

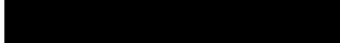
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510691
Decision Date:	10/9/2025	Hearing Date:	08/19/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearance for MassHealth:

Lynn Bloomquist, 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	Issue:	LTC – Disqualifying Transfers
Decision Date:	10/9/2025	Hearing Date:	08/19/2025
MassHealth’s Rep.:	Lynn Bloomquist	Appellant’s Rep.:	██████████
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephonic)		

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 7/3/25, MassHealth approved the appellant's application for MassHealth Long-Term Care benefits beginning 5/21/25, with a patient-paid amount (PPA) of \$1,724.34 a month beginning on 5/1/25. (130 CMR 520.026 and Exhibit 1). The appellant filed this appeal in a timely manner, challenging the coverage start date on 7/21/25. (130 CMR 610.015(B) and Exhibit 2). Determination of a start date is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined a MassHealth coverage start date of 5/21/25 for the appellant.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.006, in determining the appellant’s LTC benefits start date of 5/21/25.

Summary of Evidence

The MassHealth representative testified that the appellant is [REDACTED] years old and was admitted to a long-term care (LTC) facility on [REDACTED]. The MassHealth representative testified that on 2/28/25, MassHealth received an LTC application with a requested coverage start date of 4/7/25. The MassHealth representative testified that the notice on appeal was issued because of disqualifying transfers during the look-back period, resulting in a period of ineligibility from 4/7/25 to 5/20/25. The MassHealth representative testified that MassHealth found that the appellant transferred \$19,159.00 out of his accounts. The MassHealth representative testified that between 12/31/24 and 2/3/25, \$16,975.50 was transferred from his bank account via numerous [REDACTED] transactions to his daughter. The MassHealth representative testified that between 8/5/24 and 3/24/25, \$2,183.50 was transferred from his [REDACTED] account via numerous [REDACTED] transactions to his daughter, and numerous [REDACTED] transactions to the daughter's boyfriend. The appellant's pension was being deposited into the bank account and the appellant's Social Security was being deposited into the [REDACTED] account. (Exhibit 5). The MassHealth representative testified that MassHealth views these as resource transfers for less than fair market value because the funds did not go toward the cost of the appellant's care, warranting the calculation of a period of ineligibility. The MassHealth representative testified that MassHealth calculates the period of ineligibility by dividing the disqualifying transfer amount by the average cost to a person paying privately for nursing facility services in the Commonwealth: \$19,159.00 (transfer amount) divided by \$441.00 (average daily nursing home rate) = 43.44 = 44 days. The MassHealth representative testified that the new start date is 5/21/25.

The appellant submitted a statement to MassHealth saying, "I, [appellant], did not have a bank account prior to my [bank] account opening in November 2024. I received paper checks for my pension, and I cashed them every month because I did not have a bank account to deposit it into." The appellant's representative testified that the bank account is a joint account that was opened by the appellant's daughter after the appellant's spouse died, so his daughter could deposit a life insurance check on behalf of the appellant that the appellant received after his spouse died. The life insurance check the appellant received was for \$12,801.10 dated 10/4/24, and is part of the purported disqualifying transfer. The appellant's representative testified that the appellant does not know how his daughter accessed the [REDACTED] account. The appellant's representative testified that while the transfers were unauthorized by the appellant, he does not intend to press charges against his daughter or her boyfriend.

Findings of Fact

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

1. The appellant is [REDACTED] years old and was admitted to a LTC facility on [REDACTED]

2. On 2/28/25, MassHealth received an LTC application from the appellant with a requested coverage start date of 4/7/25.
3. The notice on appeal was issued because of disqualifying transfers during the look-back period, resulting in a period of ineligibility from 4/7/25 to 5/20/25.
4. MassHealth found that the appellant transferred \$19,159.00 out of his accounts and that these funds were not used for the appellant's care, nor were they for fair market value, warranting a period of ineligibility.
5. Between 12/31/24 and 2/3/25, \$16,975.50 was transferred from the appellant's bank account via numerous [REDACTED] transactions to his daughter.
6. Between 8/5/24 and 3/24/25, \$2,183.50 was transferred from the appellant's [REDACTED] account via numerous [REDACTED] transactions to his daughter and numerous [REDACTED] transactions to the daughter's boyfriend.
7. The appellant's pension was being deposited into the bank account, and the appellant's Social Security was being deposited into the [REDACTED] account.
8. MassHealth calculates the period of ineligibility by dividing the disqualifying transfer amount by the average cost to a person paying privately for nursing facility services in the Commonwealth: \$19,159.00 (transfer amount) divided by \$441.00 (average daily nursing home rate) = 43.44 = 44 days.
9. The new coverage start date is 5/21/25.
10. The appellant received a life insurance check after his spouse died for \$12,801.10, dated 10/4/25.
11. The appellant opened a joint bank account with his daughter in November of 2024 in which the life insurance proceeds were deposited.
12. The appellant's daughter transferred the funds to herself from their joint bank account using [REDACTED]
13. The appellant's daughter and her boyfriend transferred funds to themselves from the appellant's [REDACTED] Account.
14. The appellant does not know how his daughter accessed the [REDACTED] account.
15. The appellant does not intend to press charges against his daughter or her boyfriend,

nor does he intend to cure the disqualifying transfers.

Analysis and Conclusions of Law

To qualify for MassHealth LTC coverage, the assets of the institutionalized applicant cannot exceed \$2,000.00 (130 CMR 520.016(A)). If resources above the program limit are available to the applicant, then 130 CMR 520.018(B) and 130 CMR 520.019 govern whether those assets are disqualifying transfers.

130 CMR 520.018(B) states:

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.

The relevant parts of 130 CMR 520.019(B) and (C) ("Transfer of Resources Occurring on or after August 11, 1993") state:

(B) Look-Back Period. Transfers of resources are subject to a look-back period, beginning on the first date the individual is both a nursing-facility resident and has applied for or is receiving MassHealth Standard. This period generally extends back in time for 36 months. For transfers of resources occurring on or after February 8, 2006, the period extends back in time for 60 months...

(C) Disqualifying Transfer of Resources. The MassHealth agency considers any transfer during the appropriate look-back period by the nursing-facility resident or spouse of a resource, or interest in a resource, owned by or available to the nursing-facility resident or the spouse (including the home or former home of the nursing-facility resident or the spouse) for less than fair-market value a disqualifying transfer unless listed as permissible in 130 CMR 520.019(D), identified in 130 CMR 520.019(F), or exempted in 130 CMR 520.019(J). The MassHealth agency may consider as a disqualifying transfer any action taken to avoid receiving a resource to which the nursing-facility resident or spouse is or would be entitled if such action had not been taken...

130 CMR 520.019(D)(1) through (5) do not apply as the transfer was neither for the benefit of the appellant's spouse, nor a permanently disabled child, nor placed in a trust for the benefit of a permanently disabled appellant in a nursing facility or a permanently disabled person under the age of ■. Further, 130 CMR 520.019(D)(6) does not apply as this transfer does not include a home, and subsection (7) does not apply as this transfer was not used to fund a burial account for

the appellant or her spouse.¹ This transfer was also not exempt under 130 CMR 520.019(J) since it was not the proceeds from a home equity loan or reverse mortgage. Therefore, the only regulation that applies is 130 CMR 520.019(F), which states the following:

(F) Determination of Intent. In addition to the permissible transfers described in 130 CMR 520.019(D), the MassHealth agency will not impose a period of ineligibility for transferring resources at less than fair-market value if the nursing-facility resident or the spouse demonstrates to the MassHealth agency's satisfaction that

- (1) the resources were transferred exclusively for a purpose other than to qualify for MassHealth; or
- (2) the nursing-facility resident or spouse intended to dispose of the resource at either fair-market value or for other valuable consideration. Valuable consideration is a tangible benefit equal to at least the fair-market value of the transferred resource.

¹ 130 CMR 520.019(D) Permissible Transfers. The MassHealth agency considers the following transfers permissible. Transfers of resources made for the sole benefit of a particular person must be in accordance with federal law. (1) The resources were transferred to the spouse of the nursing-facility resident or to another for the sole benefit of the spouse. A nursing facility resident who has been determined eligible for MassHealth agency payment of nursing facility services and who has received an asset assessment from the MassHealth agency must make any necessary transfers within 90 days after the date of the notice of approval for MassHealth in accordance with 130 CMR 520.016(B)(3). (2) The resources were transferred from the spouse of the nursing facility resident to another for the sole benefit of the spouse. (3) The resources were transferred to the nursing facility resident's permanently and totally disabled or blind child or to a trust, a pooled trust, or a special-needs trust created for the sole benefit of such child. (4) The resources were transferred to a trust, a special-needs trust, or a pooled trust created for the sole benefit of a permanently and totally disabled person who was younger than ■ years old at the time the trust was created or funded. (5) Effective until sixty days after the end of the maintenance of effort and continuous eligibility provisions of Section 6008 of the Families First Coronavirus Response Act (Public Law No. 116-127), the resources were transferred to a pooled trust created for the sole benefit of the permanently and totally disabled nursing-facility resident. Effective sixty days after the end of the maintenance of effort and continuous eligibility provisions of Section 6008 of the Families First Coronavirus Response Act (Public Law No. 116-127), this transfer is no longer permissible. (6) The nursing facility resident transferred the home he or she used as the principal residence at the time of transfer and the title to the home to one of the following persons: (a) the spouse; (b) the nursing facility resident's child who is younger than ■ years old, or who is blind or permanently and totally disabled; (c) the nursing facility resident's sibling who has a legal interest in the nursing facility resident's home and was living in the nursing facility resident's home for at least one year immediately before the date of the nursing-facility resident's admission to the nursing facility; or (d) the nursing facility resident's child (other than the child described in 130 CMR 520.019(D)(6)(b)) who was living in the nursing facility resident's home for at least two years immediately before the date of the nursing facility resident's admission to the institution, and who, as determined by the MassHealth agency, provided care to the nursing facility resident that permitted him or her to live at home rather than in a nursing facility. (7) The resources were transferred to a separately identifiable burial account, burial arrangement, or a similar device for the nursing facility resident or the spouse in accordance with 130 CMR 520.008(F).

The transfer of \$19,159.00 to the appellant's daughter and her boyfriend falls within the look-back period described in 130 CMR 520.019(B) and (C). While the appellant did not authorize the transfers, he also did not file a police report to report the funds stolen. There is no evidence that the appellant intends to try to retrieve the transferred amounts, or will be trying to cure the disqualifying transfers. There is no dispute that the assets were transferred for less than fair market value. There is no evidence that the appellant intended to dispose of the assets for other valuable consideration. Under 130 CMR 520.019(F), the transfer of funds to the appellant's daughter and her boyfriend must be considered a disqualifying transfer.

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.

Based on the above, the appellant transferred \$19,159.00 for less than fair market value, and MassHealth correctly determined an ineligibility period of 44 days (\$19,159.00/\$441.00) from 4/7/25 to 5/20/25.

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.

Christine Therrien
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

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