

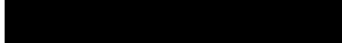
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514894
Decision Date:	01/16/2026	Hearing Date:	11/13/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	01/09/2026

Appearance for Appellant:



Appearance for MassHealth:

Lori VanZile; Stephanie Mowles



*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 – Assets
Decision Date:	01/16/2026	Hearing Date:	11/13/2025
MassHealth’s Rep.:	Lori VanZile; Stephanie Mowles	Appellant’s Rep.:	██████████
Hearing Location:	Taunton MassHealth Enrollment Center	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 08/29/2025, MassHealth informed the appellant that it reviewed his application for MassHealth Long Term Care (LTC) benefits determined and that he is not eligible because he has countable assets that exceed the program limits (130 CMR 515.008; Exhibit 1). On 10/14/2025, a timely appeal was filed on the appellant’s behalf by his conservator (130 CMR 610.015(B); Exhibits 2 and 4). 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 took place before the Board of Hearings (Board) on 11/13/2025 (Exhibit 3). The appellant representative requested an extension of time to submit the missing verifications. Her request was granted, and the record remained open in this matter until 12/12/2025 for the appellant’s submission and until 12/19/2205 for MassHealth’s response (Exhibit 6). On 12/12/2025, the appellant’s representative requested an extension of the record open period. Her request was granted, and the record remained open in this matter until 12/26/2025 for the appellant’s submission and until 01/09/2026 for MassHealth’s response (Exhibit 7). On 12/19/2025, the appellant made a submission to the hearing record (Exhibit 8). On 01/09/2026, MassHealth filed a written response (Exhibit 9).

Action Taken by MassHealth

MassHealth denied the appellant's application for Long Term Care (LTC) benefits for having countable assets that exceed the program limits.

Issue

The issue is whether or not the appellant's countable assets have been verified to be under \$2,000.00.

Summary of Evidence

The MassHealth representative testified telephonically that the appellant submitted an application for MassHealth long term care (LTC) benefits on 02/05/2025, seeking MassHealth benefits on 01/01/2024. A request for verifications was sent by MassHealth, requesting various financial information to process the appellant's application for benefits. On 08/29/2025, MassHealth denied the application for LTC benefits because the appellant had countable assets exceeding the \$2,000.00 limit for an unmarried person. According to MassHealth, the appellant has a personal needs account with \$39.58, and bank accounts with a total balance of \$7,412.00. The total of the countable assets is \$7,521.58, which exceeds the \$2,000.00 limit. As a result, the application was denied.

The appellant was represented at the fair hearing by his conservator. She testified that she was waiting for the bank closeout statements. She requested that the hearing record be left open so that she could provide verification that the appellant's assets are below the program limit.

The appellant's representative's request was granted, and the record remained open until 12/12/2025 for the appellant's submission. On 12/12/2025, the appellant's conservator requested an extension of the record open period. Her request was granted, and the record remained open until 12/26/2025 of the appellant's submission and until 01/09/2026 for MassHealth's response. During the record open period, the appellant made a submission (Exhibit 8) and MassHealth submitted a response (Exhibit 9).

On 01/09/2026, the MassHealth representative responded:

The [REDACTED] statements have been received, as well as the [REDACTED] statements. I would need bank statements from 1/2024 to 3/2025 for this account. I would also need proof of where the closing funds from [REDACTED] were deposited to. The check from the [REDACTED] closing was received, but there was no documentation/proof of the funds being paid to the facility. I would need an updated Private Payment Letter from the facility. If this payment was for private payments, I would also need an updated SC-1 form from the facility.

(Exhibit 9.)

Findings of Fact

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

1. The appellant, a nursing home resident, applied for MassHealth long term care benefits on 02/05/2025.
2. The appellant is requesting MassHealth benefits starting on 01/01/2024.
3. MassHealth sent to the appellant a request for information (VC-1), seeking information necessary to make an eligibility determination.
4. On 08/29/2025, MassHealth denied the appellant's application for benefits because her countable assets exceed the program limit.
5. The asset limit for a single individual applying for LTC benefits is \$2,000.00.
6. The appellant has countable assets of \$7,521.58, which is comprised of a PNA account holding \$39.58, and bank accounts with \$7,412.00 balances.
7. The appellant submitted a request for a fair hearing on 10/14/2025.
8. A fair hearing took place before the Board of Hearings on 11/13/2025.
9. At the fair hearing, the appellant's representative requested additional time to submit the missing verifications. Her request was granted, and the record remained open in this matter, as requested, until 12/12/2025 for the appellant's submission and until 12/19/2025 for MassHealth's response (Exhibit 6).
10. On 12/12/2025, the appellant's conservator requested that the record open period be extended. Her request was granted, and the record remained open in this matter until 12/26/2025 for the appellant's submission and until 01/09/2026 for MassHealth's response.
11. The appellant submitted banking records during the record open period (Exhibit 8).
12. On 01/09/2026, MassHealth responded:

The [REDACTED] statements have been received, as well as the [REDACTED] statements. I would need bank statements from 1/2024 to 3/2025 for this account. I would also need proof of where

the closing funds from [REDACTED] were deposited to. The check from the [REDACTED] closing was received, but there was no documentation/proof of the funds being paid to the facility. I would need an updated Private Payment Letter from the facility. If this payment was for private payments, I would also need an updated SC-1 form from the facility.

(Exhibit 9.)

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 LTC benefits on 02/05/2025, seeking a benefit start date of 01/01/2024. As part of the eligibility process, MassHealth received from the appellant information about his finances. According to documentation, at the time of the asset assessment, the appellant had assets totaling \$7,521.58, which exceeds the \$2,000.00 asset limit. As a result, MassHealth denied the appellant's application for LTC benefits on 08/29/2025.

At the fair hearing, appellant was represented by her conservator, who testified that she was in the process of providing proof that the appellant had reduced her assets. She asked for an opportunity to provide verification that the appellant's assets are below the \$2,000.00 limit. Her request was granted. A second request for an extension of time was also approved. During the record open period, the appellant's representatives provided bank records. MassHealth reviewed the records and informed the hearing officer and the appellant that

The [REDACTED] statements have been received, as well as the [REDACTED] statements. I would need bank statements from 1/2024 to 3/2025 for this account. I would also need proof of where the closing funds from [REDACTED] were deposited to. The check from the [REDACTED] closing was received, but there was no documentation/proof of the funds being paid to the facility. I would need an updated Private Payment Letter from the facility. If this payment was for private payments, I would also need an updated SC-1 form from the facility.

The appellant has not provided adequate verification that his assets are below the \$2,000.00 limit. Accordingly, MassHealth's denial is supported by the regulations and relevant facts in the hearing record. This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings



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