

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516097
Decision Date:	01/22/2026	Hearing Date:	12/01/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	01/12/2026

Appearance for Appellant:




Appearance for MassHealth:

Yous Khieu, 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

Appeal Decision:	Denied	Issue:	Eligibility; Over 65; Long-term care; Over Asset
Decision Date:	01/22/2026	Hearing Date:	12/01/2025
MassHealth's Rep.:	Yous Khieu	Appellant's Rep.:	
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (Remote)	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 1, 2025, MassHealth notified the appellant that he did not qualify for long-term care services because MassHealth determined that he has more countable assets than MassHealth benefits allow. (Exhibit 1). The appellant filed this appeal in a timely manner on or about October 31, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he did not qualify for MassHealth benefits because his assets exceeded the allowable program limits.

Issue

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

Summary of Evidence

The MassHealth representative and the appellant's 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 July 8, 2025, MassHealth received the appellant's application for long-term care services, with a requested start date of July 24, 2025. (Exhibit 6). On October 1, 2025, MassHealth determined that the appellant is over the allowable asset limit to receive MassHealth long-term care benefits. (Exhibit 1). The appellant's reported assets include 2 life insurance policies totaling \$2,103.20, a bank account balance in the amount of \$12,879.54, and a trust account amounting to \$70,000. (Exhibit 1, p. 7). To be eligible for MassHealth benefits, the appellant's assets cannot exceed \$2,000. The MassHealth representative explained that after deducting \$2,000 allowed for a household of one, the appellant's excess assets total \$82,982.74. MassHealth notified the appellant in the October 1st notice that he may be eligible to receive MassHealth benefits if he were to reduce his assets to \$2,000.00 within 30 days. (Exhibit 1, p. 2).

On November 28, 2025, MassHealth received additional documentation indicating that the appellant's bank account balance was reduced to the asset limit, including a check written to the facility in the amount of \$5,384.85 for his patient paid amount (PPA). The MassHealth representative explained that MassHealth did not receive a copy of the cancelled check for the appellant's PPA. As for the appellant's 2 life insurance policies, the MassHealth representative stated that it appeared that the appellant attempted to use 1 of his life insurance policies to purchase a burial account. However, MassHealth's burial account limit is \$1500, and, in this case, the appellant's first life insurance policy exceeds the \$1,500 limit by \$388.54. Therefore, MassHealth cannot exempt the appellant's life insurance policies from his assets, unless MassHealth receives documentation showing that the first policy was surrendered and how the remaining funds were spent. The appellant's second life insurance policy amounts to \$214.66. (Exhibit 6). With respect to the appellant's \$70,000 pooled trust account, the MassHealth representative explained that the appellant must be deemed disabled for MassHealth to exempt this asset. As of date, MassHealth did not receive any documentation indicating that MassHealth's Disability Evaluation Services (DES) unit deemed the appellant disabled.

The appellant's attorney testified he provided MassHealth with a cancelled check in the amount of \$11,530 that was paid to him. In turn, he used this amount to pay for the appellant's PPA. Additionally, he stated that he was informed by MassHealth that because the face value of the appellant's first life insurance policy is \$1,000, and that policy was designated for a burial account, MassHealth would exempt it from the appellant's assets. Further, the appellant's attorney testified that he submitted an adult disability supplement to DES on behalf of the appellant and since DES

communicates directly with MassHealth, he inquired if MassHealth received any communication from DES regarding the status of the appellant's application.

The MassHealth representative explained that because the appellant's attorney submitted the appellant's adult disability supplement directly to DES, MassHealth would only receive correspondence from DES once a determination is made. As of the hearing date, MassHealth has not received any correspondence from DES regarding the status of the appellant's adult disability supplement. The MassHealth representative also expressed confusion about the \$11,530 check that was written to the appellant's attorney – MassHealth has a copy of this check but had been informed that \$5,384.85 was paid to the facility, not \$11,530. Further, MassHealth does not have a copy of a cancelled check in the amount of \$5,384.85. The appellant's attorney stated that he would submit a copy of the \$5,384.85 cancelled check to MassHealth.

The parties discussed the life insurance policies. After discussion, MassHealth agreed to exempt the value of both policies from the appellant's asset calculation. The MassHealth representative stated that with this action taken, the remaining items to reduce the appellant's assets to the \$2,000 asset limit include a copy of the \$5,384.85 cancelled check and the disability determination regarding the appellant's pooled trust. He suggested that the appellant's attorney contact DES directly to check on the status of the appellant's adult disability supplement.

Following the hearing the record was left open for a brief period for the appellant to submit documentation to MassHealth verifying that his assets have been spent down to the allowable asset limit of \$2,000. (Exhibit 7).¹ The MassHealth representative subsequently responded that the documentation received on behalf of the appellant is not sufficient to show that his assets were spent down to the \$2,000 limit. (Exhibit 10). Specifically, MassHealth did not receive notification from DES regarding the appellant's disability status.²

Findings of Fact

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

1. The appellant is a single individual who is over the age of 65.
2. On July 8, 2025, the appellant applied for MassHealth long-term care benefits with a requested start date of July 24, 2025.

¹ The record was re-opened to obtain additional information. (Exhibit 10).

² The appellant's attorney stated that upon speaking to DES he was informed that a letter was sent to MassHealth on December 8, 2025. (Exhibit 11, p. 3). MassHealth confirmed that it did not receive any letters from DES regarding the appellant and suggested that the attorney contact DES directly to ask for a copy of the letter. (Exhibit 11, p. 1).

3. On October 1, 2025, MassHealth notified the appellant that he is not eligible to receive long-term care benefits due to excess assets.
4. To be eligible for MassHealth benefits, a single applicant's assets cannot exceed \$2,000.
5. The appellant's assets exceed \$2,000.00 by \$82,982.74.
6. The appellant may be eligible for long-term care benefits if he reduces his assets to the allowable limit of \$2,000.
7. The appellant timely appealed MassHealth's denial notice.
8. At the hearing, MassHealth agreed to exempt the appellant's life insurance policies from his over asset amount.
9. The record was left open for the appellant to submit documentation verifying the remaining asset spenddown.
10. MassHealth did not receive any documentation from DES indicating that the appellant was deemed disabled to accommodate his \$70,000 pooled trust.

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). An institutionalized person aged 65 and older may establish eligibility for MassHealth Standard coverage if the countable assets of an individual are \$2,000 or less. (130 CMR 519.006). At the hearing, MassHealth presented unrefuted evidence that the appellant's verified assets exceed the \$2,000 limit. The appellant was granted a post-hearing record-open period to verify to MassHealth that his assets have been reduced to the allowable limit of \$2,000. The appellant's submission did not indicate that his assets have been reduced to the allowable \$2,000 limit. Specifically, the appellant did not verify that the assets in the pooled trust are exempt from countability.³ Thus, the appellant has not demonstrated that he is currently eligible for MassHealth long-term care benefits. I find that the action taken by MassHealth was within the regulations. This appeal is denied.

Order for MassHealth


³ MassHealth considered assets paid toward the appellant's PPA as part of the asset spend down. Funds paid toward PPA consist of income, not assets, and thus cannot be considered as part of an asset spend down. Because this part of the determination does not affect the ultimate outcome, this decision will not disturb this MassHealth determination.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings



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