

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied; Remanded	Appeal Number:	2508314
Decision Date:	10/03/2025	Hearing Date:	07/15/2025
Hearing Officer:	Christine Therrien	Record Open to:	08/18/2025

Appearances for Appellant:




Appearances for MassHealth:

Lynn Bloomquist, Tewksbury
Karen Ryan, Tewksbury



*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; Remanded	Issue:	LTC – Disqualifying Transfers and Excess Assets
Decision Date:	10/03/2025	Hearing Date:	07/15/2025
MassHealth’s Reps.:	Lynn Bloomquist, Karen Ryan	Appellant’s Reps.:	
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 1		

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 4/1/25, MassHealth approved the appellant's application for MassHealth Long-Term Care benefits beginning 11/29/25 with a patient-paid amount (PPA) of \$6,881.31 a month. (130 CMR 520.026 and Exhibit 1). The appellant filed this appeal challenging the start-date in a timely manner on 5/28/25. (130 CMR 610.015(B) and Exhibit 2). Determination of a start date is valid grounds for appeal (130 CMR 610.032). The record was left open until 7/29/25 to allow the appellant to submit additional information, and until 8/18/25 to allow time for MassHealth to review the information and respond.

Action Taken by MassHealth

MassHealth approved the appellant for long-term care benefits, with a period of ineligibility due to disqualifying transfers of resources.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.006, in determining that the appellant's LTC benefits start date of 11/29/25.

Summary of Evidence

The appellant is [REDACTED] and was admitted to a LTC facility on [REDACTED]. The MassHealth representative testified that on 4/29/2024, a LTC application was received with a requested 4/29/24 start date. The MassHealth representative testified that on 4/29/2024, MassHealth sent a request for information to the appellant. The MassHealth representative testified that on 9/3/2024, MassHealth issued a denial for missing verifications. The MassHealth representative testified that on 11/5/2025, the application date was preserved through an appeal and was withdrawn prior to the appeal when the missing verifications were submitted. The MassHealth representative testified that on 11/4/2025, MassHealth issued a new determination notice stating the appellant had excess assets. The MassHealth representative testified that on 1/28/2025, the application date was preserved through appeal. The 1/28/25 appeal was withdrawn after the hearing because the appellant had submitted documentation about her assets.¹ The MassHealth representative testified that on 4/1/2025, MassHealth issued an approval notice effective 11/29/2024. The MassHealth representative testified that the appellant had assets in the amount of \$47,245 on the requested start date of 4/29/24.² The MassHealth representative testified that MassHealth calculates an eligibility date based on the excess assets on the request date, divided by the daily private rate at the nursing facility of \$585.63, to determine an eligibility date of 7/19/24.³ The MassHealth representative testified that, in addition to the excess assets, MassHealth determined there were disqualifying transfers totaling \$57,450.17⁴ The MassHealth representative testified that MassHealth calculated a period of ineligibility because of the disqualifying transfers. The MassHealth representative testified that the period of ineligibility was calculated by dividing the disqualifying transfer amount by the daily private pay rate of \$433, which equals 133 days of ineligibility, thus establishing a start date of 11/29/24.⁵

The appellant's POA testified that checks were written to the nursing facility, but they have not been able to get an updated private pay statement showing the payments. The appellant's POA testified that before she became the appellant's POA on 3/30/24, she had to transfer money from

¹ Appeal #2500170, Appeals Processing System update from the Hearing Officer states, "below assets."

² Bank account balances from ten accounts totaling \$26,342.13 and a retirement account totaling \$32,885, totaling \$59,228, then deducting the \$2,000 asset limit, \$5,000 private pay to the facility on 6/29/24, and \$5,043 for a wheelchair on 6/18/24.

³ $\$47,245 / \$585.63 = 80.67 = 81$ days from request date.

⁴ Disqualifying transfers from six bank accounts: \$270 (11/26/24), \$3,270 (during the period of 5/15/24-11/16/24), \$44,240.17 (during the period of 3/30/24-11/19/24), \$3,200 (during the period of 7/20/24-9/23/24), \$3,070 (during the period of 3/7/24-11/18/24), and \$3,400 (during the period of 5/27/24-11/16/24).

⁵ $\$57,450.17 / \$433 = 132.67 = 133$ days of ineligibility.

the appellant's account to her own to pay the appellant's bills. The appellant's POA testified that there is an additional 401(k) account that was previously not reported because the POA had not cashed the check for it. The appellant's representative testified that a number of the bank accounts the appellant has are shared with other family members, and one of them has the Social Security benefits of a disabled sister being deposited.

The MassHealth representative testified that all jointly owned property is accessible to the appellant; therefore, MassHealth includes it in the appellant's assets.

The record was left open until 7/29/25 to allow the appellant to submit the following documents:

1. Private pay statement showing all payments made to the facility and dates covered.
2. Patient paid statement showing all patient-paid amounts to the facility and dates covered.
3. Bank statements from 11/1/24 to 12/31/24 for all accounts.
4. Statements for 401(k) account from 4/29/23 through 4/29/24.

The record was left open until 8/18/25 to allow time for MassHealth to review all the documents that were submitted.

The appellant submitted banking statements, 401(k) statements, and a private pay and patient-paid statement. (Exhibit 7).

The private pay statement shows a new requested start date of 12/31/24. The MassHealth representative stated that after review of the submitted documents, the bank statements, and the newly discovered 401(k) statement, show the appellant was over the asset limit as of 12/31/24 with excess assets totaling \$34,135.03.⁶ The MassHealth representative further stated that there are still three transfers that were not verified: 8/5/24 for \$5,500, 9/16/24 for \$25,050.17, and 11/18/24 for \$5,500.00, totaling \$36,050.17 in disqualifying transfers. (Exhibits 7 and 8).

Findings of Fact

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

1. The appellant is [REDACTED] and was admitted to a LTC facility on [REDACTED]
2. On 4/29/2024, a LTC application was received with a requested 4/29/24 start date.
3. On 4/29/2024, MassHealth sent a request for information.
4. On 9/3/2024, MassHealth issued a denial for missing verifications.

⁶ \$4,196.32 from 7 bank accounts plus \$31,938.71 in the 401(k), minus the \$2,000 asset limit = \$34,135.03

5. On 11/5/2025, the application date was preserved through an appeal and was withdrawn prior to the appeal when the missing verifications were submitted.
6. On 11/4/2025, MassHealth issued a new eligibility notice stating the appellant had excess assets.
7. On 1/28/2025, the application date was preserved through appeal.
8. The 1/28/25 appeal was withdrawn after the hearing because the appellant had submitted documentation about her assets.
9. On 4/1/2025, MassHealth issued an approval notice effective 11/29/2024.
10. The appellant had assets of \$47,245.00 on the requested start date of 4/29/24.
11. MassHealth calculated an eligibility date based on the excess assets on the request date, divided by \$585.63, to determine an eligibility date of 7/19/24.
12. In addition to the excess assets, MassHealth determined there were disqualifying transfers totaling \$57,450.17.
13. MassHealth calculated a period of ineligibility because of the disqualifying transfers. The period of ineligibility was calculated by dividing the disqualifying transfer amount by the daily private pay rate of \$433.00, which equals 133 days of ineligibility, thus establishing a start date of 11/29/24.
14. The appellant's POA testified that checks were written to the facility, but they have not been able to get an updated private pay statement showing the payments.
15. The appellant's POA testified that before she became the appellant's POA on 3/30/24, she had to transfer money from the appellant's account to her own to pay the appellant's bills.
16. The appellant's POA testified that there is an additional 401(k) that was previously not reported.
17. A number of the appellant's bank accounts are shared with other family members.
18. All jointly owned property is accessible to the appellant; therefore, MassHealth includes it in the appellant's assets.
19. The record was left open until 7/29/25 to allow the appellant to submit the following

documents:

- 1) Private pay statement showing all payments made to the facility and dates covered.
 - 2) Patient paid statement showing all patient-paid amounts to the facility and dates covered.
 - 3) Bank statements from 11/1/24 to 12/31/24 for all accounts.
 - 4) Statements for 401(k) account from 4/29/23 through 4/29/24.
20. The record was left open until 8/18/25 to allow time for MassHealth to review all the documents that were submitted.
21. The appellant submitted banking statements, 401(k) statements, and a private pay and patient paid statement.
22. The private pay statement shows a new requested start date of 12/31/24.
23. The submitted statements show the appellant was over the asset limit as of 12/31/24 with excess assets totaling \$34,135.03.
24. MassHealth identified three disqualifying transfers: 8/5/24 for \$5,500, 9/16/24 for \$25,050.17, and 11/18/24 for \$5,500.00, totaling \$36,050.17.

Analysis and Conclusions of Law

“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” \$2,000 for an individual. (130 CMR 520.003(A)(1)). MassHealth regulation 130 CMR 520.007(C)(2) states that when “the applicant or member is a joint owner of a bank account, the entire amount on deposit is considered available to the applicant or member, except when assessing assets in accordance with 130 CMR 520.016.” 130 CMR 520.016 is with regard to the treatment of assets for a married couple and is not applicable.

If an applicant for LTC benefits has more than \$2,000 in assets, they may reduce their assets and achieve eligibility per 130 CMR 520.004. 130 CMR 520.004(A) reads in part as follows:

130 CMR 520.004: Asset Reduction

(A) Criteria.

- (1) An applicant whose countable assets exceed the asset limit of MassHealth Standard, Family Assistance, or Limited may be eligible for MassHealth

(a) as of the date the applicant reduces his or her excess assets to the allowable asset limit without violating the transfer of resource provisions for nursing-facility residents at 130 CMR 520.019(F); or

(b) as of the date, described in 130 CMR 520.004(C), the applicant incurs medical bills that equal the amount of the excess assets and reduces the assets to the allowable asset limit within 30 days after the date of the notification of excess assets.

(2) In addition, the applicant must be otherwise eligible for MassHealth.

(emphasis added)

On 12/31/24, the new requested start date, the appellant's assets of \$34,135.03 were in excess of the \$2,000 limit. Additionally, documentation submitted post-hearing verified all but three transfers. The appellant did not verify three disqualifying transfers totaling \$36,050.17.

If the MassHealth agency has determined that a disqualifying transfer of resources has occurred, the MassHealth agency will calculate a period of ineligibility under 130 CMR 520.019(G)(1).

The relevant part of 130 CMR 520.019(G)(2) ("Determination of the Period of Ineligibility in Special Circumstances") states:

(i) Multiple transfers occurring on or after February 8, 2006. The MassHealth agency adds the value of all the resources transferred during the look-back period and divides 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. The result will be a single 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.

Since the appellant did not verify the three transfers, MassHealth will calculate a period of ineligibility based on the revised total of the transfers.

For this reason, the appeal is **denied**, and **remanded** to MassHealth for a new eligibility determination.

Order for MassHealth

Calculate a new coverage start date based on the total assets on 12/31/24 of \$34,135.03, and the disqualifying transfers totaling \$36,050.17.


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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Christine Therrien
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center