

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511630
Decision Date:	11/24/2025	Hearing Date:	09/08/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	09/26/2025 for Appellant; 10/10/2025 for MassHealth

Appearance for Appellant:



Appearance for MassHealth:

Krystina Trout



*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 – Disqualifying Transfer
Decision Date:	11/24/2025	Hearing Date:	09/08/2025
MassHealth’s Rep.:	Krystina Trout	Appellant’s Rep.:	██████████
Hearing Location:	Springfield MassHealth Enrollment Center	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 07/10/2025, MassHealth approved appellant's application for MassHealth long term care (LTC) benefits. Through the same notice, MassHealth informed the appellant that it calculated a period of ineligibility from 05/03/2025 to 06/29/2025 because of a disqualifying transfer of resources. Appellant’s LTC benefits began on 06/29/2025 (130 CMR 520.018; 520.019 and Exhibit 1). Appellant filed a timely appeal to the above notice on 11/12/2024, challenging MassHealth’s determination that a disqualifying transfer occurred (130 CMR 610.015(B) and Exhibit 2 and 4). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

At the fair hearing on 09/08/2025, the appellant’s representative requested that the record remain open to submit additional documentation in support of his position. The request was granted, and the record remained open in this matter until 09/26/2025 for appellant’s submission and until 10/10/2025 for MassHealth’s response (Exhibit 6). Both parties made submissions during the record open period (Exhibit 7 and 8).

Action Taken by MassHealth

MassHealth approved the appellant's application for LTC benefits but calculated a period of ineligibility from 05/03/2025 to 06/29/2025 because of disqualifying transfers of resources. Appellant's LTC benefits began on 06/29/2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.018 and 520.019, in determining that the appellant made disqualifying transfers of resources resulting in a period of ineligibility from 05/03/2025 to 06/29/2025.

Summary of Evidence

The MassHealth representative testified that the appellant is a resident of a skilled nursing facility, having been admitted in autumn 2024. An application for long-term-care (LTC) benefits was submitted to MassHealth on appellant's behalf on 07/10/2025, seeking a benefit start date of 05/03/2025. In processing appellant's application for LTC benefits, MassHealth determined that there was a disqualifying transfer of resources that took place during the 60-month look back period.

The MassHealth representative testified that the appellant was admitted to [REDACTED] on [REDACTED] 2024. A month prior to admission on 0 [REDACTED] 2024, \$25,000.00 was withdrawn from his bank account. As noted in the letter attached from the appellant, he states the funds were for his daughter from the late wife who passed away in 2020, four years prior to the transfer occurring. There was also no legal agreement or documentation regarding this. MassHealth considers this transfer of assets a disqualifying transfer of resources, citing MassHealth regulations 520.018 and 520.019. Citing 520.019, MassHealth then calculated the period of ineligibility by the \$25,000.00 transfer of assets, divided by the daily nursing facility rate of \$441.00 = 56.689= 57 days. 57 days from the requested date of 5/3/25 makes [REDACTED] MassHealth eligible on 06/29/25, the date he was approved (Exhibit 5).

The appellant was represented at the fair hearing by a Medicaid Consultant. She argued that the funds in question belonged to the appellant's late wife and that she bequeathed the money to the appellant's daughter. The appellant's representative requested an opportunity to provide additional information about the transfer. Her request was granted, and the hearing record was held open until 09/26/2025 for the appellant's submission and until 10/10/2025 for MassHealth's response (Exhibit 6).

On 09/19/2025, the appellant's representative informed the hearing officer of the following:

I received the deposit back up for the \$25,000 that was deposited in 2020. I found that the check was written out to the appellant and not his daughter [name omitted]. I only have the word of the appellant that the funds that were in his spouse's account at the time of her death were solely her funds. I will not be able to unequivocally prove that the daughter was to receive \$25,000 for an inheritance from her mother.

(Exhibit 7.)

On 09/22/2025, the MassHealth representative responded that, "at this time, MassHealth's position regarding the transfer period of ineligibility remains unchanged.

(Exhibit 8.)

Findings of Fact

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

1. The appellant is a resident of a long-term care nursing facility.
2. An application for long-term-care (LTC) benefits was submitted to MassHealth on appellant's behalf on 07/10/2025 seeking a benefit start date of 05/03/2025.
3. In reviewing the appellant's verifications, MassHealth received information that a month prior to admission, on [REDACTED] 2024, \$25,000.00 was withdrawn from his bank account.
4. The appellant's representative asserted that the funds were for the appellant's daughter from the late wife who passed away in 2020, 4 years prior to the transfer occurring.
5. MassHealth determined that appellant did not receive fair market value in exchange for the above transaction, and it was determined to be a disqualifying transfer of resources totaling \$25,000.00 (Testimony; Exhibits 1 and 5).
6. The average daily private rate for a skilled nursing facility in Massachusetts is \$441.00.
7. MassHealth calculated a period of ineligibility of 57 days (\$25,000.00 divided by \$441.00), beginning on the date appellant was otherwise eligible for MassHealth payment of benefits, 05/03/2025, and ending on 06/29/2025 (Testimony; Exhibits 1 and 5).
8. At the fair hearing on 09/08/2025, the appellant's representative requested an opportunity to provide documentation to show that the above transfer was made for the appellant's benefit.

9. The appellant representative's request was granted, and the record remained open in this matter until 09/25/2025 for the appellant's submission and until 10/10/2025 for MassHealth's response.

10. During the record open period, the appellant's representative informed the hearing officer:

I received the deposit back up for the \$25,000 that was deposited in 2020. I found that the check was written out to the appellant and not his daughter [name omitted]. I only have the word of the appellant that the funds that were in his spouse's account at the time of her death were solely her funds. I will not be able to unequivocally prove that the daughter was to receive \$25,000 for an inheritance from her mother.

(Exhibit 7.)

11. On 09/22/2025, the MassHealth representative responded that, "at this time, MassHealth's position regarding the transfer period of ineligibility remains unchanged" (Exhibit 8).

Analysis and Conclusions of Law

A disqualifying transfer of resources is defined at 130 CMR 520.019:

(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. Action taken to avoid receiving a resource may include, but is not limited to, waiving the right to receive a resource, not accepting a resource, agreeing to the diversion of a resource, or failure to take legal action to obtain a resource. In determining whether or not failure to take legal action to receive a resource is reasonably considered a transfer by the individual, the MassHealth agency will consider the specific circumstances involved. A disqualifying transfer may include any action taken that would result in making a formerly available asset no longer available.

Regulation 130 CMR 520.019(G)(3), effective February 8, 2006, provides in pertinent part:

- (1) Begin Date. For transfers occurring before February 8, 2006, the period of ineligibility will begin on the first day of the month in which resources have been transferred for less than fair-market value. For transfers occurring on or after February 8, 2006, the period of ineligibility will begin on the first day of the month in which resources were transferred for less than fair-market value or the date on which the individual is otherwise eligible for MassHealth payment of long-term-care services, whichever is later. For transfers involving revocable trusts, the date of transfer is the date the payment to someone other than the nursing-facility resident or the spouse is made.

Regulation 130 CMR 520.019(F) follows:

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.

The State Medicaid Manual (HCFA Transmittal letter 64) at Section 3258.10 sets forth the following guidance to address transfers exclusively for a purpose other than qualifying for Medicaid:

The State Medicaid Manual reads, in pertinent part, the following:

The following definitions apply to transfers of assets.

1. Fair Market Value. Fair market value is an estimate of the value of an asset, if sold at the prevailing price at the time it was actually transferred. Value is based on criteria you use in appraising the value of assets for the purpose of determining Medicaid eligibility.

Note: For an asset to be considered transferred for fair market value or to be considered to be transferred for valuable consideration, the compensation received for

the asset must be in tangible form with intrinsic value. A transfer for love and consideration, for example is not considered a transfer for fair market value. Also, while relatives and family members legitimately can be paid for care they provide to the individual, HCFA presumes that services provided for free at the time were intended to be provided without compensation. Thus, a transfer to a relative for care provided for free in the past is a transfer of assets for less than fair market value. However an individual can rebut this presumption with tangible evidence that is acceptable to the State. For example, you may require that a payback arrangement had been agreed to in writing at the time services were provided.

2. Transfers Exclusively for a Purpose Other Than to Qualify for Medicaid.-- Require the individual to establish, to your satisfaction, that the asset was transferred for a purpose other than to qualify for Medicaid. Verbal assurances that the individual was not considering Medicaid when the asset was disposed of are not sufficient. Rather, convincing evidence must be presented as to the specific purpose for which the asset was transferred.

(Department of Health and Human Services Health Care Financing Administration Transmittal No. 64. November, 94.)

The intent of any transfer within the look back period is always subject to review and within MassHealth's purview in an eligibility determination. Appellant is a resident of a skilled nursing facility. An application for MassHealth LTC benefits was submitted on appellant's behalf on 07/10/2025, seeking a coverage start date of 05/03/2025. At issue in this appeal is a withdrawal of \$25,000.00 made from the appellant's bank account on [REDACTED] 2024, during the 60-month look back period. The amount of the transfer was not disputed by the appellant's representative.

At hearing, the appellant representative testified that the transfer was made for his daughter from the late wife who passed away in 2020, four years prior to the transfer occurring. She also provided an affidavit from the appellant that states the transfer was made exclusively for purposes unrelated to MassHealth eligibility.

MassHealth's determination that the \$25,000.00 transfer was a disqualifying transfer is supported by both the facts in the hearing record and the MassHealth's regulations. Although the appellant contends that the transfer was made exclusively for a purpose other than to establish eligibility for MassHealth benefits, MassHealth correctly concluded that the timing of the transfer, one month prior to his admission to the skilled nursing facility, does not support the appellant's argument.

Moreover, the transfer was from the appellant's bank account. The supplemental information provided by the appellant's representative states the withdrawal from the account was in the form of a check, made out to the appellant, not his daughter. Additionally, there is no evidence that the funds were made as part of an inheritance from the appellant's late wife.

Absent any will or testament, there is no documentation to support the appellant's argument. There is no evidence that the appellant received fair market value for the transfer, no evidence that the funds belonged to the appellant's late wife, or evidence that the transfer was made exclusively for reasons other than to qualify for MassHealth. Accordingly, this portion of the appeal is denied.

The appellant's representative did not contest the amount of the transfer, the date of the transfer, or MassHealth's calculation of a period of ineligibility, including the date the appellant was otherwise eligible for benefits.

For the above reasons, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 243 Cottage Street, Springfield, MA 01104

