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, a nursing home resident, applied for MassHealth benefits on 03/25/2025, seeking a start date of 02/03/2025. The application was denied by MassHealth for verified assets totaling \$5,633.39. The assets were not contested by the appellant's representative. During the fair hearing process, the appellant provided verification that the assets were reduced. This was confirmed by the MassHealth representative. Accordingly, this appeal is approved, since the

assets are now below the \$2,000.00 limit.

## **Order for MassHealth**


Update the MassHealth asset information to show that the appellant's assets are below the \$2,000.00. If MassHealth needs further information on the case, MassHealth may request additional verifications. If not, process the case and notify the appellant of the determination. 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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

  
MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104