

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515610
Decision Date:	12/16/2025	Hearing Date:	11/25/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Eleanor Kwapien, Springfield 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:	Over 65; Community Eligibility; Assets
Decision Date:	12/16/2025	Hearing Date:	11/25/2025
MassHealth's Rep.:	Eleanor Kwapien	Appellant's Rep.:	██████
Hearing Location:	Springfield	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 October 9, 2025, MassHealth downgraded the appellant's MassHealth benefits from MassHealth Standard with the Medicare Savings Plan to just the Medicare Savings Plan as a Qualified Medicare Beneficiary because MassHealth determined that the appellant is over the asset limit to qualify for MassHealth Standard. *See* 130 CMR 519.002 and Exhibit 1. The appellant filed this appeal in a timely manner on October 22, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Agency action regarding scope and amount of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth downgraded the appellant's MassHealth benefits from MassHealth Standard with the Medicare Savings Plan to just the Medicare Savings Plan as a Qualified Medicare Beneficiary.

Issue

The appeal issue is whether MassHealth correctly calculated the appellant's assets in determining that he is not eligible for MassHealth Standard.

Summary of Evidence

The appellant is an adult over the age of 65 residing in the community as a household of one. MassHealth was represented by a worker from the Springfield MassHealth Enrollment Center. The following is a summary of the testimony and evidence provided at the hearing.

Prior to the notice at issue, the appellant received MassHealth Standard with the Medicare Savings Program as a Qualified Medicare Beneficiary (MSP-QMB). On July 21, 2025, the appellant submitted a renewal application for his MassHealth benefits. During the renewal process, MassHealth's asset verification system discovered two bank accounts linked to the appellant. One account contained \$6,003.00, and the other had a balance of \$6,215.00, both as of June of 2025. Because this combined amount exceeds the regulatory asset limit of \$2,000.00, MassHealth determined that the appellant does not qualify for MassHealth Standard. The MassHealth representative reported that he is under the income limit to qualify for MassHealth Standard and financially qualifies for MSP-QMB.

The appellant agreed with the reported balances in his bank accounts. He reported winning the money during the pandemic and wishes to keep the money to give to his children as an inheritance. He testified that he has serious health problems and would like to keep his MassHealth Standard benefits.

Findings of Fact

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

1. The appellant is an adult over the age of 65 who resides in a household of one. Testimony, Exhibit 4.
2. Prior to the notice at issue, the appellant received MassHealth Standard benefits with the Medicare Savings Program as a Qualified Medicare Beneficiary. Testimony, Exhibit 1, Exhibit 4.
3. On or about July 21, 2025, the appellant submitted a renewal application for MassHealth benefits. Testimony. During the renewal process, MassHealth verified that the appellant has two bank accounts with a combined total balance of \$12,218.00. Testimony.
4. MassHealth determined that the appellant was over the asset limit to qualify for MassHealth Standard benefits and, through a notice dated October 9, 2025, downgraded the appellant's benefits to just the Medicare Savings Program as a Qualified Medicare Beneficiary. Testimony, Exhibit 1.
5. The appellant meets the income requirements to qualify for both MassHealth Standard and

the Medicare Savings Program. Testimony.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of healthcare benefits to MassHealth members. *See* 130 CMR 515.002. Eligibility for MassHealth benefits differs depending on an applicant's age. 130 CMR 515.000 through 522.000 (referred to as Volume II) provide the requirements for non-institutionalized persons aged 65 or older, institutionalized persons of any age, persons who would be institutionalized without community-based services, as, and certain Medicare beneficiaries. 130 CMR 515.002(B). As the appellant is over 65 years old, she is subject to the requirements of the provisions of Volume II. 130 CMR 515.002.

To determine a senior's eligibility for MassHealth Standard, the total countable-income amount and countable assets of the individual are compared to an income standard and asset limit. A noninstitutionalized individual over the age of 65 must have countable assets of \$2,000.00 or less to qualify for MassHealth Standard coverage. 130 CMR 519.005(A). No asset limit is required to qualify for the Medicare Savings Program. *See* 130 CMR 519.010(A)(3).

Countable assets include balances of bank accounts and proceeds from the sale of real estate. *See* 130 CMR 520.007(B)(1) and (G)(5). Applicants have an opportunity to show a reduction of assets to the allowable limit to establish eligibility. *See generally* 130 CMR 520.004. In such instances, "MassHealth...requires the applicant to verify that...[their] excess assets were reduced to the allowable asset limit within the required timeframes." *Id.* at 520.004(D). This reduction of assets is colloquially known as a "spend-down," and must be done without violating the transfer of resource provisions for nursing facility residents at 130 CMR 520.019(F), or risk incurring a period of ineligibility in accordance with that regulation. *Id.* at 520.004(A)(1).

In this case MassHealth verified, and the appellant agrees, that he has at least \$12,000.00 in combined total bank account balances. Even when subtracting the allowable asset limit of \$2,000.00, the appellant is over the asset limit to qualify for MassHealth Standard. Therefore, I find no error with MassHealth's October 9, 2025, decision to downgrade his benefits to just the MSP-QMB.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center