

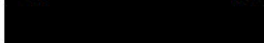
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515433
Decision Date:	02/13/2026	Hearing Date:	11/18/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Lori VanZile, Quincy MEC



*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:	Disqualifying Transfer; Long Term Care; Over 65
Decision Date:	02/13/2026	Hearing Date:	11/18/2025
MassHealth's Rep.:	Lori VanZile	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (phone)	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 September 8, 2025, MassHealth notified appellant that she qualified for MassHealth Standard benefits to cover her care in a nursing facility beginning May 24, 2025. MassHealth calculated a period of ineligibility from March 9, 2025 to May 23, 2025. (Ex. 1; Ex. 5, pp. 1-3). Appellant filed this appeal in a timely manner on October 21, 2025. (130 CMR 610.015(B); Ex. 2). After the hearing adjourned, later the same day, the worker emailed me and the appeal representative and updated the total amount of the resource transfer and the eligibility period by removing a disputed transaction from the resource transfer amount. The corrected resource transfer amount is \$29,200. (Ex. 9, p. 1). MassHealth issued a new notice, dated November 18, 2025. In the interest of administrative economy, I take jurisdiction of the November 18, 2025 notice and incorporate it into this decision. MassHealth informed appellant coverage was to begin on May 16, 2025 and the new period of ineligibility of 67 days was from March 10, 2025 to May 15, 2025, totaling \$29,200. (Ex. 10). Imposition of a coverage date is a MassHealth action and is valid grounds for appeal. (130 CMR 610.032(3)).

Action Taken by MassHealth

MassHealth notified appellant that she qualified for MassHealth Standard benefits to cover her care in a nursing facility beginning May 16, 2025.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 520.019, in determining that appellant had a disqualifying transfer resulting in an ineligibility period from March 10, 2025 to May 15, 2025.

Summary of Evidence

The appeal representative and the MassHealth worker (worker) appeared by phone and were sworn. The evidence shows the following: MassHealth received an application for long term care services on April 17, 2025.¹ MassHealth sent out a request for information on April 28, 2025 (Ex. 5, p. 19) and a denial notice was issued by MassHealth on June 3, 2025 for failure to verify. (Testimony; Ex. 5, pp. 1, 16). Appellant appealed the denial and a hearing was held on July 15, 2025. The administrative record was left open and appellant provided all requested verifications. (Testimony). MassHealth then issued an approval notice dated September 8, 2025 with an ineligibility period of 75 days (March 9, 2025 to May 23, 2025) for disqualifying transfers in the amount of \$33,024. (Testimony).² The worker testified the notice under appeal included a list of the transactions (Ex. 1, pp. 6-7) that MassHealth considered as resource transfers. Of the ten transactions listed, they are described as “cash”. (id.). The worker stated the list shows all the transactions as cash because that “is the way it has to go into the system unless we have specifics.” (Testimony). However, the appeal representative provided copies of checks included in MassHealth’s transaction list. (Ex. 7, pp. 10-15).

The appeal representative asked the worker about a transaction noted by MassHealth dated January 1, 2025, (Ex. 1, p. 6), in the amount of \$3,824, stating that he could not find any transaction in that amount and asked the worker if she had the actual cancelled check. The worker stated it was checking number [REDACTED] and she did not have the actual check and that is why it was “in question.” The appeal representative stated he did not believe there was a transaction or a check for the January 1, 2025 amount but stated there was something corresponding to the January 1 date in 2024 for the same amount that was payment towards real estate taxes. (Testimony; Ex. 7, p. 4).³ The worker testified she had a copy of the bank statement showing the \$3,824 and would forward that to me and the appeal representative.

After the hearing adjourned, later the same day, the worker emailed me and the appeal

¹ The notice under appeal states the application was received on April 18, 2025. (Ex. 1, p. 1). The first page of the application is in evidence (Ex. 5, p. 4) and clearly shows a received date stamp of April 17, 2025.

² The worker testified the period of ineligibility ran from March 10, 2025 to May 23, 2025. However, the notice is clear the period began on March 9, 2025. (Ex. 1, pp. 1, 6). MassHealth provided an SC-1 post hearing showing a requested date of payment by the nursing facility as March 10, 2025. (Ex. 13).

³ Exhibit 7 shows the date of the transaction as January 10, 2024. (Ex. 7, p. 4).

representative a copy of a bank statement ending in [REDACTED]. (Ex. 9, p. 2). That statement showed a check for \$3,824 paid on January 10, 2024. (Id.) In her email, the worker admitted to making a typographical error and removed this transaction from the resource transfer amount. The worker wrote that the corrected resource transfer amount is now \$29,200. (Ex. 9, p. 1). On that same day, MassHealth issued a new notice, dated November 18, 2025,⁴ notifying appellant they reviewed appellant's application for long term care services, received on April 19, 2025,⁵ and decided appellant qualified for MassHealth Standard benefits to cover appellant's care in a nursing facility, coverage to begin on May 16, 2025. MassHealth calculated a new period of ineligibility of 67 days from March 10, 2025⁶ to May 15, 2025, and using an average daily nursing home rate of \$450, which totals a net resource transfer amount of \$29,200. (Ex. 10, p. 7).

The appeal representative stipulated that the transactions cited by MassHealth and listed in the approval notice of September 8, 2025 (Ex. 1) took place, with the exception of the one transaction in the amount of \$3,824, which the worker removed from the list post hearing. (Ex. 9; Ex. 10).

The appeal representative stated that appellant and her husband had dementia for the last few years and her son was closest to them in the relevant times at issue in this appeal because he lived with appellant and her husband and was helping to care for them. When asked, the appeal representative stated appellant did not have a guardian or conservator appointed by the court because she had a health care proxy and a power of attorney in place. (Testimony). The son died of a [REDACTED] (Testimony; Ex. 6; Ex. 11, p. 3). Appellant died on [REDACTED] when she was in her [REDACTED]. (Ex. 11, p. 2). In a document titled Addendum to Fair Hearing Request, (Ex. 6), the appeal representative writes that because appellant's son died and she and her husband had dementia, providing a thorough explanation of the disputed transactions is challenging. The appeal representative stated appellant's sister, who is the personal representative of appellant's estate, was not involved in appellant's finances and would not be able to provide an affidavit to indicate appellant's intent. The appeal representative stated the memo sections on any checks in question show the purpose for the monetary transfer and should also be seen as showing these funds had nothing to do with planning for MassHealth benefits.⁷ (Testimony). The checks are dated from August 2020 to January 2024. (Ex. 7, pp. 10-15).

Post hearing, I reopened the hearing record. (Ex. 12). From MassHealth I requested the SC-1, which was provided. (Ex. 13). I also requested the complete Application for Health Coverage for Seniors, which was provided. (Ex. 14). I also asked the appeal representative to confirm that some transactions were not checks. (Ex. 12). The appeal representative responded to my inquiry via

⁴ This notice benefits appellant in that it reduces the amount of disqualifying transfers alleged by MassHealth and reduces the number of days in the ineligibility period.

⁵ The first page of the application shows appellant's application was received on April 17, 2025. (Ex. 5, p. 4; Ex. 14, p. 1).

⁶ The notice of September 8, 2025 calculated a period of ineligibility beginning on March 9, 2025. (Ex. 1).

⁷ Writing in the memo sections of the six checks include "Cindys car", "Love you + (illegible)", "Christmas", Memo section blank, "Love you (with smiley face)", and "Loan". (Ex. 7, p.p.10-15).

email. (Ex. 15).

Findings of Fact

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

1. MassHealth received an application for long-term care services on April 17, 2025. MassHealth sent out a request for information on April 28, 2025 (Ex. 5, p. 19) and a denial notice was issued by MassHealth on June 3, 2025 for failure to verify. (Testimony; Ex. 5, pp. 1, 16).
2. Appellant appealed the denial and a hearing was held on July 15, 2025. The administrative record was left open and appellant provided all requested verifications. (Testimony).
3. MassHealth issued an approval notice dated September 8, 2025 with an ineligibility period of 75 days (March 9, 2025 to May 23, 2025) for disqualifying transfers in the amount of \$33,024. (Testimony; Ex. 1, p. 7).⁸
4. The appeal representative disputed a transaction noted by MassHealth dated January 1, 2025, (Ex. 2, p. 6), in the amount of \$3,824, stating that he could not find any transaction in that amount and asked the worker if she had the actual cancelled check.
5. After the hearing, later the same day, the worker emailed me and the appeal representative a copy of a bank statement ending in [REDACTED] (Ex. 9, p. 2). That statement showed a check for \$3,824 paid on January 10, 2024. (Id.) In her email, the worker admitted to making a typographical error and removed this transaction from the resource transfer amount.
6. The corrected resource transfer amount is now \$29,200. (Ex. 9, p. 1).
7. On the day of the hearing, MassHealth issued a new notice, dated November 18, 2025, notifying appellant they reviewed appellant's application for long term care services, received on April 19, 2025,⁹ and decided appellant qualified for MassHealth Standard benefits to cover appellant's care in a nursing facility, coverage to begin on May 16, 2025. MassHealth calculated a new period of ineligibility of 67 days from March 10, 2025¹⁰ to May 15, 2025, and using an average daily nursing home rate of \$450, which totals a net resource transfer amount of \$29,200. (Ex. 10).

⁸ The worker testified the period of ineligibility ran from March 10, 2025 to May 23, 2025. However, the notice is clear the period began on March 9, 2025. (Ex. 1, pp. 1, 6). An SC-1 offered into evidence shows the requested date of payment by the nursing facility is March 10, 2025. (Ex. 13).

⁹ The application is in evidence, (Ex. 14, p. 1), and shows appellant's application was received on April 17, 2025.

¹⁰ The notice of September 8, 2025 calculated a period of ineligibility beginning on March 9, 2025. (Ex. 1).

8. The appeal representative stipulated that the transactions cited by MassHealth and listed in the approval notice of September 8, 2025 (Ex. 1) took place, except for the one transaction in the amount of \$3,824, which the worker removed from the list after the hearing. (Ex. 9; Ex. 10).
9. Appellant had a health care proxy and a power of attorney in place. (Testimony).
10. Appellant died on [REDACTED] when she was in her [REDACTED]. (Ex. 11, p. 2).
11. The checks found to be resource transfers by MassHealth are dated from August 2020 to January 2024. (Ex. 7, pp. 10-15).
11. Post hearing, I reopened the hearing record for additional evidence from MassHealth and the appeal representative. Their responses are in the record. (Ex. 12; Ex. 14; Ex. 15).

Analysis and Conclusions of Law

An applicant for MassHealth benefits has the burden to prove his or her eligibility, including that a transfer of resources was legitimate, not gratuitous, or for less than fair market value within the “look-back” period. (130 CMR 515.001, 520.007; 520.019; and MGL Ch. 118E, § 20). If an applicant or member has transferred resources for less than fair-market value during the look-back period, MassHealth long-term-care benefits may not be paid until a period of ineligibility has been imposed and expires. (See 42 USC §1396p(c)(1)(A); MGL Ch. 118E, § 28). The look-back period is 60 months, or 5 years. (130 CMR 520.019(B)).

The federal law is reflected in MassHealth regulations 130 CMR 520.018 and 520.019, which provide that a disqualifying transfer exists where an applicant transfers an interest during the appropriate look-back period for less than fair-market value. “A disqualifying transfer may include any action taken that would result in making a formerly available asset no longer available,” unless the transfer is “listed as permissible in 130 CMR 520.019(D), identified in 130 CMR 520.019(F), or exempted in 130 CMR 520.019([K]).” (130 CMR 520.019(C).) Permissible transfers are made to benefit a community spouse or a disabled person. Exempted transfers are cured in some manner after the fact.

The applicant’s intent can affect whether a transfer of resources results in a period of ineligibility:

(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. (130 CMR 520.019(F)).

Federal guidance requires an applicant to make a heightened evidentiary showing on this issue: “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.” Gauthier v. Dir., Office of Medicaid, 80 Mass. App. Ct. 777, 785 (2011) (citing State Medicaid Manual, Health Care Financing Administration Transmittal No. 64, § 3258.10(C)(2)). Essentially, there is a presumption that transfers made within the look-back period were intended to preserve assets from being used to pay for an individual’s care.

In this case, MassHealth determined that appellant transferred resources for less than fair-market value in the form of six different checks and three cash withdrawals. However, appellant has not provided any evidence to indicate she received fair market value for any of the \$29,200 MassHealth considers resource transfers. The appeal representative argues the writing in the “for/memo” section of the checks is sufficient to show that appellant received fair-market value for the six checks. The brief notes on the checks do not, without further evidence, persuasively establish that the appellant received anything of value in exchange for the expenditures. There is also no reliable evidence to indicate what the appellant did with the funds from the three cash withdrawals, and therefore no way to determine that she received fair-market value for those transactions.

Regarding appellant’s intent, MassHealth will not impose a period of ineligibility for transferring resources at less than fair-market value if appellant demonstrates to MassHealth’s satisfaction that the resources were transferred exclusively for a purpose other than to qualify for MassHealth. Appellant must present convincing evidence as to the specific purpose for which the asset was transferred.” Gauthier at 785. The checks found to be resource transfers by MassHealth are dated from August 2020 to January 2024. When appellant wrote these checks, she was in her [REDACTED]. It is difficult to conclude that one at the age of appellant is not looking to the possible future of living in a nursing facility. One of the primary reasons why the value of one’s estate decreases is due to the payment for long-term care. Simply providing another purpose, the writings in the memo sections on the checks, does not render the transfer as one without the possible intent to reduce one’s assets to qualify for programs such as MassHealth.

Since the resource transfers were made in the look back period, by preponderance of the evidence, appellant has not met her burden and the 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.

Thomas Doyle
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290