

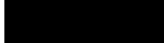
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2519212
Decision Date:	2/2/2026	Hearing Date:	01/28/2026
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:



Appearance for MassHealth:

Tambria Jaimangal



*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 – Excess Assets
Decision Date:	2/2/2026	Hearing Date:	01/28/2026
MassHealth’s Rep.:	Tambria Jaimangal	Appellant’s Rep.:	██████████
Hearing Location:	All Parties Appeared by Telephone	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 November 17, 2025, MassHealth determined that the appellant’s coverage will end on November 26, 2025, because the appellant has more countable assets for him or for him and his spouse under MassHealth benefit rules. (130 CMR 520.000; Exhibit 1). On December 30, 2025, the appellant filed a timely appeal naming two individuals to represent him at the hearing. (130 CMR 610.015; 130 CMR 610.016; Exhibit 2).

An agency action to suspend, reduce, terminate, or restrict a member’s assistance valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that the appellant’s coverage will end on November 26, 2025, because he has more countable assets for him or for him and his spouse under MassHealth benefit rules. (130 CMR 520.000).

Issue

Whether MassHealth was correct in ending the appellant’s coverage because he has more

countable assets for him or for him and his spouse under MassHealth benefit rules. (130 CMR 520.000).

Summary of Evidence

All parties appeared by telephone. Documents submitted by MassHealth are incorporated into the hearing record as Exhibit 5.

On August 19, 2025, MassHealth issued a notice determining the appellant eligible for long-term care, providing the appellant 90 days to transfer assets to his spouse. The appellant did not take such action within the required timeframe. As a result of this inaction, MassHealth issued the notice on appeal. The notice issued on November 12, 2025, provided the appellant an additional 30 days to transfer assets to the community spouse or spend them down. As of the date of the hearing in January 2026, the appellant had not taken action to transfer the assets to the community spouse or spend them down.

The appellant's representative testified that funds from a life insurance policy were transferred into a burial contract but did not have verification of this transfer from any of the parties involved. The appellant's representative asked that the Board of Hearings keep the record open to further extend the period for the parties to transfer the assets. The appellant's representative testified that the community spouse does not have the ability, assistance or resources to assist her with taking the necessary actions. The appellant's representative works at the long-term care facility where the appellant currently resides and has been working with the appellant and the community spouse since the time of the initial eligibility decision. The request to keep the record open was denied.

Findings of Fact

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

1. The appellant submitted an application for MassHealth long-term care.
2. The appellant was deemed eligible for long-term care coverage.
3. On August 19, 2025, MassHealth issued a notice providing the appellant 90 days to transfer assets to the community spouse.
4. The appellant had until November 12, 2025 to transfer the assets.
5. As of the date of the hearing in January 2026, the appellant had not taken such action.

Analysis and Conclusions of Law

MassHealth administers and is responsible for the delivery of health-care services to MassHealth members. (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 ■ 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. (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. (130 CMR 515.002).

Countable assets are all assets that must be included in the determination of eligibility. (130 CMR 520.007). When one spouse is institutionalized, MassHealth completes an assessment of the total value of a couple's combined countable assets and computes the community spouse's asset allowance as of the date of the beginning of the most recent continuous period of institutionalization of one spouse. (130 CMR 520.016(B)(1)). At the time that the institutionalized spouse applies for MassHealth Standard, MassHealth must determine the couple's current total countable assets, regardless of the form of ownership between the couple, and the amount of assets allowed for the community spouse. (130 CMR 520.016(B)(2)). The community spouse's asset allowance is not considered available to the institutionalized spouse when determining the institutionalized spouse's eligibility for MassHealth Standard. (130 CMR 520.016(B)(2)).

To meet the needs of the community spouse and to allow the continuing eligibility of the institutionalized spouse, MassHealth allows the institutionalized spouse, after he or she has been determined eligible for MassHealth Standard, to transfer assets to or for the sole benefit of the community spouse in accordance with 130 CMR 520.016(B)(1) and (2). (130 CMR 520.016(B)(3)(a)). The institutionalized spouse must transfer any of his or her assets that are part of the community spouse's asset allowance no later than 90 days immediately after the date of the notice of approval for MassHealth Standard. (130 CMR 520.016(B)(3)(b)). During this 90-day period, MassHealth:

1. will continue to exclude these assets in the determination of continuing eligibility; and
2. will not apply the transfer rules in 130 CMR 520.018 and 520.019 to the assets transferred to the community spouse. (130 CMR 520.016(B)(3)(b)).

MassHealth may extend the 90-day period if any of the following conditions exist:

1. the court is involved in assigning the couple's property through support actions;

2. an appeal of the asset allowance has been filed with the Office of Medicaid Board of Hearings; or
3. the condition of the institutionalized spouse requires the appointment of a conservator or guardian to act on his or her behalf. 130 CMR 520.016(B)(3)(c).

The amount of the transferred assets added to the assets owned by the community spouse cannot exceed the community spouse's asset allowance as defined in 130 CMR 520.016(B)(2). (130 CMR 520.016(3)(d)). After the initial 90-day period or the extension is over, MassHealth counts all assets that remain in the institutionalized spouse's name in determining his or her eligibility. (130 CMR 520.016(3)(e)).

The appellant's representative did not dispute the fact that they did not have evidence of the assets being transferred appropriately or that any of the conditions existed to extend the 90-day period other than filing an appeal with the Board of Hearings which is the subject of this appeal. This appeal provided the appellant's representative a total of over 5 months to act.

The fair hearing regulations at 130 CMR 610.000 set out the process for requesting and participating in a fair hearing that allows dissatisfied applicants, members, or nursing facility residents to have administrative review of certain actions or inactions on the part of the MassHealth agency. (130 CMR 610.001(A)(1)). The fair hearing process is an administrative, adjudicatory proceeding where dissatisfied applicants, members, and nursing facility residents upon written request, obtain an administrative determination of the appropriateness of:

- (1) certain actions or inactions by the MassHealth agency;
- (2) certain actions or inactions by a managed care contractor;
- (3) actions to recover payment for benefits to which the member was not entitled at the time the benefit was received;
- (4) alleged coercive or otherwise improper conduct by a MassHealth agency employee;
- (5) a notice of intent or failure to give notice of intent by a nursing facility to discharge, transfer, or readmit a resident; or
- (6) a PASRR determination. (130 CMR 610.012(A)).

The hearing process is designed to secure and protect the interests of both the appellant and, as appropriate, the MassHealth agency or its personnel and to ensure equitable treatment for all involved. (130 CMR 610.012(B)). The definition of the hearing process does not indicate that it is a means to extend an eligibility process for members or representatives as was sought at this hearing. To ensure equitable treatment, both parties should be prepared to offer testimony and evidence at the hearing. (130 CMR 610.012(B)). The representative present for the appellant at hearing did not provide sufficient testimony or evidence to challenge the decision on appeal.

A hearing decision is based upon evidence, testimony, materials, and legal rules, presented at the hearing, including the MassHealth agency's interpretation of its rules, policies, and regulations. (130 CMR 610.082(A)). The hearing decision must be based upon a preponderance of evidence. (130 CMR 610.082(A)). The appellant's representative did not meet this legal standard in acknowledging that they did not spend down or appropriately transfer the appellant's assets as of the day of the hearing.

MassHealth acted within its discretion to terminate the appellant's long-term care coverage. (130 CMR 516.001(C)). The decision made by MassHealth was correct.

This appeal is 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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104, 413-785-4186