

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515239
Decision Date:	1/21/2026	Hearing Date:	11/18/2025
Hearing Officer:	Christine Therrien	Record Open to:	12/05/2025

Appearance for Appellant:



Appearance for MassHealth:

Stephanie Mowles, Quincy 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

Appeal Decision:	Denied	Issue:	LTC - Disqualifying Transfers
Decision Date:	1/21/2026	Hearing Date:	11/18/2025
MassHealth's Rep.:	Stephanie Mowles	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy 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 10/15/25, MassHealth approved the appellant for long-term care (LTC) MassHealth with a benefit start date of 1/6/25.¹ This approval notice was generated due to the cure of a disqualifying transfer of resources that occurred during the Record Open period of a previous Board of Hearings appeal, Appeal Number 2505325, which was heard by a different Hearing Officer. (Exhibit 1 and Exhibit 5). MassHealth calculated a period of ineligibility from 2/1/24 to 1/5/25. (130 CMR 520.018 and Exhibit 1 and 7). The appellant filed this appeal in a timely manner on 10/17/25. (130 CMR 610.015(B) and Exhibit 2). Determination of a coverage start date is valid grounds for appeal (130 CMR 610.032). The record was left open until 11/21/25 for MassHealth to supply a list of all the uncured credit card transactions, and until 12/5/25 for the appellant to reply.

Action Taken by MassHealth

¹The notice has an incorrect calculation showing 347 days of ineligibility based on a resource transfer of \$149,911.72. (Exhibit 1). The MassHealth representative testified that the correct calculation is \$149,911.84 for 340 days of ineligibility with a start date of 1/6/25. (Exhibit 7).

MassHealth denied the appellant's LTC application and calculated a period of ineligibility from 2/1/24 to 1/5/25.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 516.006, in determining that the appellant is ineligible for LTC benefits and has a period of ineligibility from 2/1/24 to 1/5/25.

Summary of Evidence

The appellant is an [REDACTED]-year-old single individual who was admitted to a long-term care facility at [REDACTED] (Exhibit 5). The appellant previously lived in the assisted living complex of the [REDACTED] (Exhibit 8). The MassHealth representative testified that MassHealth received an application from the appellant for long-term care on 5/23/24, with a requested start date of 2/1/24. The MassHealth representative testified that the long-term care application was denied on 9/16/24 for missing verifications. The MassHealth representative testified that the reapplication date was 11/15/24 due to the receipt of some requested verifications. The MassHealth representative testified that on 11/15/24, a request for Information was mailed. The MassHealth representative testified that on 12/23/24, MassHealth issued another denial for missing verifications. The MassHealth representative testified that a second request for Information was then mailed on 12/26/24. The MassHealth representative testified that on 2/5/25, the application was denied again with a period of ineligibility from 02/01/24 to 05/23/25. The MassHealth representative testified that the resource transfer amount used to determine the period of ineligibility was calculated from transactions in the appellant's checking accounts totaling \$206,695.60. (Exhibit 5). The MassHealth representative testified that the average daily nursing home private pay rate used to determine the penalty period for the period of ineligibility for the transfer of resources is \$441.00.

The MassHealth representative testified that an appeal of the denial notice dated 2/5/25 was held on 5/5/25 regarding the resource transfer and period of ineligibility. The MassHealth representative testified that during the open record period following that appeal, a cure of \$56,783.76 in disqualifying transfers was applied, leaving the outstanding resource transfer amount to be \$149,911.84.² The MassHealth representative testified that appeal number

² Uncured disqualifying transfers: \$46,078.01 credit card transactions (dates 5/2019-5/2021), \$65,749.00 checks to/on behalf of children/grandchildren (dates 7/2019-11/2021), \$16,922.05 payment daughter's mortgage (date 10/12/2022), \$4,000.00 payment of Sallie Mae student loan (date 3/3/2020), \$4,632.32 payment of tax bill for daughter's [REDACTED] condo (date 12/7/21), \$12,530.22 payment for unreported/unverified Audi vehicle (dates 9/2019-5/2020). These transfers by the appellant, when added, actually exceed the amount of the transfers set forth in the 2/5/25 eligibility notice, \$149,911.84.

2505325 was withdrawn via email by the appellant's attorney on 7/23/25; the email states that the appellant's attorney accepted 340 days of ineligibility and the new start date of 1/6/25. The MassHealth representative testified that a new notice was generated on 10/15/25 after the cure was applied; however, there was no change in circumstance or new resource transfers added since the initial 2/5/25 denial letter was mailed. The current resource transfers in question are the same resource transfer transactions that were at the center of appeal number 2505325, which were willingly withdrawn at that time. MassHealth calculated the period of ineligibility by dividing the uncured transfer amount of \$149,911.84 by the average daily nursing home private pay rate of \$441.00 for 339.9 days (340). The appellant's period of ineligibility is from 2/1/24 to 1/5/25, with a start date of 1/6/25.

The appellant's attorney submitted a brief that included affidavits from two of the appellant's grandchildren and the appellant's two daughters.

The affidavits from the appellant's grandson state:

- 1) The applicant, [appellant], is my grandmother.
- 2) My grandmother routinely gave me, and her other grandchildren, money for our birthdays and Christmas.
- 3) I struggled with substance use disorder for many years. As a result, I required significant medical treatment, including a rehab stay. My grandmother, ..., paid for my medical care and treatment. I was not able to pay for this on my own.
- 4) During the period of time when I was struggling, my grandmother supported me financially and paid for many of my living expenses, including but not limited to, rent, car, and health insurance. Without her financial assistance I would not have been able to support myself.
- 5) For example, my grandmother paid off my car loan because I could not make the payments and was at risk of losing my car. Additionally, when I couldn't afford my rent, she paid it so that I could have somewhere to live.
- 6) I am not able to return any of the money that my grandmother gave me or paid on my behalf.

(Affidavit dated 11/12/25)

- 1) The applicant, [appellant], is my grandmother.
- 2) I struggled with substance use disorder for many years. As a result, I required

significant medical treatment, including a rehab stay. My grandmother, [appellant], paid for my medical care and treatment at the [rehabilitation clinic] and [health clinic]. I was not able to pay for this on my own. Without my grandmother's support, I would not have received care and treatment that I desperately needed.

3) During the period of time when I was struggling, my grandmother also supported me financially and paid for many of my living expenses, including but not limited to medication, food, clothing and transportation. She would typically send me money through PayPal to help cover expenses. On a couple of occasions, she also paid to fix my car at the Jeep dealership service center. Without this financial assistance from my grandmother, I would not have been able to support myself during that period of my life.

(Affidavit dated 12/4/25)

The affidavit from the appellant's granddaughter states:

- 1) The applicant, [appellant], is my grandmother.
- 2) My grandmother routinely gave me, and her other grandchildren, money for our birthdays and Christmas.
- 3) Additionally, my grandmother helped me with my rent on two occasions.
- 4) In August 2019, my grandmother paid \$1,000 so that I could secure an apartment to live in. At the time, I was struggling with employment and was not able to afford to pay this on my own.
- 5) Then in November 2021, my grandmother paid my rent because I was struggling to keep up with the rent and was at risk of being evicted.
- 6) I am not able to return any of the money that my grandmother gave me or paid on my behalf.

(Affidavit dated 11/12/25)

The affidavits from the appellant's daughter state:

- 1) The applicant, [appellant], is my mother. My mother routinely helped her grandchildren and children out financially, when they needed assistance. She also routinely gave her grandchildren and children monetary gifts around the holidays.

2) On at least one occasion my mother paid for her grandchildren and children to visit her in [REDACTED]

3) My son went through a period of time where he was struggling with substance use disorder and needed financial support. I was a single mother and could not afford to help him financially. My mother, [appellant], paid for some of my son's expenses, such as rent, car, health insurance and medical treatment.

4) For example, on or around May 27, 2020, my mother, [appellant], also paid off my son's car loan because he could not make the payments and was at risk of losing his car.

5) Additionally, on or about June 15, 2020, my mother, [appellant], gave my son, \$3,500 to pay for rent and living expenses because he could not support himself at the time due to his ongoing substance use disorder.

6) On or about December 31, 2020, my mother, [appellant], gave me \$10,000 towards a down payment on a condo for me to live in. I was not financially able to afford this on my own and needed my mother's help. I am not able to return any of this money to her.

7) None of the above payments were made in anticipation of needing to apply for MassHealth. All of these payments were made at a time when my mother, [appellant], was living completely independently.

(Affidavit dated 11/12/25)

1) The applicant, [appellant], is my mother. My mother routinely helped her grandchildren and children out financially, when they needed assistance. For example, my daughter was going through a period of time in 2020 where she couldn't afford to make her school loan payments. My mother helped her out and paid these for her.

2) Every summer my mother [the appellant] went to [REDACTED] She loved to celebrate her birthday on [REDACTED] [REDACTED] (charges).

3) When my mother wanted to take a vacation, sometimes me and my other siblings would accompany her. She was a very generous person and she wanted the company, so sometimes she would pay. For example, on one occasion me and my sisters went with my mother to [REDACTED] We took the train (Amtrak) and my sister flew (JetBlue). My mom paid for our train and plane tickets.

4) On at least one occasion my mother paid for flights for her grandchildren and children to visit her in [REDACTED]

5) None of the above payments were made in anticipation of needing to apply for MassHealth. All of these payments were made at a time when my mother, [REDACTED] was living completely independently.

(Affidavit dated 12/4/25)

The affidavit from the appellant's daughter/POA states:

HEALTH OF APPLICANT

1) The applicant, [appellant] lived entirely independently through [REDACTED] when she suffered a fall. As a result of the fall, she required some assistance and moved to assisted living around that time.

2) She was able to continue residing in assisted living until [REDACTED] when her care needs increased and she moved to the skilled nursing care unit at [facility] at the recommendation of [facility] staff.

CREDIT CARD

3) [Appellant] used her JetBlue/Barclay credit card to pay for the majority of her living expenses, so that she could get points to use towards travel to and from [REDACTED]

4) [Appellant] regularly traveled to [REDACTED] in early November and would not return to Massachusetts until the middle of April. The last time she traveled to [REDACTED] was during the winter of [REDACTED]

5) While she was residing in [REDACTED] she would stay at a condo owned by two of her daughters, myself and my sister. In exchange for being able to use and reside at the [REDACTED] condo for several months each year, [appellant] would pay some of the carrying costs, including but not limited to, utilities and taxes.

6) Additionally, on occasion [appellant] would pay for one or more of her children or grandchildren to travel with her to [REDACTED] or visit her while she was living there.

MORTGAGE PAYMENTS

7) Before [appellant] moved to [REDACTED] she lived at home, but had limited

liquid assets.³ As such, I lent her approximately \$15,000 per year for 2-3 years. After she sold her house in [REDACTED] my mother wanted to pay me back for some of the money I had lent to her over the years. Instead of a lump sum, she made a few payments towards my mortgage to reimburse me. The mortgage payments from July 2019 - December 2019 represent a reimbursement to me.

GIFTS TO GRANDCHILDREN AND CHILDREN

8) [Appellant] routinely gave her grandchildren and/or children a monetary gift around Christmastime and their birthdays. The following checks all represent routine Christmas gifts and moreover, were not made in anticipation of needing to apply for MassHealth benefits: [REDACTED]
[REDACTED]

9) On or about July 11, 2019, [appellant] gave her grandson \$20,000 to pay for a rehab stay that he needed due to a substance use disorder. This gift was not made in anticipation of needing to apply for MassHealth. As described above, this gift was made at a time when [appellant] was living independently and nearly four and one-half years prior to [appellant] needing skilled nursing care. Moreover, it is not possible for this money to be returned to [appellant].

10) [Appellant] routinely helped her grandchildren and children out financially, when they needed the help and did not make these payments in anticipation of needing to apply for MassHealth benefits.

11) For example, in 2019, she made a couple of payments to her grandchildren to help them with rent. Also, the payment to [REDACTED] on October 26, 2020, in the amount of \$4,547.30 was to pay for her grandson's health insurance, because he could not afford it on his own and was struggling with substance use disorder.

12) Additionally, in December 2020, she gave her daughter \$10,000 to help her buy a condo. Again, this gift was made at a time when [appellant] was living completely independently and there was no anticipation that she would need nursing home care or to apply for MassHealth benefits. Moreover, it is not possible for this money to be returned to [appellant].

(Affidavit dated 11/12/25)

The appellant's attorney argued that at the time of the transfers, the appellant was cognitively and physically independent, living in a retirement community without support, routinely traveling long

³ [REDACTED] incorporates Senior Living, Assisted Living, and Long-Term Care in one location. See, [REDACTED]

distances, had enough money to meet her needs, and was not diagnosed with dementia or any progressive illness. (Exhibit 2). Further, the appellant's attorney argued that:

Normal expenditures, household contributions, and financial help to family are not impermissible transfers. MassHealth may not automatically treat every withdrawal or gift as a disqualifying transfer. Prior BOH decisions hold: "Not every withdrawal of cash is necessarily an impermissible transfer ... The evidence must support that the purpose was to obtain MassHealth benefits."

Here, the funds were used for:

- Medical care
- Substance-abuse treatment
- Property taxes during extended visits
- Holiday and birthday gifts
- Being generous to her grandchildren

Lastly, the appellant's attorney argued that:

Federal law recognizes that supporting a family member in a medical or personal crisis is a legitimate and socially beneficial act. The Internal Revenue Code permits individuals to deduct medical expenses paid on behalf of qualifying family members under 26 U.S.C. § 213 and IRS Publication 502 (Medical and Dental Expenses). [Appellant's] grandson was experiencing a severe substance use disorder. She paid for treatment, medical needs, rent, and transportation. To penalize such acts of compassion contradicts both the tax code and the purpose of MassHealth's transfer rules.

The appellant's attorney stated that a penalty would result in immediate and irreparable harm under 130 CMR 520.019(L), would leave [appellant] with no safe home to return to, create an immediate risk to her health and safety, and leave her without the necessary care.

Findings of Fact

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

- 1)The appellant is an [REDACTED]-year-old single individual who was admitted to a long-term care facility at [REDACTED]
- 2)The appellant was previously living in the assisted living complex of the [REDACTED] [REDACTED] where she moved after a fall in [REDACTED]
- 3)The appellant sold her home in [REDACTED] and moved to the [REDACTED]

- [REDACTED]
- 4) On 5/23/24, MassHealth received an application for long-term care with a requested start date of 2/1/24.
 - 5) On 9/16/24, the long-term care application was denied for missing verifications.
 - 6) The reapplication date was 11/15/24 due to the receipt of some requested verifications.
 - 7) On 11/15/24, a request for information was mailed.
 - 8) On 12/23/24, MassHealth issued another denial for missing verifications.
 - 9) On 12/26/24, a request for information was then mailed.
 - 10) On 2/5/25, the application was denied again with a period of ineligibility from 02/01/24 to 05/23/25.
 - 11) The resource transfer amount used to determine the period of ineligibility was calculated from transactions in the appellant's checking account for \$206,695.60.
 - 12) The average daily nursing home cost used to determine the penalty period for the period of ineligibility for the transfer of resources is \$441.00.
 - 13) An appeal of the denial was held on 5/5/25 regarding the resource transfer and period of ineligibility on the denial notice dated 2/5/24.
 - 14) During the open record period for that appeal, a cure of \$56,783.76 was applied, leaving the outstanding resource transfer amount to be \$149,911.84.
 - 15) Appeal number 2505325 was withdrawn via email by the appellant's attorney on 7/23/25; the email states that the appellant's attorney accepted 340 days of ineligibility and the new start date of 1/6/25.
 - 16) A new notice was generated on 10/15/25 after the cure was applied; however, there was no change in circumstance or new resource transfers added since the initial 2/5/25 denial letter was mailed. The current resource transfer in question is the same resource transfer transactions that were at the center of appeal number 2505325.
 - 17) MassHealth calculated the period of ineligibility by dividing the uncured transfer amount of \$149,911.84 by the average daily nursing home cost of \$441.00 for 339.9 days (340).

18) The appellant's period of ineligibility is from 2/1/24 to 1/5/25, with a start date of 1/6/25.

19) The appellant's attorney submitted affidavits from the appellant's two daughters and two grandchildren.

Analysis and Conclusions of Law

The appellant's attorney argued that MassHealth erred in imposing a period of ineligibility due to the uncured transfers of \$149,911.84 because they were made exclusively for a purpose other than to qualify for MassHealth pursuant to 130 CMR 520.019(F)(1). While the issue was adjudicated during the 5/5/25 appeal hearing and the appellant's attorney accepted the new start date and withdrew the appeal, a decision on the matter was not issued by a hearing officer. For this reason, the issue will be analyzed in this decision. 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 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 the 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. 11-94.)

Citing the above provision, the Massachusetts Appeals Court has recognized that “federal law mandates a heightened evidentiary showing” on the issue of exclusive intent. Gauthier v. Director of the Office of Medicaid, 80 Mass. App. Ct. 777, 785-786 (2011). The element of “exclusivity” under this provision means that the possibility of needing public assistance for medical care must not have weighed at all upon the appellant’s mind at the time the decision was made.

The appellant’s evidence of intent, an affidavit from the appellant’s two daughters and two grandchildren, is insufficient to meet the appellant’s burden of proving that she gave away her assets for less than fair market value exclusively for a purpose other than the appellant’s qualifying for Medicaid. Kaptchuk v. Dir. of Off. of Medicaid, 83 Mass. App. Ct. 1134, 988 N.E.2d 471 (2013)⁴ (citing Gauthier, 80 Mass. App. Ct. at 777 and finding that assertions made by an attorney on behalf of the client were insufficient to satisfy the burden of proving by convincing evidence that the money was transferred for an exclusive purpose other than to qualify for Medicaid). Additionally, the appellant’s daughter’s argument that the appellant was independent before her fall in November 2021 demonstrates that there was no intent to qualify for MassHealth is similarly unavailing, without any other information about the appellant’s clinical state or anticipated need for public benefits at the time of the transfer. The appellant sold her home and moved to the [REDACTED] This senior living community has senior housing, an assisted living complex, and a long-term care facility. This demonstrates that the appellant was considering her future needs as early as [REDACTED] There is no convincing evidence in the record that the transfer of the appellant’s assets was made exclusively for a purpose other than to qualify for MassHealth.

The appellant’s attorney further argues that “Federal law recognizes that supporting a family member in a medical or personal crisis is a legitimate and socially beneficial act.” While the Internal Revenue Code permits individuals to deduct medical expenses on their tax return that they paid on behalf of qualifying family members, the definition of a “qualifying relative” includes those for “whom you provided over half of their support” in the year the expenses are paid. (26 U.S.C. § 213 and IRS Publication 502 (Medical and Dental Expenses)). The appellant neither submitted any evidence to suggest she provided such support for her grandson, nor that these expenses were deducted on her tax return.

None of these affidavits were submitted during the prior appeal regarding the same disqualifying transfers of assets. The appellant is trying to have a second bite at the apple, despite having accepted the new start date upon withdrawal of the prior appeal. The affidavits state, without further elaboration, that the funds given to the affiants cannot be repaid, and the appellant has

⁴ Unpublished Memorandum and Order Pursuant to Rule 1:28, now Appeals Court Rule 23.

not demonstrated that she has attempted to retrieve these transferred assets.

The appellant has not met her burden of showing that the transfers were exclusively for a purpose other than to qualify for MassHealth benefits. Accordingly, MassHealth's decision that the \$149,911.84 in total transfers were disqualifying transfers is supported by the evidence and the regulations. Therefore, MassHealth's approval date of 1/6/2025 is supported by the facts in the hearing record, as well as the MassHealth regulations.

This appeal is therefore **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: Cassandra Moura, Quincy MassHealth Enrollment Center