

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

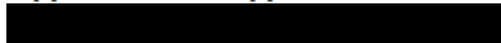
**Appeal Number:** 2202775

**Decision Date:** 6/14/2022

**Hearing Date:** 05/19/2022

**Hearing Officer:** Paul C. Moore

**Appearance for Appellant:**



**Appearances for MassHealth:**

Linda Phillips, R.N., associate director for appeals and regulatory compliance; Jennifer Bock, R.N., clinical coordinator for clinical eligibility (both from University of Massachusetts Medical School, and both by telephone; Ms. Bock observing only)



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Clinical Eligibility for Moving Forward Plan waiver
<b>Decision Date:</b>	6/14/2022	<b>Hearing Date:</b>	05/19/2022
<b>MassHealth Reps.:</b>	Linda Phillips and Jennifer Bock	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	Yes

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

By notice dated March 29, 2022, MassHealth notified the appellant that he is no longer clinically eligible for participation in MassHealth's Moving Forward Plan Community Living Home- and Community-Based Services Waiver (MFP-CL) because he cannot be safely served in the community within the terms of the MFP-CL waiver (Exhibit 1). The appellant filed a timely appeal with the Board of Hearings (BOH) on April 6, 2022 (Exhibit 2). A determination regarding clinical eligibility for a waiver program is a valid basis for appeal to BOH (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that the appellant is no longer clinically eligible for participation in the MFP-CL waiver program.

### Issue

The issue is whether MassHealth correctly determined that the appellant is no longer clinically eligible for participation in the MFP-CL waiver because he cannot be safely served in the community within the terms of the waiver.

## Summary of Evidence

MassHealth was represented at hearing by a Registered Nurse who is associate director for appeals and regulatory compliance at the University of Massachusetts Medical School (“MassHealth nurse”). The MassHealth nurse testified that the MFP-CL (“community living”) waiver is for disabled MassHealth members who can move into their own home or apartment, or into the home of someone else, and who can receive services in the community for fewer than twenty-four hours a day, seven days a week (Testimony).

The MassHealth nurse testified that the appellant, who is [REDACTED], applied for and was approved by MassHealth to receive services under the MFP-CL waiver in January, 2019, and then transitioned to an apartment in the community on June 24, 2020.<sup>1</sup> The appellant’s medical diagnoses include alcohol abuse and dependency, polysubstance abuse, chronic pancreatitis, depression, anxiety, bipolar disorder, schizoaffective disorder, obesity, hypertension, diabetes, coronary artery disease status-post placement of a drug-eluting stent (DES), spinal stenosis requiring laminectomies and two spinal fusion surgeries, sleep apnea, neuropathy, peripheral vascular disease, benign prostatic hyperplasia, upper gastrointestinal bleed with hemorrhagic shock, and a malignant neoplasm status-post thyroidectomy (Testimony, Exh. 4, Exh. 5).

The MassHealth nurse testified that federal regulations require periodic reviews, at least annually, of a member’s participation in a MFP-CL waiver program. She added that a member approved for MFP-CL waiver services is also reassessed annually to determine if he or she continues to meet the clinical criteria necessary for the member to remain living safely in the community (Testimony).

Here, MassHealth determined that the appellant’s participation in the MFP-CL waiver would be terminated because the appellant can no longer be safely served in the community, according to the MassHealth nurse. She noted that medical records reviewed by waiver complex clinical eligibility review team reflect a general psychiatric decompensation of the appellant since his annual reevaluation in June, 2021. Specifically, the appellant had both medical and psychiatric hospitalizations between August, 2020 and November, 2020, including one after falling in his apartment and two for urinary tract infections. According to the MassHealth nurse, he has also had difficulty maintaining staff, including home health aides (HHAs) from an agency, Guardian Angels. Case management notes from the Massachusetts Rehabilitation Commission (MRC) submitted into the record by MassHealth reflect that the appellant has declined to participate in physical and occupational therapy after initially agreeing to plans of care involving such therapy (Testimony, Exh. 4C, pp. 28-29).

In September, 2021, according to the MassHealth nurse, the appellant’s behaviors escalated severely. A MRC case manager documented that the appellant was sexually inappropriate with a female HHA who was providing care to him, and purportedly would not open a door for the HHA to leave the room (Testimony, Exh. 4D, p. 43). The MRC case manager documented that on

---

<sup>1</sup> Regulations applicable to this program, 130 CMR 519.007(H), refer to this program as the Money Follows the Person Waiver.

September 27, 2021, a HHA assigned to the appellant reported that the appellant threatened her, grabbed her breasts, accused her of stealing his cell phone charger, and struck her in the head with her cell phone (Testimony, Exh. 4D, pp. 49-59). The HHA called the police on that occasion, and a responding police officer sought a medical order to have the appellant involuntarily admitted to a hospital for evaluation under section 12(a) of M.G.L. c. 123.<sup>2</sup> However, on that occasion, the appellant agreed to go to the [REDACTED] for a psychiatric evaluation, where his psychiatric medications were adjusted (Exh. 4D, pp. 60-170).<sup>3</sup>

The MassHealth nurse testified that on October 21, 2021, the appellant, his MFP-CL waiver case manager and others met at the appellant's apartment with [REDACTED], a MRC consulting licensed independent clinical social worker, to assess the appellant's escalating behaviors.<sup>4</sup> [REDACTED] documented that at the meeting, the appellant was "alert and oriented, with an observed labile mood, irritable affect, and tangential thought process" (Exh. 4D, p. 47). [REDACTED] also documented that the appellant "appeared to display very limited insight into what role he may have played in assault reports, caregiver alienation, and staff turnover" (*Id.*, p. 48). [REDACTED] documented that ". . . it was difficult to engage [the appellant] in a discussion around what community services (mental health, day program, others) that he may be interested in" (*Id.*). [REDACTED] concluded that:

. . . [The appellant] is at risk of continued psychiatric decompensation, with the added potential of medication mismanagement and medical decompensation. These ongoing risk factors continue to place [the appellant] at a high level of safety risk in the community.

(*Id.*).

The MassHealth nurse testified that on November 2, 2021, a Zoom meeting was held with members of the appellant's family, including his sister, sister-in-law, and [REDACTED]. At that meeting, the appellant's sister noted a decline in the appellant's "basic civility" and "overt racism" toward aides of color (Testimony, Exh. 4D, p. 359). The MassHealth nurse testified that his sister-in-law, who is a psychiatrist living in Oregon, reported during the meeting that the appellant has exhibited "hypersexuality," which she stated he has recently directed toward her (*Id.*). On November 8, 2021, a MRC waiver case manager documented that she learned the appellant was hospitalized at [REDACTED].

---

<sup>2</sup> M.G.L. c. 123, section 12(a) states: "Any physician who is licensed pursuant to section 2 of chapter 112 or qualified psychiatric nurse mental health clinical specialist authorized to practice as such under regulations promulgated pursuant to the provisions of section 80B of said chapter 112 or a qualified psychologist licensed pursuant to sections 118 to 129, inclusive, of said chapter 112, or a licensed independent clinical social worker licensed pursuant to sections 130 to 137, inclusive, of chapter 112 who, after examining a person, has reason to believe that failure to hospitalize such person would create a likelihood of serious harm by reason of mental illness may restrain or authorize the restraint of such person and apply for the hospitalization of such person for a 3-day period at a public facility or at a private facility authorized for such purposes by the department."

<sup>3</sup> October 6, 2021 progress notes from Lahey Clinic reflect that the appellant was "acutely agitated," threw a table across the room, yelled profanities at nurses, was placed in four-point restraints, and required chemical sedation (Exh. 4D, p. 70).

<sup>4</sup> Initials are used to protect confidentiality.

<sup>5</sup> The appellant was not present at that meeting.

██████████, awaiting placement in a psychiatric bed (*Id.*, p. 357). Progress notes from ██████████ reflect that the appellant arrived there on November 7, 2021 via a Section 12 order from his outpatient psychiatrist (his sister-in-law) “with concerns for irritability, grandiosity, and paranoid delusions” (Exh. 4D, p. 233). A progress note from a hospital psychiatrist documents that the appellant’s sister-in-law reported that “when [the appellant] takes antipsychotics he functions very well but he has been refusing [his medications]” (*Id.*).

Next, according to the MassHealth nurse, a MRC case manager documented that the appellant’s sister-in-law reported to her that on January 3, 2022, the appellant was served with an eviction notice from his apartment landlord due to “[the appellant’s] blatant disrespect of apartment management staff as well as getting into a physical altercation with another tenant” (Exh. 4D, pp. 366-367).<sup>6</sup>

The MassHealth nurse testified that on January 20, 2022, the appellant met with an outpatient psychiatrist from ██████████, ██████████, via a telehealth appointment (Testimony). ██████████ documented in a progress note that the appellant self-administers prescribed Depakote, Quetiapine and Trazodone (*Id.*, p. 348). The appellant reported to ██████████ that the events giving rise to him being served with an eviction notice occurred when he was not taking his prescribed medications (*Id.*). He reported to ██████████ that he uses cannabis a few days per week (*Id.*, p. 349). ██████████ documented that the appellant was “suspicious of his family and declined to authorize ██████████ to speak to his family members” (*Id.*, p. 353). ██████████ recommended that the appellant’s dosage of Quetiapine be increased to help relax him, and the appellant agreed to this plan (*Id.*).

On February 23, 2022, an annual redetermination meeting of the appellant’s eligibility for MFP-CL waiver services was held at the appellant’s apartment. The appellant, a MassHealth waiver nurse and the appellant’s MRC case manager were present. The MassHealth waiver nurse who was present documented that the appellant was “tangential” and condescending (Exh. 4C, pp. 31-32). The appellant stated that the HHAs he had worked with were “uneducated and did not know what they were doing” (*Id.*, p. 31). The appellant reported being able to dress and bathe himself with difficulty, and being incontinent of bowel (*Id.*). Since Guardian Angels refused to work with the appellant any longer, he has a new home health agency, Next Step, but he has had difficulty with staff there as well, including terminating an Individual Support and Community Habilitation worker (Exh. 4C, p. 29). As a result of the incident in September, 2021, when he is alleged to have struck a HHA with her phone, the appellant had a “court magistrate” hearing scheduled in April, 2022 (*Id.*, p. 31).

The MassHealth nurse testified that although the appellant was approved by MassHealth for 74 home care hours per week, he reported using only 20 (Testimony).

Following this in-person assessment, the MassHealth waiver nurse who met with the appellant wrote that “it is evident that [the appellant] now requires a higher level of care than can be provided

---

<sup>6</sup> The MassHealth nurse did not specify how the notice of eviction was resolved, nor do the documents within Exhibit 4 shed light on this.

within the MFP-CL waiver,” that he lacked insight into his own care needs, that he lacked hands-on informal supports, and that he has made it difficult “staff him with formal caregivers” (*Id.*). She documented also that the appellant remains “psychiatrically unstable” (*Id.*).

On March 24, 2022, according to the MassHealth nurse, the MassHealth waiver complex clinical eligibility team met to discuss the appellant’s continued approval for MFP-CL waiver services. The team documented that after discussion and document review, the appellant “has demonstrated an inability to safely reside in the community independently,” requires 24/7 care and supervision, “remains psychiatrically unstable and is a significant safety risk to not only himself but to caregivers as well” (*Id.*, p. 32). The team concluded that the appellant can no longer be safely served in the MFP-CL waiver (*Id.*).

A notice to this effect was mailed to the appellant on March 29, 2022, apprising the appellant that his last day of services would be April 11, 2022 (Exh. 1). However, the appellant qualified for “aid pending” and thus remains a resident at his apartment, and continues to receive MFP-CL waiver services as of the hearing date, according to the MassHealth nurse.

The appellant testified by telephone that he used to have home care staff eight to twelve hours per day, but was not entirely comfortable with them because he did not know them. He stated that he was assaulted by a HHA’s 14 year-old daughter at his apartment. He denied striking a HHA. He denied being sexually inappropriate or provocative with his sister-in-law. He acknowledged smoking marijuana in his apartment in the past, but stated he no longer does. He stated that some of his HHAs, or their spouses, smoked marijuana in his apartment. He acknowledged being placed in restraints while waiting for a psychiatric bed while at [REDACTED] last September. He stated that his family is not supportive of him. He uses a wheelchair to ambulate, and needs some support with his activities of daily living (ADLs). He stated that some HHAs stole money from him (Testimony).

He has a good relationship with his current outpatient psychiatrist, [REDACTED]. He was bit by a rapid bat while he was in college, which caused his psychiatric difficulties. He would like to continue his education, possibly at the Massachusetts College of Art. He worked at [REDACTED] in the past, and used to own a small home in [REDACTED]. Immediately before his approval for MFP-CL waiver services in 2019, he was a resident at a nursing facility after sustaining a back injury (Testimony).

He currently lives in a subsidized apartment community for the elderly and disabled, and would like to continue to receive the MFP-CL waiver services (Testimony).

### **Findings of Fact**

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

1. The appellant is a [REDACTED] MassHealth member who lives alone in the community (Testimony, Exh. 4).
2. The appellant’s medical diagnoses include alcohol abuse and dependency, polysubstance

abuse, chronic pancreatitis, depression, anxiety, bipolar disorder, schizoaffective disorder, obesity, hypertension, diabetes, coronary artery disease status-post placement of a drug-eluting stent (DES), spinal stenosis requiring laminectomies and two spinal fusion surgeries, sleep apnea, neuropathy, peripheral vascular disease, benign prostatic hyperplasia, upper gastrointestinal bleed with hemorrhagic shock, and a malignant neoplasm status-post thyroidectomy (Testimony, Exh. 4, Exh. 5).

3. In 2019, while residing at a nursing facility, the appellant applied for, and was approved to receive, services under the MassHealth MFP-CL waiver, which is for disabled MassHealth members who can move into their own home or apartment, or into the home of someone else, and who can receive services in the community for fewer than twenty-four hours a day, seven days a week (Testimony).
4. The appellant moved into his own apartment in the community, which is for seniors and disabled individuals, in June, 2020 (Testimony, Exh. 4).
5. MassHealth annually reassesses members approved for MFP-CL waiver services to determine if they continue to meet the clinical criteria necessary to remain living safely in the community (Testimony, Exh. 5).
6. By notice dated March 29, 2022, MassHealth notified the appellant that he is no longer clinically eligible for participation in MFP-CL waiver because he cannot be safely served in the community within the terms of the MFP-CL waiver (Exhibit 1).
7. The appellant filed a timely appeal of this notice with the BOH on April 6, 2022 (Exh. 2).
8. The appellant had both medical and psychiatric hospitalizations between August, 2020 and November, 2020, including one after falling in his apartment and two for urinary tract infections (Exh. 4C, pp. 28-29).
9. Case management notes from the MRC submitted into the record by MassHealth reflect that the appellant has declined to participate in physical and occupational therapy after initially agreeing to plans of care involving such therapy (*Id.*).
10. In September, 2021, the appellant was sexually inappropriate with a female HHA who was providing care to him, and purportedly would not open a door for the HHA to leave the room (Testimony, Exh. 4D, p. 43).
11. The appellant's MRC case manager documented that on September 27, 2021, a HHA assigned to the appellant reported that the appellant threatened her, grabbed her breasts, accused her of stealing his cell phone charger, and struck her in the head with her cell phone (Testimony, Exh. 4D, pp. 49-59).
12. The HHA called the police on that occasion, and a responding police officer sought a

medical order to have the appellant involuntarily admitted to a hospital for evaluation under section 12(a) of M.G.L. c. 123 (*Id.*).

13. On that occasion, the appellant instead agreed to go to [REDACTED] for a psychiatric evaluation (Testimony).
14. October 6, 2021 progress notes from [REDACTED] reflect that the appellant was “acutely agitated,” threw a table across the room, yelled profanities at nurses, was placed in four-point restraints, and required chemical sedation (Exh. 4D, p. 70).
15. On October 21, 2021, the appellant, his MFP-CL waiver case manager and others met at the appellant’s apartment with [REDACTED], a MRC consulting licensed independent clinical social worker, to assess the appellant’s escalating behaviors (Exh. 4D, pp. 47-48).
16. [REDACTED] documented that at the meeting, the appellant was “alert and oriented, with an observed labile mood, irritable affect, and tangential thought process,” that the appellant “appeared to display very limited insight into what role he may have played in assault reports, caregiver alienation, and staff turnover,” and that “. . . it was difficult to engage [the appellant] in a discussion around what community services (mental health, day program, others) that he may be interested in” (*Id.*).
17. Following the October 21, 2021 meeting, [REDACTED] concluded that: “[The appellant] is at risk of continued psychiatric decompensation, with the added potential of medication mismanagement and medical decompensation. These ongoing risk factors continue to place [the appellant] at a high level of safety risk in the community” (*Id.*).
18. The appellant is prescribed psychiatric medications including Depakote, Quetiapine, and Trazadone, but has a history of not taking his medications (Exh. 4).
19. On November 2, 2021, a Zoom meeting was held with members of the appellant’s family, including his sister, sister-in-law, and [REDACTED], at which the appellant’s sister noted a decline in the appellant’s “basic civility” and “overt racism” toward aides of color (Testimony, Exh. 4D, p. 359).
20. The appellant’s sister-in-law reported that the appellant has exhibited hypersexuality, which he has directed at her, among others (*Id.*).
21. On November 8, 2021, a MRC waiver case manager documented that she learned the appellant was hospitalized at [REDACTED], awaiting placement in a psychiatric bed (*Id.*, p. 357).
22. Progress notes from [REDACTED] reflect that the appellant arrived there on November 7, 2021 via a Section 12 order from his outpatient psychiatrist (his sister-in-law) “with concerns for irritability, grandiosity, and paranoid delusions” (*Id.*, p. 233).



23. A progress note from a hospital psychiatrist documents that the appellant's sister-in-law reported that "when [the appellant] takes antipsychotics he functions very well but he has been refusing [his medications]" (*Id.*).
24. A MRC case manager documented that the appellant's sister-in-law reported to her that on January 3, 2022, the appellant was served with an eviction notice from his apartment landlord due to "[the appellant's] blatant disrespect of apartment management staff as well as getting into a physical altercation with another tenant" (Exh. 4D, pp. 366-367).
25. The appellant uses a wheelchair to ambulate (Testimony).
26. The appellant terminated an Individual Support and Community Habilitation worker from the Next Step Agency (Exh. 4C, p. 29).
27. The Guardian Angels agency refuses to work with the appellant any longer (Testimony, Exh. 4).
28. On January 20, 2022, the appellant met with an outpatient psychiatrist from [REDACTED], [REDACTED], via a telehealth appointment (Testimony).
29. The appellant reported to [REDACTED] that he uses cannabis a few days per week (Exh. 4D, p. 349).
30. [REDACTED] documented that the appellant was "suspicious of his family and declined to authorize to speak to his family members" (*Id.*, p. 353).
31. [REDACTED] recommended that the appellant's dosage of Quetiapine be increased to help relax him, and the appellant agreed to this plan (*Id.*).
32. On February 23, 2022, an annual redetermination meeting of the appellant's eligibility for MFP-CL waiver services was held at the appellant's apartment, at which the appellant, a MassHealth waiver nurse and the appellant's MRC case manager were present (Testimony, Exh. 5).
33. The MassHealth waiver nurse who was present documented that the appellant was "tangential" and condescending (Exh. 4C, pp. 31-32).
34. The appellant stated that the HHAs he had worked with were "uneducated and did not know what they were doing" (*Id.*, p. 31).
35. The appellant reported being able to dress and bathe himself with difficulty, and being incontinent of bowel (*Id.*).
36. Although the appellant was approved by MassHealth for 74 home care hours per week, he

reported using only 20 (Testimony).

37. Following this in-person assessment, the MassHealth waiver nurse who met with the appellant wrote that “it is evident that [the appellant] now requires a higher level of care than can be provided within the MFP-CL waiver,” that he lacked insight into his own care needs, that he lacked hands-on informal supports, and that he has made it difficult “staff him with formal caregivers” (Exh. 4C, p. 31).
38. On March 24, 2022, according to the MassHealth nurse, the MassHealth waiver complex clinical eligibility team met to discuss the appellant’s continued approval for MFP-CL waiver services. The team documented that after discussion and document review, the appellant “has demonstrated an inability to safely reside in the community independently,” requires 24/7 care and supervision, “remains psychiatrically unstable and is a significant safety risk to not only himself but to caregivers as well” (*Id.*, p. 32).
39. Via notice dated March 29, 2022, MassHealth notified the appellant that his MFP-CL waiver services would terminate on April 11, 2022 (Exh. 1).
40. The appellant qualified for “aid pending” the outcome of this appeal, and remains a resident at his apartment with MFP-CL waiver services in place (Testimony).

### **Analysis and Conclusions of Law**

MassHealth regulations at 130 CMR 519.007 describe the eligibility requirements for MassHealth Standard coverage for individuals who would be institutionalized if they were not receiving home- and community-based services. In particular, 130 CMR 519.007(H) describes the eligibility criteria for the MFP-CL waiver, as follows:<sup>7</sup>

(H) Money Follows the Person Home- and Community-Based Services Waivers.

...

(2) Money Follows the Person (MFP) Community Living Waiver.

(a) Clinical and Age Requirements. The MFP Community Living Waiver, as authorized under § 1915(c) of the Social Security Act, allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing facility services, chronic disease or rehabilitation hospital services, or, for participants 18 through 21 years of age or 65 years of age or older, psychiatric hospital services to receive specified waiver services, other than residential support services in the home or community, if he or she meets all of the following criteria:

1. is 18 years of age or older and, if younger than 65 years old, is totally and permanently disabled in accordance with Title XVI standards
2. is an inpatient in a nursing facility, chronic disease or rehabilitation hospital, or, for participants 18 through 21 years of age or 65 years of age or older, psychiatric

---

<sup>7</sup> A second waiver program, the Moving Forward Plan residential supports waiver, is not relevant to this appeal.

hospital with a continuous length of stay of 90 or more days, excluding rehabilitation days;

3. must have received MassHealth benefits for inpatient services, and be MassHealth eligible at least the day before discharge;

4. needs one or more of the services under the MFP Community Living Waiver;

**5. is able to be safely served in the community within the terms of the MFP Community Living Waiver; and**

6. is transitioning to the community setting from a facility, moving to a qualified residence, such as a home owned or leased by the applicant or a family member, an apartment with an individual lease, or a community-based residential setting in which no more than four unrelated individuals reside.

(Emphasis added)

There is no dispute that the appellant meets the age and disability requirements set forth above. The only issue in dispute is the appellant's ability to be safely served in the community under the MFP-CL waiver.

Here, the appellant has been participating in the MFP-CL waiver program since June, 2020. He lives in his own apartment in a building for seniors and disabled persons. Beginning in August, 2020, the appellant has been hospitalized numerous times, for falls, urinary tract infections and for psychiatric reasons.

The appellant has both serious medical and mental health diagnoses. The appellant has exhibited a pattern of failing to take his prescribed medications. The appellant has shown a tendency to engage aggressively with others, including striking a caregiver in his home with her cell phone and getting into altercations with other residents in his apartment building. When hospitalized, the appellant has shown similar aggression.

The appellant is mistrustful of his family, and does not want their help. Therefore, he has little hands-on, informal support from others, except for his paid caregivers. He has a history of complaints about, and of terminating, his caregivers.

Although the appellant has shown, at times, that he is willing to follow his recommended care plans (for example, by agreeing to take a higher dosage of Quetiapine), this has not consistently been the case.

The appellant has also been sexually inappropriate with caregivers, and with at least one member of his family.

Although the appellant sees an outpatient psychiatrist, he has shown limited insight into how his behaviors may affect others. While the appellant denied striking a caregiver, his testimony on this point is not credible.

The appellant needs help with his ADLs and uses a wheelchair to ambulate. I agree with MassHealth that the appellant is at risk of both medical and psychiatric decompensation if he remains living in the community without sufficient support. It is clear that the appellant would benefit from a more structured, and consistently supportive, living environment, such as a nursing facility.

I find that all of the above factors, taken together, support MassHealth's determination that appellant cannot be safely served in the community within the terms of the MFP-CL waiver.

MassHealth's decision to terminate the appellant's services because he can no longer be safely served in the community under the MFP-CL waiver was correct.

This appeal is DENIED.

### **Order for MassHealth**

None, other than to rescind aid pending.

### **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.

---

Paul C. Moore  
Hearing Officer  
Board of Hearings

cc: Linda Phillips, R.N., U.Mass. Medical School, 333 South Street, Shrewsbury, MA 01545