

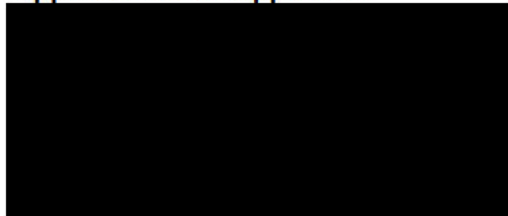
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517269
<b>Decision Date:</b>	1/16/2026	<b>Hearing Date:</b>	12/22/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.	<b>Record Open to:</b>	01/09/2026

**Appearances for Appellant:**




**Appearance for MassHealth:**

Scott Michael, Taunton 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Long-Term Care; Disqualifying Transfer
<b>Decision Date:</b>	1/16/2026	<b>Hearing Date:</b>	12/22/2025
<b>MassHealth's Rep.:</b>	Scott Michael	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 1 (Telephone)	<b>Aid Pending:</b>	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 October 20, 2025, MassHealth denied the appellant's application for Long-Term Care (LTC) MassHealth benefits and imposed a 145-day period of ineligibility due to disqualifying transfers of resources during the lookback period. See 130 CMR 520.018 and 130 CMR 520.019 and Exhibit 1. The appellant filed this appeal in a timely manner on November 21, 2025, because the appellant disagreed with the imposition of a period of ineligibility. See 130 CMR 610.015(B) and Exhibit 2. Limitations on the scope or amount of assistance is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's application for long-term care benefits due to disqualifying transfers of resources within the lookback period.

## Issue

The appeal issue is whether MassHealth correctly determined that the appellant has a 145-day period of ineligibility for long-term care coverage due to disqualifying transfers of resources during the lookback period.

## Summary of Evidence

The appellant is an adult who is [REDACTED] years old, and he currently resides in a long-term care facility. The appellant was represented at hearing by a Medicaid consultant appearing on behalf of the appellant's court-appointed temporary conservator. See Exhibit 2. MassHealth was represented by a worker from the Taunton MassHealth Enrollment Center. All parties appeared by telephone. The following is a summary of the testimony and documentary evidence presented at hearing:

The MassHealth representative opened his testimony by giving background information on the history of the appellant's LTC application at MassHealth. The appellant is a single individual who entered a long-term care facility in early 2025. An application for LTC benefits was submitted on behalf of the appellant on July 30, 2025, requesting coverage as of April 4, 2025. On October 20, 2025, the denial notice on appeal was issued to the appellant due to disqualifying transfers of resources. The appellant is ineligible for the time period of July 1, 2025, to November 22, 2025, due to disqualifying transfers of resources within the lookback period. Testimony and Exhibit 1.

The MassHealth representative then explained that MassHealth found three transactions during the lookback period to be disqualifying: on July 12, 2024, the appellant transferred an interest in real property for less than fair market value; the appellant's interest in the real property at the time of the transfer was thirty-six thousand seven hundred ninety (\$36,790.00) dollars<sup>1</sup>; in July 2024, the appellant transferred the sum of twenty-one thousand eight hundred ninety-five dollars and twenty-six cents (\$21,895.26) to his son; and, on September 5, 2024, the appellant transferred the sum of five thousand (\$5,000.00) dollars to five of his children<sup>2</sup>. The total amount of the alleged disqualifying transfers is sixty-three thousand six hundred eighty-five

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<sup>1</sup> MassHealth's prehearing submission details the real property transfer. On May 11, 2023, by deed recorded at the [REDACTED] County Registry of Deeds, the appellant transferred an interest in real property to his son, conveying the entire property to himself and his son as Joint Tenants with Right of Survivorship, for "an amount of less than One Hundred (\$100.00)." Then, on July 12, 2024, the appellant and his son transferred the real property to an unrelated third party for less than fair market value. It was the testimony of the MassHealth representative that as a result of prehearing submissions and discussions between MassHealth and the appellant's representative, the value of the appellant's interest in the real property at the time of the alleged disqualifying transfer was \$36,790.00. This testimony was undisputed at hearing. Testimony; See also Exhibit 5.

<sup>2</sup> The appellant has seven children. Each child received a check for \$1,000.00 from the appellant's savings account he co-owned with his son. One child did not cash their check and the other child is legally disabled and therefore the transfer to this child is exempt. The total amount transferred to the appellant's children is \$5,000.00. Exhibits 5 and 7.

dollars and twenty-six cents (\$63,685.26). Testimony.

MassHealth's prehearing submission provided additional details regarding the transfer of the appellant's funds to his son in July of 2024. In 2024, the appellant and his son were also co-owners of a savings account. Exhibit 5 at 18. In July of 2024, the appellant's son withdrew funds from this savings account totaling \$108,505.00. *Id.* The explanation offered to MassHealth as to the purpose of these withdrawals is that the withdrawn funds are the son's portion of the proceeds from the sale of the appellant's real property, and that the appellant's son was legally entitled to receive half of the proceeds from the sale of the real property because he was the co-owner of the real property. *Id.* at 16. At the time of the sale, the real property had a tax-assessed value of \$280,000.00; the net proceeds from the sale of the real property were \$173,219.49<sup>3</sup>. Each co-owner of the real property was entitled to receive \$86,609.74 from the sale. *Id.* On July 12, 2024, the net proceeds from the sale of the real property were deposited into the appellant's savings account that he co-owned with his son. *Id.* at 18. Between July 12, 2024 and July 24, 2024, the appellant's son withdrew funds totaling \$108,505.00 from the savings account. *Id.* This amount exceeded the appellant's son's share of the proceeds from the sale of the real property by \$21,895.26 and constitutes the amount of the July 2024 disqualifying transfer to the appellant's son.

To calculate the period of ineligibility, MassHealth divided the amount of the disqualifying transfers by the average daily cost to a person paying privately for nursing facility services in the Commonwealth at the time of application of \$441.00 ( $\$63,685.26/\$441.00 = 144.41$ , or 145, days).<sup>4</sup> The appellant is not eligible for MassHealth long-term care services because the appellant gave away assets to his children to become eligible for MassHealth, and the appellant has a 145-day period of ineligibility for MassHealth benefits from July 1, 2025 to November 22, 2025. Testimony.

The appellant's representative did not dispute MassHealth's testimony regarding the timeline of the appellant's application at MassHealth, nor the amount of the disqualifying transfer as calculated by MassHealth. This is a complicated case and he is just getting up to speed with the case file. The appellant's representative asserted that the issue in this appeal is that the appellant did not make the alleged disqualifying transfers in order to qualify for MassHealth. He asked whether MassHealth has received and reviewed documentation that was submitted during that application process that asserts that the appellant was a victim of financial exploitation by his son. He stated that there were two reports submitted from Elder Services that include background information and a letter from

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<sup>3</sup> Exhibit 5 is MassHealth's prehearing submission. A PDF document titled "[Appellant Name] Disclosed transfers" is included as part of the submission. This document states that net seller proceeds from the sale of the real property was \$173,219.49 and includes calculations of the amount of the disqualifying transfer, which are reflected hereinabove. See Exhibit 5 at 16. However, another document within the MassHealth submission is the Closing Disclosure from the July 2024 sale of the property; the appellant also submitted this document as a part of their record open submission. Both copies of the Closing Disclosure indicate that the net seller proceeds from the sale of the real property is \$171,719.49. See Exhibits 5 & 7.

<sup>4</sup> See also, MassHealth Eligibility Operations Memo 24-07, "Average Cost of Nursing Facility Services" (November, 2024).

Elder Services regarding the appellant's son actions. Testimony. He stated, "I do have the bank statement showing that the son had removed the money from the account, but I would like to verify that MassHealth has received all of the Elder Services [reports] from the power of attorney as well as the social worker from [Nursing Facility]." Testimony. The MassHealth representative did not receive these submissions from Elder Services and was not aware of the existence of the reports from Elder Services. Testimony.

After discussion among the parties and the Hearing Officer, it was determined that it would be beneficial for everyone if the appellant could submit a narrative accompanied by supporting documentation that shows that the appellant may have been the victim of financial exploitation by his son at the time he made the transfers in question. At the conclusion of the hearing, it was agreed that the appellant would have until January 2, 2026 to submit this documentation and that MassHealth would provide a written response to this submission by January 9, 2026. Exhibit 6.

On January 2, 2026, the appellant's representative emailed the Hearing Officer and the MassHealth representative, stating as follows:

I'm hoping that I can have another few days (1/9) on this case as some of the information that was sent to MassHealth prior is still not making much sense. Again I apologize for coming to everyone at the 27th hour. [MassHealth Representative] - Do you have 10 mins to speak about this case on the phone? Even narrowing down some of this information would be greatly appreciated.

**Home Value-** Is the full home value a transfer? As the property was transferred within the 5 years? I do see from the information that was provided that [the appellant] did intend to provide to his son back when the initial home was transferred as both joint tenants in common and then sold a year later when [the appellant] moved to his apartment. Assuming that the [Bank One] Account # [REDACTED] & \$42,754.28 that was closed and moved to [Bank Two] # [REDACTED], an account solely held in [the appellant's] name that would reduce the penalty on the home?

The [Bank One] Statement (attached) shows the money transferred to an additional account ([REDACTED]). I do not have these statements nor a letter from [Bank One] stating this account does not belong to [the appellant] or the son.

Attached also are the Elder Services report from the daughter and the Social Worker at [Nursing Facility], along with the Elder Services letter confirm Reports and screening out of report. Once a client has been moved from the community and placed into Long Term Care a case would be screened out as the client is not in danger of financial exploration (sic) or harm. As the response from Elder Services is not clear, I would imagine that MassHealth is going to seek clarification on why this case was screened out and no further action was taken against the son?

Exhibit 7.

The email had a PDF document attached which consists of 21 pages of supporting documentation, including: a deed dated May 11, 2023 conveying the appellant's real property from the appellant, individually, to the appellant and his son as joint tenants with right of survivorship; seven pages of bank statements from the appellant's bank account that he co-owned with his son with canceled checks; an August-September 2024 bank statement from the appellant's checking account that he owns individually; a Closing Disclosure from the sale of the real property that shows the Seller net proceeds totaled \$171,719.49; a schedule from the town in which the real property is located showing the tax-assessed value of the real property from 2016-2025; an Adult Protective Services intake report filed by the appellant's daughter dated 6/16/2025; an Adult Protective Services intake report filed by a social worker at the appellant's nursing facility dated 6/23/2025; and a letter dated 6/23/2025 and signed by a Supervisor at Elder Services of ██████████ Area, Inc., that states in relevant part:

Based upon the information that you provided and in conjunction with M.G.L. c. 19A and 651 CMR 5.00 that pertain to screening and investigating of reports by designated Protective Services Agencies under the Executive Office of Elder Affairs, the following decision has been made:

The current report was screened out and a Protective Services investigation will not be conducted.

Exhibit 7 at 22.

In response to this email, the Hearing Officer extended the record for the appellant's submissions to January 9, 2026. Exhibit 8. On the evening of January 9, 2026, the appellant's court-appointed temporary conservator emailed all parties,

I am piggy-backing on [Appellant Representative's] E-mail only to add that we believe that both the home transfer and the sale were completed with [Appellant's] full knowledge and consent. We are unable to verify why the property was sold for less than Fair Market Value but can concede that it was ot (*sic*) sold for the tax assessed value.

What we argue is that there is no evidence to support that either the transfer into joint ownership or the sale itself were executed with the intent to defraud MassHealth. There is no evidence to support that [Appellant] required long term care at the time of either the transfer or the sale and the fact that he remained in the community for a year following the sale speaks to this.

With regard to the transfers that occurred after the sale of the property we do believe that these were executed by the son either without [Appellant] knowledge and certainly without his consent. There were two (2) Elder Protective Service referrals made with regard to these asset transfers, one by the nursing facility and one by the daughter. The difficulty lies with the joint nature of the bank account which makes the assets held within the account jointly owned. So, unfortunately while this was clearly misappropriation of assets the fact that the funds were held jointly means that the transfers were not illegal, just unethical.

I am requesting that the intent of the individual be taken into account when writing a decision as I will reiterate that nothing in what we have been able to uncover leads us to believe that the original real estate transfer and sale were done at a time when [Appellant] was still able to live in the community and there is no evidence to suggest that he required long term care at that time. Further, the asset transfers from the joint bank account, while not illegal were very likely conducted without [Appellant] consent.

Exhibit 9.

On January 12, 2026, the MassHealth representative emailed the Hearing Officer and the appellant's representatives, "I have reviewed the information presented. I would like to request that the hearing officer make a decision based on what has been provided as it seems to fall into the gray area of MassHealth regulations." Exhibit 10. On January 12, 2026, the Hearing Officer closed the administrative record. Exhibit 11.

## Findings of Fact

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

1. The appellant is [REDACTED] years old and filed an application for MassHealth long-term care benefits on July 30, 2025, with a requested benefit start date of April 4, 2025. Testimony.
2. Between July 12, 2024 and July 24, 2024, the appellant's son withdrew the sum of twenty-one thousand eight hundred ninety-five dollars and twenty-six cents (\$21,895.26) from the bank account he co-owned with the appellant. Testimony and Exhibits 5 and 7.
3. On July 12, 2024, the appellant transferred an interest in real property for less than fair market value; the appellant's interest in the real property at the time of the transfer was thirty-six thousand seven hundred ninety (\$36,790.00) dollars. Testimony and Exhibit 5.

4. On September 5, 2024, from the bank account he co-owned with his son, the appellant transferred the sum of five thousand (\$5,000.00) dollars to five of his children. Testimony and Exhibit 5.
5. As of the application date, the average daily private rate for nursing home care in Massachusetts was \$441.00. MassHealth Eligibility Operations Memo 24-07 (November, 2024).
6. On October 20, 2025, MassHealth denied the appellant's application for LTC benefits, based on a determination that appellant made disqualifying transfers of resources in the amount of \$63,685.26. Testimony and Exhibits 1, 5.
7. As a result of these disqualifying transfers, MassHealth calculated a period of ineligibility beginning on the appellant's "otherwise eligible" date of July 1, 2025 to November 22, 2025, or 145 days.
8. The appellant filed a timely appeal of the October 20, 2025 notice with the Board of Hearings on November 21, 2025.
9. Adult Protective Services reports that alleged financial abuse against the appellant were filed with Elder Services by the appellant's daughter on June 16, 2025, and by a social worker at the appellant's nursing facility on June 23, 2025. On June 23, 2025 Elder Services "screened out" the reports and declined to perform an investigation. Exhibit 7.

## **Analysis and Conclusions of Law**

To qualify for MassHealth long-term care coverage, the assets of the institutionalized applicant cannot exceed \$2,000.00. *See* 130 CMR 520.016(A). In determining whether an applicant qualifies for benefits, MassHealth will assess whether he or she has transferred any resources for less than fair market value (FMV). If the individual or their spouse has made a transfer for less than FMV, the applicant, even if "otherwise eligible," may be subject to a period of disqualification in accordance with its transfer rules at 130 CMR §§520.018 and 520.019. MassHealth's "strict limitations on asset transfers," which were adopted pursuant to federal law, are intended to "prevent individuals from giving away their assets to their family and friends and forcing the government to pay for the cost of nursing home care." *See Gauthier v. Dir. of the Office of Medicaid*, 80 Mass. App. Ct. 777, 779 (2011) (*citing Andrews v. Division of Med. Assistance*, 68 Mass. App. Ct. 228, 229 (2007)).

With respect to transfers of resources, regardless of the date of transfer, MassHealth provides the following, in relevant part:

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.

See 130 CMR 520.018(B)

The “look back period”, referred to in § 520.018(B), above, is sixty months, or 5 years, before the first date the individual is both a nursing facility resident *and* has applied for, or is receiving, MassHealth Standard.<sup>5</sup> See 130 CMR 520.019(B). MassHealth will deem the individual to have made a “disqualifying transfer” if it finds that during the look-back period, the individual (or their spouse) transferred resources for less than FMV, or, if they have taken any action “to avoid receiving a resource to which the resident or spouse would be entitled if such action had not been taken.” 130 CMR 520.019(C). If it is determined that a resident or spouse made a disqualifying transfer of resources, MassHealth will calculate a period of ineligibility in accordance with the methodology described in 130 CMR 520.019(G).

The transfer provisions also have several exceptions to the general rule governing disposition of assets, which are detailed at 130 CMR 520.019(D) (permissible transfers), 130 CMR 520.019(J) (exempted transfers), and 130 CMR 520.019(F) (exemptions based on intent). See 130 CMR 520.019(C). In the instant case, the only possible applicable exception, and the sole regulatory exception raised by appellant at hearing and during the post-hearing record open period, is found in 130 CMR 520.019(F), which states the following:<sup>6</sup>

....

(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 (emphasis added)

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<sup>5</sup> Effective February 8, 2006, the look-back period for transfer of assets was extended from 36 months to 60 months and the beginning date for a period of ineligibility will be the date the applicant would otherwise be eligible or the date of the transfer, whichever is later. See MassHealth Eligibility Letter 147 (July 1, 2006).

<sup>6</sup> Appellant’s representatives did not argue that that the transfer was either “permissible” under 130 CMR 520.019(D) or “exempted” under 130 CMR 520.019(J), nor was any evidence presented to suggest these exceptions would apply to the transfer at issue.

In this case, MassHealth imposed a period of ineligibility based on three transfers from the appellant to his son and other children, totaling \$63,685.26. Two of these transfers occurred in July of 2024 and one occurred in September of 2024, and all are well within the 5-year look-back period. The only explanation for the disqualifying transfers that was offered is that at the time of the transfers, the appellant believed he was still able to live in the community and that there was no evidence to suggest that he required long term care. Testimony and Exhibit 11.

In determining whether the transfers of funds was a disqualifying transfer, the first question is whether the appellant made a transfer of resources for less than FMV. In requiring state Medicaid agencies to adopt the federally mandated transfer regulations, the Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), published mandatory instructions, now compiled in the federal agency's State Medicaid Manual (SMM) which included the following instruction for making determinations on whether a transfer was made for less than FMV:

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 a tangible form with intrinsic value.

See SMM, Department of Health and Human Services (DHHS) HCFA, Transmittal No. 64, § 3258.1(A) (11-94).<sup>7</sup>

When applying MassHealth's transfer regulations and the federal mandatory instructions to the present case, appellant has not successfully demonstrated that MassHealth erred in concluding that the transfer of \$63,685.26 was made for less than FMV. See 130 CMR 520.018(B) and 520.019(B). Here, MassHealth correctly determined that appellant's transfer of funds to his children as a gift was a transfer for less than FMV.

The appellant's representatives' main argument was that the appellant should not be penalized for transfers of \$63,685.26 to his children for no consideration because he meets the "intent" exceptions listed 130 CMR 520.019(F); specifically, that the transfer was made exclusively for a purpose other than to qualify for MassHealth, or that he intended to dispose of the resource at either FMV or for other valuable consideration. CMS has published instructions to assist agencies in interpreting and applying this specific exemption from the disqualifying transfer rules, which the appellant's representative called attention to during the hearing:

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

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<sup>7</sup> The SMM is a compilation of federal resources and procedural material needed by States to administer the Medicaid Program. The instructions provided therein are CMS's "official interpretations of the law and regulations, and, as such, are binding on Medicaid State agencies." See SMM, Foreword § B(1); see also 130 CMR 515.002(B).

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.***

See SMM, DHHS-HCFA, Transmittal No. 64, § 3258.10(C).

Citing the above provision, the Massachusetts Appeals Court has recognized that “federal law mandates a heightened evidentiary showing on [the issue of demonstrating intent when making a transfer for less than fair market value].” See, Gauthier, *supra*, 80 Mass. App. Ct. at 785-786.

The appellant has not demonstrated that the three transfers to his children totaling \$63,685.26 were made exclusively for reasons other than to qualify for MassHealth. See 130 CMR 520.019(F)(1). The appellant’s representative testified that at the time that the appellant made the transfers, he was happily living in the community and could not contemplate a future where he would require LTC MassHealth, but also that the appellant was financially exploited by his son during the time period that the disqualifying transfers occurred. Unfortunately, the assertions that the appellant was financially exploited and that he was not contemplating the need for long-term care at the time of the transfers are unsupported by the facts of this case.

Regarding the transfer of the real property, the appellant’s representative states, “we believe that both the home transfer and the sale were completed with [Appellant’s] full knowledge and consent. We are unable to verify why the property was sold for less than Fair Market Value but can concede that it was *ot (sic)* sold for the tax assessed value.” Exhibit 11. I agree with the appellant’s representatives on this point. The appellant’s notarized signature is present on the 2023 deed that conveys the property to the appellant and his son. This means that when the appellant affixed his signature to the deed, the appellant swore before a notary public that the signing of the deed was his free act and deed. No evidence or testimony was provided that shows that the appellant was under a cognitive disability at the time this deed was signed, but also, no evidence of the appellant’s actual intent at the time the property was conveyed has been provided. The appellant and his son then sold this real property in 2024 for less than fair market value. See Exhibits 5 and 7. The appellant was represented by a licensed real estate professional and an attorney during the sale of the property. See Exhibit 7 at 12. Again, no evidence or testimony was provided that shows that the appellant was under a cognitive or legal disability at the time the real property was sold. It is unclear why the property was sold for almost \$100,000.00 less than its tax-assessed value, and the appellant’s representatives are unable to provide a reason. Convincing evidence of the purpose of the transfer of the real estate has not been provided.

The appellant also transferred the sum of \$21,895.26 to his son in July of 2024, which has been explained as potentially unethical or illegal, but no police report exists to document the illegality of the transfer; a report was not filed with Elder Services until almost a year after these transfers occurred. The explanation by the appeal representatives is that the appellant’s son removed these

funds because he was legally entitled to them as the co-owner of the appellant's property, and this is true. The allegations of illegality or improper use of the bank account or the funds therein by the appellant's son do not make sense, because as a co-owner of the appellant's bank account, the appellant's son is legally entitled to the funds within the bank account; there was no evidence provided that shows that these transactions occurred due to undue influence or financial abuse. No evidence or testimony was provided that shows that the appellant was under a cognitive disability at the time the funds were withdrawn from the appellant's bank account. Furthermore, in June 2025, Elder Services declined to investigate the issue of the appellant's alleged financial exploitation by his son, despite receiving reports of same from a nursing facility social worker and the appellant's daughter. See Exhibit 7 at 22.

Lastly, very little evidence was provided in the written or testimonial record regarding the third transfer, the sum of \$5,000.00 that was transferred from the appellant's same co-owned bank account to five of the appellant's children in September 2024. The identity of the person who initiated or authorized this transaction was not provided at hearing. No documentation was provided regarding this transfer except for the bank statement which documents it. It is unclear if it was the appellant's son or the appellant himself who distributed the funds to the appellant's five children. Nothing beyond the testimony of the appellant's representatives was provided to explain the purpose behind the transfer, which was that the appellant was not intending to apply for Medicaid shortly after making the transfers, and that he may have been the victim of unethical behavior that induced him to make the transfers. No evidence or testimony was provided at hearing or during the record open period to show that the appellant was unaware of this transfer or that it had been done without his knowledge. Furthermore, given the appellant's age at the time the transfers occurred, it does not make sense that he or someone in his life would not be aware of the possibility that the appellant could require long-term care in the next sixty months; the record shows that his health rapidly declined to the point that he became a resident of a nursing facility three months from the date of the last transfer. Regardless, convincing evidence of the purpose of the transfer of \$5,000.00 to the appellant's children in September 2024 has not been provided.

The only evidence on which to base the validity of the transfers in question, and the intent of the appellant when he made the transfers, are the assertions of the appellant's representatives. The facts and record show that the three transfers to the appellant's children were made for less than FMV, and in the absence of evidence that the transfers met one of the exceptions, MassHealth correctly determined that appellant made a disqualifying transfer of resources. Furthermore, verbal assurances that the appellant was not considering Medicaid when the assets were disposed of are not sufficient. Rather, *convincing evidence* must be presented as to the specific purpose for which the assets were transferred. Convincing evidence of the purpose or purposes of the transfers has not been provided in the instant matter. The Hearing Officer is not persuaded by the record and testimony that MassHealth erred in determining that the appellant made a disqualifying transfer of resources.

Once it has been established that an applicant has made a disqualifying transfer of resources, MassHealth calculates the period of ineligibility by adding “the value of all the resources transferred during the look-back period and divid[ing] 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.” See 130 CMR 520.019(G)(2). MassHealth then applies the 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.” *Id.*

Based on the above, the disqualifying transfer amount is \$63,685.26. At the time of his application in July 2025, the average daily nursing home private pay rate in Massachusetts was \$441.00. See MassHealth Eligibility Operations Memo 24-07. In accordance with 130 CMR 520.019(G)(2)(i), MassHealth correctly imposed a 145-day period of ineligibility (\$63,685.26/\$441) beginning on the appellant’s otherwise eligible date of July 1, 2025, and lasting until November 22, 2025.

As the appellant did not demonstrate by a preponderance of the evidence that MassHealth erred in imposing a period of ineligibility for a disqualifying transfer of resources, 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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

cc: [REDACTED]

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780