

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515100
Decision Date:	2/9/2026	Hearing Date:	11/10/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	02/06/2026

Appearance for Appellant:



Appearance for MassHealth:

Lori VanZile; Stephanie Mowles



*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:	2/9/2026	Hearing Date:	11/10/2025
MassHealth’s Rep.:	Lori VanZile; Stephanie Mowles	Appellant’s Rep.:	Conservator
Hearing Location:	Charlestown 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 08/18/2025, 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 05/30/2025 to 08/16/2029 because of disqualifying transfers of resources (130 CMR 520.018; 520.019 and Exhibit 1). On 10/15/2025 the appellant’s conservator, on the appellant’s behalf, filed a timely appeal to the above notice (130 CMR 610.015(B) and Exhibit 2). 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 11/10/2025, the hearing officer asked the MassHealth representative for more details concerning the alleged disqualifying transfers. The record was held open until 12/12/2025 for MassHealth’s submission and until 12/19/2025 for the appellant’s response (Exhibit 6). On 12/19/2025, the appellant’s representative requested additional time to submit the response. The appellant’s request was granted, and his submission deadline was extended to 01/09/2026. MassHealth’s response was due by 01/23/2026 (Exhibit 7). On 01/23/2026, MassHealth requested additional time to submit the response. MassHealth’s request was granted, and the deadline for the submission was extended to 02/06/2026 (Exhibit 8).

Action Taken by MassHealth

MassHealth approved the appellant's application for LTC benefits but calculated a period of ineligibility from 05/30/2025 to 08/16/2029 because of disqualifying transfers of resources.

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 05/30/2025 to 08/16/2029.

Summary of Evidence

The MassHealth representative testified that the appellant is a resident of a skilled nursing facility. An application for long-term-care (LTC) benefits was submitted to MassHealth on appellant's behalf on 11/29/2023. On 03/12/2024, the LTC application was denied for failure to provide necessary financial verifications within the time required.

On 09/12/2024, a second application for LTC benefits was submitted to MassHealth. On 09/19/2024, MassHealth requested verifications necessary to process the LTC application. In the course of processing the LTC application, MassHealth determined that there were several transactions that took place during the 60-month look back period that were disqualifying transfers of resources.

MassHealth issued an approval notice on 08/18/2025, informing the appellant that MassHealth calculated a period of ineligibility from 05/30/2025 to 08/16/2029 because of the following disqualifying transfers of resources:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

The net transferred resource amount totals \$666,798.39. This total was divided by the average daily nursing home rate of \$441.00 to determine the period of ineligibility of 1,540 days, beginning on the date the appellant was otherwise eligible for MassHealth benefits, 05/30/2025 to 8/16/2029.

At the fair hearing, the appellant’s conservator testified that she never received this disqualifying transfer notice from MassHealth. She expressed concern about the ability to submit a request for a hardship waiver in the event there remained a disqualifying transfer period of ineligibility as the result of this hearing.

The hearing officer informed the appellant's conservator that in the event this instant appeal is denied, it will be considered final agency action and that she may request a hardship waiver.

Next, the appellant's conservator testified that there was no transaction from [REDACTED] in the amount of \$176,724.34 on 01/01/2024. The appellant's conservator next addressed the transfer of the appellant's home on 07/26/2021 for \$439,000.00. The conservator testified that the transfer was fraudulent; specifically, that the appellant was "coerced into transferring the home to a trust." She concluded that the transfer is "suspicious" and "unlikely it was valid."

The MassHealth representative responded that the transaction noticed as \$176,724.34 was a series of transactions for which there is no evidence that the funds were used for the appellant's benefit.

The hearing officer asked the MassHealth representative if she could provide a list of transactions that were combined for the \$176,724.34 total. She asked for some time to prepare the submission. Her request was granted and the record remained open in this matter until 12/12/2025 for MassHealth's submission and until 12/19/2025 for the appellant's response (Exhibit 6).

On 12/19/2025, the appellant's representative requested additional time to submit the response. The appellant's request was granted, and his submission deadline was extended to 01/09/2026. MassHealth's response was due by 01/23/2026 (Exhibit 7).

On 01/23/2026, MassHealth requested additional time to submit the response. MassHealth's request was granted, and the deadline for the submission was extended to 02/06/2026 (Exhibit 8).

During the record open period, the appellant's conservator submitted a 353-page submission, which includes the billing statements for the conservatorship services (Exhibit 9).

Also, during the record open period, MassHealth informed the hearing officer and the appellant's conservator that "the verifications submitted by the appellant have been reviewed and some of the transactions in questions were verified. I have attached the list of transfers that were listed on the denial notice and have noted the ones that were verified and will be deducted from the transfer penalty" (Exhibit 10).

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Account No: 0725

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(Exhibit 10.)

According to the records exchanged during the record open period, MassHealth used the verifications to reduce the amount of the disqualifying transfers to \$457,343.92.

Findings of Fact

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

1. The MassHealth representative testified that the appellant is a resident of a skilled nursing facility.
2. An application for long-term-care (LTC) benefits was submitted to MassHealth on appellant's behalf on 11/29/2023. On 03/12/2024, the LTC application was denied for failure to provide necessary financial verifications within the time required.
3. On 09/12/2024, a second application for LTC benefits was submitted to MassHealth.
4. On 09/19/2024, MassHealth requested verifications necessary to process the LTC application.
5. In the course of processing the LTC application, MassHealth determined that there were several transactions that took place during the 60-month look back period that were disqualifying transfers of resources.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6. The net transferred resource amount totals \$666,798.39.

7. On 08/18/2025, MassHealth informed the appellant that the total was divided by the

average daily nursing home rate of \$441.00 to determine the period of ineligibility of 1,540 days, beginning on the date the appellant was otherwise eligible for MassHealth benefits, 05/30/2025 and ending on 8/16/2029.

8. On 10/15/2025, a fair hearing request was submitted on the appellant's behalf by his conservator.
9. A fair hearing was held on 11/10/2025. The appellant was represented in the proceedings by his conservator. All parties appeared telephonically.
10. At the fair hearing, the record was left open so that the parties could exchange information about the details of the transfers and whether there was information to show that the transfers were permissible transfers or otherwise not disqualifying transfers.
11. The record remained open in this matter until 02/06/2026
12. During the record open period, the appellant's conservator submitted a large filing of 353 pages, that seem to include the billing statements and office notes regarding the appellant's conservatorship services. The pages are not numbered and there is no index included with the submission.
13. During the record open period, MassHealth informed the parties that the total dollar amount of the disqualifying transfers had been updated as follows:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



(Exhibit 10.)

14. According to the records exchanged during the record open period, MassHealth used the verifications to reduce the amount of the disqualifying transfers to \$457,343.92.
15. The average daily private rate for a skilled nursing facility in Massachusetts is \$441.00.
16. The appellant is otherwise eligible for MassHealth benefits on 05/30/2025.

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. The application for MassHealth LTC benefits was submitted on appellant's behalf on 09/12/2024. At issue in this appeal are transfers made during the 60-month look back period. At the close of the record open period, MassHealth informed the parties that total of the transfers was \$457,343.92, reduced from the amount on the approval notice, \$666,798.39.

Based on my review of the evidence presented during the course of the fair hearing and record open period, MassHealth's adjusted disqualifying transfer amount is supported by the regulations and the facts in the hearing record.

To calculate the period of ineligibility, the total disqualifying transfer amount of \$457,343.92 is divided by the average private daily rate of \$441.00. The total period of ineligibility is 1,037 days, beginning on 05/30/2025, the date the appellant is otherwise eligible, and ending on 04/01/2028.

This appeal is therefore denied.

This fair hearing decision constitutes final agency action in this matter. The appellant may file a request for a hardship waiver within 30 days of the date of this hearing decision.

Order for MassHealth

Rescind the MassHealth approval notice dated 08/18/2025. Inform appellant and conservator of the adjusted period of ineligibility of 1,037 days, beginning on 05/30/2025 and ending on 04/01/2028. Send notice of implementation only. Do not include appeal rights.

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

cc: [REDACTED]

MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129