

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507834
<b>Decision Date:</b>	8/13/2025	<b>Hearing Date:</b>	06/18/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.	<b>Record Open to:</b>	07/18/2025; 08/04/2025

**Appearances for Appellant:**




**Appearance for MassHealth:**

Maria Piedade, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long Term Care; Disqualifying Transfer
<b>Decision Date:</b>	8/13/2025	<b>Hearing Date:</b>	06/18/2025
<b>MassHealth's Rep.:</b>	Maria Piedade	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 2 (Telephone)	<b>Aid Pending:</b>	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 March 25, 2025, MassHealth approved the appellant's application for Long-Term Care (LTC) benefits and imposed a 141-day period of ineligibility due to disqualifying transfers of resources during the lookback period. *See* 130 CMR 520.018 and 130 CMR 520.019 and Exhibit 1. The appellant filed this appeal in a timely manner on May 20, 2025, because the appellant disagreed with the imposition of a period of ineligibility. *See* 130 CMR 610.015(B) and Exhibit 2. Limitations on the scope or amount of assistance are valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth approved the appellant's application for long-term care benefits but assessed a period of ineligibility due to disqualifying transfers of resources within the lookback period.

## Issue

The appeal issue is whether MassHealth correctly determined that the appellant has a 141-day period of ineligibility for long-term care coverage due to disqualifying transfers of resources during the lookback period.

## Summary of Evidence

The appellant is a single adult who is over the age of [REDACTED] and who resides in a skilled nursing facility; she was represented at hearing by her authorized representatives, a business office manager from her skilled nursing facility and a Medicaid consultant. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

The MassHealth representative began her testimony by summarizing the background of this case: on September 11, 2024, an LTC conversion application for MassHealth LTC benefits was filed on the appellant's behalf, seeking coverage beginning June 1, 2024; a request for additional information was sent to the appellant on October 7, 2024. The first denial of the LTC application was issued on November 13, 2024, for missing verifications. MassHealth received some of the outstanding verifications on December 3, 2024; therefore, the application was re-logged and a new request for verifications was issued on that same day. On January 7, 2025, the application was denied for a second time due to missing verifications. This denial was appealed and the issue of missing verifications was resolved during that appeal process.<sup>1</sup> The result of the previous appeal was that on March 25, 2025, the appellant was approved for LTC MassHealth benefits, but with a 141-day period of ineligibility imposed due to unexplained large checks that were cashed from the appellant's bank account during the lookback period. The appellant is ineligible for the time period of June 1, 2024 through October 20, 2024 due to the disqualifying transfers of resources within the lookback period. Testimony and Exhibit 1.

The MassHealth representative then explained that MassHealth found fourteen transactions during the lookback period to be unexplained and therefore disqualifying; between the months of [REDACTED] on fourteen separate occasions, checks were cashed on the appellant's checking account that ranged in amounts between \$2,000.00-\$11,000.00.<sup>2</sup>

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<sup>1</sup> See Appeal No. 2501719.

<sup>2</sup> All of the fourteen checks in question were written on the same checking account that is owned by the appellant. The check cashing transactions that are in question are as follows: 9/18/2020, \$5,000.00; 10/1/2020, \$5,400.00; 10/16/2020, \$2,500.00; 11/18/2020, \$3,000.00; 11/12/2020, \$5,000.00; 2/5/2021, \$5,000.00; 5/12/21, \$2,500.00; 8/6/2021, \$2,000.00; 7/30/2021, \$4,000.00; 8/30/2021, \$3,800.00; 8/20/2021, \$5,000.00; 8/16/2021, \$2,500.00; 5/13/2022, \$5,000.00; and 11/29/2022, \$11,000.00. Testimony, Exhibit 5 at 15-24. The MassHealth representative explained here that she had made a calculation error in favor of the appellant when she added the transactions, and that the sum of these transactions is actually \$61,700.00, but she is using the miscalculated tally of the

The appellant has not provided an explanation of the reason or reasons for the transfers, and MassHealth considers each transfer to be gifts to the individuals that cashed the checks. Therefore, the total value of all the unexplained transfers, \$61,383.74, constitutes the amount of the disqualifying transfers.

To calculate the period of ineligibility, the MassHealth representative referenced her pre-hearing submission, which contains a printout showing her calculations. Testimony. The printout shows that the penalty period was calculated by dividing the amount of the disqualifying transfers by the average daily cost to a person paying privately for nursing facility services in the Commonwealth of \$433.00 at the time of application ( $\$61,383.74 / \$433.00 = 141.76$ , or 141, days.)<sup>3</sup> The appellant has a 141-day period of ineligibility for MassHealth benefits from June 1, 2024, through October 20, 2024 because the appellant did not provide documentation to explain the 14 checks that were cashed on her checking account during the lookback period. No explanation for any of the cashed checks was provided during the application process; MassHealth is seeking an explanation in the form of receipts, invoices, or statements from the appellant and/or the recipients of the cashed checks as to their purposes. MassHealth knows about these transactions because they are listed as transactions in the appellant's bank statements, and no purpose or purposes for the checks have been provided by the appellant as of this hearing. Testimony; Exhibit 5.

The appellant's representatives did not dispute MassHealth's testimony regarding the timeline of the appellant's application at MassHealth, nor the amount of the disqualifying transfer as calculated by MassHealth, \$61,383.74. In response to MassHealth's testimony, the appellant's representatives stated that the ownership of the nursing facility recently changed, and it was a very hectic time for them. They are working with the appellant's family members to compile receipts and verify the cashed check transactions in question for MassHealth. If the appellant could have a little more time, the appellant's representatives believe that they will be able to provide verifications for the unexplained cashed checks totaling \$61,383.74. Testimony.

After discussion among the parties, it was agreed that the appellant would have thirty days, or until July 18, 2025, to submit the documentation that will explain the cashed checks and that MassHealth would provide a written response to this submission by July 25, 2025. Exhibit 6. On July 18, 2025, one of the appellant's representatives wrote to the Hearing Officer, requesting additional time to gather the documentation. Exhibit 7. This request was granted, and the record open period for appellant submissions was extended to July 28, 2025. Exhibit 8. On July 28, 2025, one of the appellant's representatives emailed the Hearing Officer requesting an additional extension of time. Exhibit 9. A record open period extension of one week, or until August 4, 2025, was granted. Exhibit 10. On August 7, 2025, having received no submissions from the appellant's representatives during

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transactions, which is \$61,383.74. Testimony. *See also* Exhibit 5.

<sup>3</sup> *See also*, MassHealth Eligibility Operations Memo 24-07, "Average Cost of Nursing Facility Services" (November, 2024).

the record open period, the MassHealth representative emailed all parties, and requested an update as to the status of this appeal. Exhibit 11. On August 7, 2025, one of the appellant's representatives responded to this email: "Unfortunately, we have not received the records and explanations from the family and will need to pursue this at a legal stand point." Exhibit 12. On August 7, 2025, the Hearing Officer closed the administrative record.

## Findings of Fact

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

1. The appellant is an adult over the age of [REDACTED] who filed an application for MassHealth long-term care benefits on September 11, 2024, with a requested benefit start date of June 1, 2024. Testimony.
2. Fourteen checks totaling \$61,700.00 were cashed on the appellant's checking account between [REDACTED]. The appellant did not explain the purpose or purposes of these transactions. Testimony and Exhibit 5.
3. As of the application date, the average daily private rate for nursing home care in Massachusetts was \$433.00. MassHealth Eligibility Operations Memo 24-07 (November, 2024).
4. On March 25, 2025, MassHealth approved the appellant's application for LTC benefits, but also imposed a 141-day period of ineligibility based on a determination that appellant made disqualifying transfers of resources in the amount of \$61,383.74.
5. As a result of these disqualifying transfers, MassHealth calculated a period of ineligibility beginning on the otherwise eligible date of June 1, 2024, through October 20, 2024, or 141 days.
6. The appellant filed a timely appeal of the February 20, 2025 notice with the Board of Hearings on March 5, 2025.
7. Following the appeal hearing, the appellant's representative requested that the record be kept open until July 18, 2025 for the submission of verifications to explain the cashed checks, which was granted. Testimony, Exhibit 6.
8. Following the appeal hearing, the appellant's representative requested that the record be kept open until July 28, 2025 for the submission of verifications to explain the cashed checks, which was granted. Exhibits 7, 8.
9. Following the appeal hearing, the appellant's representative requested that the record

be kept open until August 4, 2025 for the submission of verifications to explain the cashed checks, which was granted. Exhibits 9, 10.

## Analysis and Conclusions of Law

To qualify for MassHealth long-term care coverage, the assets of the institutionalized applicant cannot exceed \$2,000.00. *See* 130 CMR 520.016(A). In determining whether an applicant qualifies for benefits, MassHealth will assess whether he or she has transferred any resources for less than fair market value (FMV). If the individual or their spouse has made a transfer for less than FMV, the applicant, even if “otherwise eligible,” may be subject to a period of disqualification in accordance with its transfer rules at 130 CMR 520.018 and 520.019. MassHealth’s “strict limitations on asset transfers,” which were adopted pursuant to federal law, are intended to “prevent individuals from giving away their assets to their family and friends and forcing the government to pay for the cost of nursing home care.” *See, Gauthier v. Dir. of the Office of Medicaid*, 80 Mass. App. Ct. 777, 779 (2011) (*citing Andrews v. Division of Med. Assistance*, 68 Mass. App. Ct. 228, 229 (2007)).

With respect to transfers of resources, regardless of the date of transfer, MassHealth provides the following, in relevant part:

The MassHealth agency will deny payment for nursing facility services to an otherwise eligible nursing-facility resident ... who transfers or whose spouse transfers ***countable resources for less than fair-market value*** during or after the period of time referred to as the look-back period.

*See*, 130 CMR 520.018(B) (emphasis added)

The “look back period,” referred to in §520.018(B), above, is sixty months, or 5 years, before the first date the individual is both a nursing facility resident *and* has applied for, or is receiving, MassHealth Standard.<sup>4</sup> *See*, 130 CMR 520.019(B). MassHealth will deem the individual to have made a “disqualifying transfer” if it finds that during the look-back period, the individual (or their spouse) transferred resources for less than FMV, or, if they have taken any action “to avoid receiving a resource to which the resident or spouse would be entitled if such action had not been taken.” 130 CMR 520.019(C). If it is determined that a resident or spouse made a disqualifying transfer of resources, MassHealth will calculate a period of ineligibility in accordance with the methodology described in 130 CMR 520.019(G).

The transfer provisions also have several exceptions to the general rule governing disposition of assets, which are detailed at 130 CMR 520.019(D) (permissible transfers), 130 CMR 520.019(J)

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<sup>4</sup> Effective February 8, 2006, the look-back period for transfer of assets was extended from 36 months to 60 months and the beginning date for a period of ineligibility will be the date the applicant would otherwise be eligible or the date of the transfer, whichever is later. *See* MassHealth Eligibility Letter 147 (July 1, 2006).

(exempted transfers), and 130 CMR 520.019(F) (exemptions based on intent). *See*, 130 CMR 520.019(C). In the instant case, there are no applicable exceptions, and no regulatory exceptions were raised by the appellant at hearing.

Fair hearings exist to give an appellant the opportunity to present evidence regarding why they believe MassHealth's decision was in error. *See*, 130 CMR 610.061. A hearing officer must facilitate the orderly presentation of evidence at the hearing, can consider evidence's effect on a member's eligibility as of the date it existed, and afford the parties the opportunity to respond to evidence first presented at a hearing. *See*, 130 CMR 610.065; 130 CMR 610.071. An applicant for MassHealth benefits has the burden to prove his or her eligibility. *See*, 130 CMR 515.001, 520.004; and G.L. ch. 118E, § 20.

Here, the appellant could not and did not dispute MassHealth's determination that the appellant was ineligible for LTC MassHealth benefits for a 141-day period. The appellant did not explain checks that were cashed on her bank account during the lookback period that totaled \$61,700.00. It was the sworn testimony of the appellant's representatives at hearing that the appellant would be able to explain the cashed checks by providing receipts and other documentation to MassHealth. Despite ample extra time being allowed, the appellant and her representatives were unable to provide documentation that explained the purpose of the \$61,700.00 in unexplained cashed checks on the appellant's bank account. MassHealth did not err when it calculated the appellant's long-term care benefit start date of October 21, 2024.

Once it has been established that an applicant has made a disqualifying transfer of resources, MassHealth calculates the period of ineligibility by adding "the value of all the resources transferred during the look-back period and divid[ing] the total by the average monthly cost to a private patient receiving long-term-care services in the Commonwealth of Massachusetts at the time of application, as determined by the MassHealth agency." *See* 130 CMR 520.019(G)(2). MassHealth then applies the period of ineligibility "beginning on the first day of the month in which the first transfer was made or the date on which the individual is otherwise eligible for long-term care services, whichever is later." *Id.*

Based on the above, the disqualifying transfer amount is \$61,383.74. At the time of her application in September, 2024, the average monthly nursing home rate in Massachusetts was \$433.00. *See* MassHealth Eligibility Operations Memo 24-07. In accordance with 130 CMR 520.019(G)(2)(i), MassHealth correctly imposed a 141-day period of ineligibility (\$61,383.74/\$433) beginning on Appellant's otherwise eligible date of June 1, 2024 and lasting through October 20, 2024.

As the appellant did not demonstrate by a preponderance of the evidence that MassHealth erred in imposing a period of ineligibility for disqualifying transfers of resources, 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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

[REDACTED]

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