

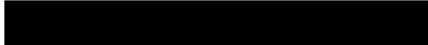
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2600179
Decision Date:	2/17/2026	Hearing Date:	02/06/2026
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for MassHealth:

Patricia Rogers, Integration Unit, Taunton 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:	Approved in part; Denied in part	Issue:	Long Term Care; Disqualifying Transfers
Decision Date:	2/17/2026	Hearing Date:	02/06/2026
MassHealth's Rep.:	Patricia Rogers	Appellant's Rep.:	[REDACTED]
Hearing Location:	Board of Hearings, Remote	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 11/21/25, MassHealth approved the Appellant's application for long-term care benefits effective 9/9/25 and imposed an eight-day period of ineligibility due to disqualifying resource transfers. *See* 130 CMR 520.018 and Exh. 1. The Appellant filed this appeal in a timely manner on 1/6/26. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance constitutes valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant's application for long-term care benefits but imposed an eight-day period of ineligibility based on its determination that the Appellant made disqualifying resource transfers totaling \$3,200.

Issue

The issues under appeal are (1) whether MassHealth correctly determined that the Appellant transferred or sold assets to qualify for MassHealth benefits, and (2) on this basis, appropriately

imposed an eight-day period of ineligibility under 130 CMR §§ 520.018, 019.

Summary of Evidence

A MassHealth representative appeared at the hearing and through testimony and documentary submissions presented the following evidence. The Appellant, who is over the age of 65, is a nursing facility resident and was initially approved by MassHealth for a six-month short-term stay ending on █████ 25. *See* Exh. 7, p. 1. On █████ 25, MassHealth received a long-term care conversion application for the Appellant, with a requested coverage start date of 9/1/25. *Id.* On 11/13/25, MassHealth issued a request for additional information, including receipts related to two resource transfers Appellant made from her account in September 2025. *Id.* at 4. On 11/21/25, MassHealth approved Appellant's application for long-term care coverage effective 9/9/25 but imposed an eight-day period of ineligibility from 9/1/25 to 9/8/25 due to the two resource transfers, which MassHealth determined were made for less than fair market value. *See* Exh. 1.

Specifically, MassHealth determined that the Appellant issued two checks in the amount of \$1,600 each from her checking account to family members: one dated 8/29/25 and processed on 9/30/25; and one dated 8/7/25 and processed on 9/29/25. Once the checks were processed and cleared, Appellant's bank account balance was reduced to under \$2,000. Based on the two checks, MassHealth calculated a total uncompensated transfer amount of \$3,200 and divided that amount by the applicable average daily private-pay rate of \$450.00, resulting in an eight-day period of ineligibility. *Id.*

The MassHealth representative testified that prior to the hearing, the family members, to whom the checks were issued, provided a written explanation stating that the transferred funds were intended as compensation for cleaning and moving services performed for the Appellant. The representative explained that, notwithstanding this explanation, no receipts, invoices, or other underlying documentation were submitted to verify that the services were performed or to substantiate the cost of those services. MassHealth further noted that a portion of one of the checks included an allotment toward a future burial plot, and no documentation was provided to establish that such a burial plot had been purchased. The representative also testified that a family member may not hold funds on behalf of an applicant for a future purpose. In the absence of verification, MassHealth treated the checks as disqualifying transfers pursuant to program regulations.

The Appellant's representative testified that the checks were each in the amount of \$1,500, not \$1,600, and submitted copies of the negotiated checks and the corresponding bank statement page reflecting those amounts. *See* Exhs. 4 and 6. The 8/7/25 check, written to the Appellant's granddaughter for \$1,500 and processed on 9/29/25, included a memo line referencing "moving expenses." *Id.* The 8/29/25 check, written to the Appellant's daughter-in-law for \$1,500 and processed on 9/30/25, included a memo line referencing "plot and moving expenses." *Id.*

The Appellant's representative testified that the Appellant wrote the checks primarily to cover cleaning and moving expenses associated with vacating her community apartment before her short-term coverage and home maintenance needs allowance expired, and that such services were necessary to avoid incurring an additional month's rent. A written explanation signed by the Appellant's daughter-in-law and granddaughter, the recipients of the checks, stated that they performed the cleaning and moving services because doing so was more cost-effective than hiring professionals or outsourcing the work. *See* Exh. 5. The written statement further indicated that the second check, dated 8/29/25, included an allotment toward a future burial plot, which the family members had agreed to cover. *Id.*

The Appellant's representative testified that prior to the hearing, she requested that the Appellant's family members provide receipts or other documentation to verify the cost of the cleaning and moving services; however, the family members informed her that they did not have such documentation. They also indicated that a burial plot had not yet been purchased.

MassHealth did not dispute that the discrepancy in the check amounts may have resulted from legibility issues in the faxed bank records. The representative testified that, if the checks were confirmed to be \$1,500 each rather than \$1,600, the total transfer amount and resulting penalty period could be adjusted accordingly. The representative further explained that MassHealth would await a decision on the transfer issue before making any such adjustment.

Findings of Fact

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

1. The Appellant, who is over the age of 65 and a resident of a nursing facility, received six months of short-term MassHealth coverage ending on [REDACTED] 25.
2. On 8/7/25, the Appellant wrote a check to her granddaughter for \$1,500 for "moving expenses;" the check was processed and cleared from the Appellant's account on 9/29/25.
3. On 8/29/25, the Appellant wrote a check to her daughter-in-law for \$1,500 for "plot and moving expenses;" the check was processed and cleared from the Appellant's account on 9/30/25.
4. Once the checks were processed, the Appellant's bank account balance was reduced to below \$2,000.
5. On [REDACTED] 25, MassHealth received a long-term care conversion application for the

Appellant, with a requested coverage start date of 9/1/25.

6. Upon reviewing the bank records submitted as part of the Appellant's long-term care application, MassHealth identified the two checks that cleared on 9/29/25 and 9/30/25 as being in the amount of \$1,600 each.
7. The Appellant did not provide receipts or other documentation to establish that the checks were issued in exchange for goods or services at fair market value.
8. On 11/21/25, MassHealth approved the Appellant's application for long-term care coverage effective 9/9/25 but imposed an eight-day period of ineligibility from 9/1/25 to 9/8/25 due to the two resource transfers, which MassHealth determined totaled \$3,200.
9. MassHealth divided the total transfer amount of \$3,200 by the average daily private-pay rate of \$450.00 to calculate the eight-day period of ineligibility.
10. The Appellant's granddaughter and daughter-in-law submitted a signed written statement explaining that the checks were intended as payment for cleaning and moving services provided to assist the Appellant in vacating her community apartment before her short-term coverage expired and that a portion of one check was intended to be allocated toward a future burial plot.
11. As of the hearing date, no burial plot had been purchased.

Analysis and Conclusions of Law

To qualify for MassHealth long-term care coverage, the assets of an institutionalized applicant may not exceed \$2,000.00. *See* 130 CMR 520.016(A). Consistent with federal law, MassHealth imposes strict limitations on asset transfers made prior to application "in order 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. Div. of Med. Assistance*, 68 Mass. App. Ct. 228, 229 (2007)). When MassHealth determines that an applicant or spouse made a disqualifying transfer during the five-year lookback period, it must impose a period of ineligibility before the applicant can receive long-term care benefits. *Id.*

The governing transfer rules are set forth in 130 CMR §§ 520.018 and 520.019, and state, in relevant part, the following:

The MassHealth agency denies 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 is sixty months, or five years, preceding the date on which the individual is both a nursing facility resident and has applied for, or is receiving, MassHealth Standard. See 130 CMR 520.019(B).

Here, the applicable look-back period begins on [REDACTED] 25, the date on which the Appellant was both a nursing facility resident and had applied for MassHealth long-term care benefits. See 130 CMR 520.019(B). There is no dispute that the transfers at issue, which occurred on 9/29/25 and 9/30/25, fall within the five-year look-back period.

Under 130 CMR 520.019(C), a disqualifying transfer occurs when, during the applicable look-back period, a nursing facility resident or spouse transfers “a resource, or interest in a resource, owned by or available to the resident or the spouse... for less than fair market value,” unless the transfer falls within a permissible, identified, or exempted category under 130 CMR 520.019(D), (F), or (J).¹

This appeal addresses whether MassHealth correctly determined that the Appellant made disqualifying transfers totaling \$3,200 based on two checks in the amount of \$1,600 each and, on that basis, appropriately imposed an eight-day period of ineligibility from 9/1/25 through 9/8/25.

As a preliminary matter, it was noted at the hearing that the two checks at issue appeared to have been written in the amount of \$1,500 each, rather than \$1,600. While MassHealth correctly noted the legibility issues in the underlying bank records, a careful review of the documentation, including copies of the negotiated checks and corresponding bank statements, establishes that each check was issued in the amount of \$1,500, for a total transfer amount of \$3,000. See Exhs. 4-7.

With respect to the substance of the transfers at issue, the evidence demonstrates that the Appellant issued both checks in August 2025, shortly before [REDACTED] 25, the date her short-term coverage was set to expire. The checks were processed and cleared from her account approximately one week before MassHealth received the Appellant’s long-term care application, effectively reducing her account balance to below the \$2,000 asset limit.

Although a written explanation regarding the intended purpose of the transfers was submitted into evidence, the Appellant did not provide invoices, receipts, contemporaneous written

¹ Appellant did not argue that the transfers fell within any specific disqualifying resource transfer exception.

service agreements, or other objective documentation to establish that the payments were made in exchange for goods or services at fair market value. While the explanation offered is plausible, there is no evidence demonstrating how the amounts attributed to cleaning and moving services were calculated, whether those amounts reflected fair market value, or how the funds were allocated among the various stated purposes, including the portion designated for a burial plot. Given the mixed purpose of the checks, the proximity of the transactions to the Appellant's request for long-term care coverage, and the absence of documentation substantiating fair market value, MassHealth appropriately treated the transfers as disqualifying under 130 CMR 520.019.

Once a disqualifying transfer has been identified, MassHealth calculates the resulting period of ineligibility pursuant to 130 CMR 520.019(G), which states, in relevant part, the following:

(i) Multiple transfers occurring on or after February 8, 2006. The MassHealth agency adds the value of all the resources transferred during the look-back period and divides 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. The result will be a single 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.

Dividing \$3,000 by the applicable average daily private-pay rate of \$450.00 results in a penalty of 6.66 days, which, pursuant to MassHealth policy, is rounded up to seven (7) days. Accordingly, the adjusted period of ineligibility runs from 9/1/25 through 9/7/25.

Based on the foregoing, the appeal is APPROVED IN PART and DENIED IN PART. The appeal is DENIED insofar as MassHealth correctly determined that the checks Appellant issued in August 2025 and which were processed in September 2025 were disqualifying resource transfers. The appeal is APPROVED insofar as the correct total transfer amount is \$3,000, resulting in an adjusted seven (7)-day period of ineligibility.

Order for MassHealth

Adjust the total disqualifying transfer amount to \$3,000, impose a seven (7) day period of ineligibility from 9/1/25 through 9/7/25, and approve the Appellant for long-term care MassHealth benefits effective 9/8/25, provided all other eligibility requirements are satisfied.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Casey Groff
Hearing Officer
Board of Hearings



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