

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied in part; Remanded	<b>Appeal Number:</b>	2513850
<b>Decision Date:</b>	1/5/2026	<b>Hearing Date:</b>	10/20/2025
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	11/10/2025

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sophia Beauport-Lafontant, Charlestown 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

<b>Appeal Decision:</b>	Denied in part; Remanded	<b>Issue:</b>	Eligibility; Over 65; Downgrade; Over Asset
<b>Decision Date:</b>	1/5/2026	<b>Hearing Date:</b>	10/20/2025
<b>MassHealth's Rep.:</b>	Sophia Beauport- Lafontant	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	<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 September 11, 2025, MassHealth notified the appellant that her benefits were downgrading from Standard with Medicare Savings Program (MSP) Qualified Medicare Beneficiary (QMB) to MSP QMB benefits on September 25, 2025 because of a change in her circumstances. (Exhibit 1). The notice further stated that her assets are too high to receive MassHealth Standard benefits. *Id.* The appellant filed this appeal in a timely manner on or about September 19, 2025. (130 CMR 610.015(B); Exhibit 2). Termination and/or reduction of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the appellant that her benefits were being downgraded from Standard with MSP QMB to MSP QMB because her assets are too high.

## Issue

The appeal issue is whether MassHealth was correct in determining that the appellant is over the allowable asset limit to qualify for Standard benefits.

## Summary of Evidence

The MassHealth representative appeared at the hearing by telephone and testified as follows: The appellant is a single individual who is over the age of 65. On or about August 11, 2025 MassHealth received the appellant's renewal application. On September 11, 2025 MassHealth notified the appellant that her benefits were being downgraded beginning on September 25, 2025 from Standard with Medicare Savings Program (MSP) Qualified Medicare Beneficiary (QMB) to MSP QMB only because MassHealth determined that her assets are too high to receive Standard benefits. (Exhibit 1). The appellant's reported assets include a life insurance policy, with a cash surrender value totaling \$2,271.33. (Exhibit 1, p. 5). To be eligible for MassHealth benefits, the appellant's assets cannot exceed \$2,000.00.

The appellant appeared at the hearing by telephone and testified that she no longer lives in a household of 1 because she adopted her 2 grandchildren. Thus, the appellant currently lives in a household of 3 and she has legal custody of her adopted grandchildren. The MassHealth representative explained that although the appellant is over the age of 65, because she has 2 minor children living with her, she will need to submit an under 65 application and the adoption documentation.

Following the hearing the record was left open for a brief period for the appellant to submit an under 65 application and the adoption documentation to MassHealth so that her eligibility can be redetermined. (Exhibit 6). The MassHealth representative subsequently reported that MassHealth received the appellant's under 65 application which is being processed. (Exhibit 7). Additionally, the appellant's 2 minor grandchildren were added to her case. *Id.*

## Findings of Fact

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

1. The appellant is over the age of 65 and previously lived in a household of 1. The appellant adopted and has legal custody of her 2 minor grandchildren and currently lives in a household of 3.

2. On September 11, 2025, MassHealth notified the appellant that her benefits were being downgraded from Standard with MSP QMB to MSP QMB beginning on September 25, 2025 because MassHealth determined that her assets are too high to receive Standard benefits.
3. To be eligible for MassHealth benefits, a single applicant's assets cannot exceed \$2,000.00.
4. The appellant's assets exceed \$2,000.00 by \$271.33.
5. The appellant timely appealed MassHealth's denial notice.
6. The record was left open for the appellant to submit additional documentation, specifically, a MassHealth (under 65) application and adoption documentation.
7. MassHealth received the appellant's submission which is being processed.

## **Analysis and Conclusions of Law**

The regulations at 130 CMR 515.000 through 520.000 provide the requirements for MassHealth eligibility for persons aged 65 and older. (130 CMR 515.002). A noninstitutionalized person aged 65 and older may establish eligibility for MassHealth Standard coverage if the countable assets of an individual are \$2,000.00 or less. (130 CMR 519.005). At the hearing, MassHealth presented unrefuted evidence that the appellant's verified assets exceed the \$2,000.00 limit. Following the hearing, the appellant was granted a post-hearing record-open period to submit additional documentation, specifically, an under 65 application and adoption documentation, given the change in her household size following the appellant's adoption of her minor grandchildren. MassHealth subsequently responded that the appellant's application and adoption documentation was received and that her application is being processed. For these reasons, this appeal is denied in part and remanded to MassHealth until a new eligibility determination is made.

## **Order for MassHealth**

Keep MassHealth Standard benefits open until a new eligibility determination is made.

## **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.

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

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129