

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2203710
Decision Date:	12/8/2022	Hearing Date:	12/05/2022
Hearing Officer:	Christopher Taffe		

Appearances for Appellant:



Appearance for MassHealth:

Jernice Dias of the Taunton MEC
(by phone)



*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:	Retroactive benefit – Frail Elder Determination – PCA services Prior to Eligibility
Decision Date:	12/8/2022	Hearing Date:	12/05/2022
MassHealth’s Rep.:	J. Diaz	Appellant’s Reps.:	Daughter & Son
Hearing Location:	Taunton MassHealth Enrollment Center (Remote hearing)	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 series of substantively identical excess asset notices dated April 8, 2022 and May 13, 2022, MassHealth denied Appellant’s application for MassHealth benefits under the Frail Elder Waiver (FEW) because MassHealth determined that Appellant had more countable assets than MassHealth benefits allow. See Exhibit 1B and 130 CMR 519.007. On May 9, 2022, a timely appeal was filed with the Board of Hearings on Appellant’s behalf as to the April 8, 2022 notice, but the appeal request contained neither Appellant’s signature nor supportive documentation verifying authority. See Exhibit 1 and 130 CMR 610.015(B). On May 17, 2022, the Board of Hearings (BOH) dismissed this appeal request, without prejudice, based on insufficient authority. See Exhibit 2 and 130 CMR 610.035. The dismissal indicated that Appellant could vacate this request by filing a timely request to vacate within 10 days. See id.; 130 CMR 610.048. On June 3, 2022, Appellant filed a request to vacate by submitting a copy of Appellant’s Power of Attorney (POA) documents. See Exhibit 3.

While this appeal and vacate request was pending, through a notice dated August 4, 2022, MassHealth approved Appellant for MassHealth Standard benefits under the FEW program with a start date of August 1, 2022. See Exhibit 8.

On November 21, 2022, BOH vacated its dismissal and scheduled this matter for a hearing on December 5, 2022. See Exhibit 4.¹

Appellant's appeal request and other submitted documentation, as well as testimony at hearing, verified that Appellant is seeking relief in the form of a retroactive benefit start date and related financial reimbursement. See Exhibits 1, 5, and 6. BOH has jurisdiction over MassHealth determinations of the scope and start date of assistance. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved Appellant for MassHealth Standard benefits under the Frail Elder Waiver with a start date of August 1, 2022.

Issue

The appeal issues are: (1) Is Appellant entitled to an earlier start date? and (2) Is Appellant entitled to any reimbursement of PCA services she received prior to October 25, 2022?

Summary of Evidence

At all relevant times since calendar year 2021, Appellant is an elder single individual who is in her [REDACTED]. In [REDACTED] she broke a femur in her leg, leading to a subsequent hospitalization and nursing facility stay. During this time, Appellant's physical health, vision, and cognitive awareness declined with her advancing age. In [REDACTED], Appellant was discharged to her home where she has resided since with the assistance of her family; this has included her family paying a series of nine individuals to do assistance with Personal Care Attendant-type (or PCA-type) duties, providing physical assistance with activities of daily living.

Appellant's submission stated that the application process for MassHealth benefits began in late 2021, and on February 9, 2022, Appellant formally filed an application for MassHealth benefits. On February 22, 2022, MassHealth sent an information request to determine eligibility, and during the month of March 2022, Appellant responded with certain financial verifications of income, and on April 8, 2022, MassHealth determined that it could deny Appellant MassHealth benefits on financial reasons for being over the asset limit of \$2,000 for a single individual. At that time,

¹ There is no explanation in the file for the administrative delay between the June 13, 2022 filing and the November 2022 scheduling/vacate response. At hearing, Appellant's son indicated that he was told the paper was inadvertently filed away with no action. While there is certainly delay caused by the Board of Hearings it is also noted that Appellant's June 13, 2022 filing to vacate the dismissal was not technically timely, as it was received a few days after the 10-day deadline in the dismissal notice. In addition, the issue over the April 8, 2022 and May 13, 2022 notices technically became moot by the subsequent MassHealth approval action of August 4, 2022. Further, because this appeal is essentially an appeal of the start date and potential benefit coverage of PCA services, the earliest possible due date of an appeal challenge to an August 4, 2022 approval notice, assuming an appeal made immediately on that day of August 4, 2022, could have been November 2, 2022 per 130 CMR 610.015(B) and (D).

MassHealth believed Appellant was under the income limit for MassHealth consideration as the only reported income was a monthly pension benefit of \$1,024/month.

On or around April 21, 2022, MassHealth received notice that Appellant had received clinical approval for MassHealth Standard under the Frail Elder Waiver program. The Frail Elder Waiver program, also known as the Home-and-Community-Based Services Waiver, is a program that allows certain elders over the age of 60 who live in a community setting in Massachusetts, who otherwise would not be financially eligible for MassHealth benefits, to possibly qualify for MassHealth Standard benefits because the waiver has a higher and more applicant-friendly income standard than “traditional” MassHealth Standard benefits do.²

To be eligible for the FEW program, Applicant needed to reduce or deal with an excess asset issue related to an SBLI life insurance asset. This issue was resolved on August 4, 2022 when the life insurance asset was assigned to a funeral home and documentation of that assignment and the irrevocable burial contract was formally submitted to MassHealth. On that August 4, 2022 date, MassHealth found Appellant financially eligible (asset-eligible and income-eligible) for the FEW program and issued the approval notice. At that time, MassHealth still believed Appellant’s sole income was the pension of \$1,024/month.

MassHealth testified that, subsequently, at some point during the month of August 2022, MassHealth learned that Appellant also was eligible for and received a Social Security income benefit of approximately \$1,760/month. At hearing, the MassHealth Representative testified that this additional income would create a future income-eligibility problem for Appellant’s FEW benefits, in that the income limit for the FEW program would be limited to those individuals with income at or below 300% of the Federal Benefit Rate (FBR). See 130 CMR 519.007(B)(2)(b).³ In other words, MassHealth discovered that Appellant’s real income may affect her continued FEW eligibility in the future. However, at the present time, due to the federal Public Health Emergency (PHE) that has been in effect since March 2020 due to the worldwide COVID-19 pandemic, MassHealth is not currently allowed to potentially downgrade or terminate Appellant’s benefits. Discussion at hearing suggested that this was likely a future issue that may affect Appellant’s future eligibility and/or benefits, but it could not be part of this appeal.

With regard to the request for more retroactive benefits, the MassHealth Representative stated that, because the asset issue had been resolved in a timely and permissible manner, ordinarily the agency could have awarded a greater retroactive start date of April 21, 2022 (to the date when Appellant was clinically eligible for the FEW program) but she could not do that in this case because Appellant is not technically income-eligible for benefits. Essentially, she can’t compound the agency error and backdate the benefit coverage date to April 2022.⁴

² The FEW eligibility regulations are found in 130 CMR 519.007(B) and the “traditional” MassHealth Standard eligibility regulations, which did not require a federal waiver, are alluded to in 130 CMR 519.002 and discussed, in more specifics, at 130 CMR 519.005.

³ 300% of the FBR in calendar year 2022 is \$841, which means the monthly countable income limit for the FEW program is \$2,523. The total of Appellant’s pension and Social Security would exceed \$2,523/month.

⁴ It is noted here that the “benefit coverage date” does not mean the PCA services would be approvable and/or reimbursable as of that date. See more discussion within the Analysis, *infra*.

By obtaining a potentially earlier benefit start date, Appellant's family is seeking relief by having Appellant's previously paid PCA services, going back to October 2021, receive reimbursement. In its 400+ pages within Appellant's submission in Exhibit 5, Appellant submitted timesheets, bank statements, check copies, and other documentation of the PCA services in question. Specifically, there were 154 hours/week to 162 hours/week of PCA services received on a weekly basis from the week ending November 6, 2021 to the week ending October 22, 2022, resulting in weekly expenditures between \$2,600 and \$3,100. See Exhibit 5, pages 118-119.

After being approved on MassHealth Standard via the August 4, 2022 notice, Appellant requested and received PCA approval from the MassHealth program in October 2022. Specifically, via a notice dated October 25, 2022 (Exhibit 7), Appellant was approved in full for 49.50 day and evening PCA hours/week and 14.00 nighttime hours/week for a one-year Prior Approval (PA) period from 10/25/2022 to 10/24/2023. The PCA provider per the notice is Tri-Valley, Inc. Appellant's children indicated that the PCAs used for Appellant from 2021 to 2022 were all from Tri-Valley and provided similar levels of service.

Findings of Fact

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

1. At all relevant times since calendar year 2021, Appellant is an elder single individual who is in her [REDACTED] (Testimony and Exhibit 1 and 5)
2. Appellant applied for MassHealth benefits on February 9, 2022. (Testimony and Exhibit 5)
3. During the application process, Appellant began the clinical eligibility process for the Frail Elder Waiver option for MassHealth benefits. As a result, Appellant was found clinically eligible for the FEW program on April 21, 2022. (Testimony and Exhibit 5)
4. Via notices dated April 8, 2022 and May 13, 2022, MassHealth denied Appellant's request for benefits on the ground that there was an excess asset issue related to a SBLI life insurance policy. (Testimony and Exhibits 1B and 6)
 - a. Appellant appealed these eligibility denial notices to BOH, leading to this appeal. (Exhibit 1)
5. While the appeal was pending, MassHealth found Appellant had properly assigned the life insurance policy to a funeral home so she was now asset-eligible and thus financially eligible for MassHealth Standard benefits under the FEW program. MassHealth issued an approval notice on August 4, 2022, with an August 1, 2022 benefit start date. (Testimony and Exhibit 8)
 - a. Appellant's representatives and family member indicated that they wanted to appeal the start date of coverage and their goal was to seek potential reimbursement for previously

- paid PCA services. (Testimony and Exhibits 1 and 5)
6. MassHealth reported that the financial eligibility approval of August 4, 2022 was based on a determination that Appellant was both income-eligible and asset-eligible at that time. (Testimony)
 - a. MassHealth testified that the agency believed Appellant was income-eligible when it issued the August 4, 2022 approval notice because the only income MassHealth had on file for Appellant on that date was a pension benefit of \$1,024/month. (Testimony)
 - b. At all times relevant, Appellant also has a countable monthly Social Security benefit of approximately \$1,760/month. (Testimony)
 - c. The income-limit for the FEW program is \$2,523/month, or 300% of the Federal Benefit Rate.⁵
 - d. Due to the current PHE related to COVID-19, MassHealth may not downgrade or terminate Appellant's MassHealth benefits at the current time but her eligibility for continued benefits may be reviewed once the status of public health emergency has changed or come to an end. (Testimony)
 7. Appellant submitted paperwork and checks suggesting that Appellant has received between 154 and 162 hours of PCA services at home from October 2021 through October 2022. (Testimony and Exhibit 5)
 - a. Through this appeal, Appellant is seeking reimbursement, ranging from \$2,600 to \$3,100, for these PCA services received in the past and prior to her MassHealth eligibility determination. (Testimony and Exhibit 5)
 8. On October 25, 2022 MassHealth approved a Prior Approval (PA) request from Appellant for 49.50 day and evening PCA hours/week and 14.00 nighttime hours/week for a one-year PA period running from 10/25/2022 to 10/24/2023. The PCA provider per the notice is Tri-Valley, Inc. (Testimony and Exhibits 5 and 7)

⁵ See 130 CMR 519.007(B)(2)(b).

Analysis and Conclusions of Law

In reviewing the issues raised in this appeal, one must first determine which type of MassHealth benefits Appellant should receive, what is the potential earliest start date of such benefits, and then, whether such benefits may be used to grant the specific relief (namely reimbursement for past home care services) sought by Appellant's family.

130 CMR 519.000 contains the initial set of relevant regulations.

519.002: MassHealth Standard

(A) Overview.

(1) 130 CMR 519.002 through 519.007 contain the categorical requirements and asset and income standards for MassHealth Standard, which provides coverage for individuals aged 65 and older, institutionalized individuals, and those who would be institutionalized without community-based services.

(2) Individuals eligible for MassHealth Standard are eligible for medical benefits on a fee-for-service basis as defined in 130 CMR 515.001: Definition of Terms. The medical benefits are described in 130 CMR 450.105(A): MassHealth Standard.

*(3) **The begin date of medical coverage for MassHealth Standard is established in accordance with 130 CMR 516.005: Coverage Date...***⁶

...

519.005: Community Residents 65 Years of Age or Older

(A) Eligibility Requirements. Except as provided in 130 CMR 519.005(C), noninstitutionalized individuals 65 years of age and older may establish eligibility for MassHealth Standard coverage provided they meet the following requirements:

*(1) **the countable income amount, as defined in 130 CMR 520.009: Countable-income Amount, of the individual or couple is less than or equal to 100% of the federal poverty level; and***

*(2) **the countable assets of an individual are \$2,000 or less, and those of a married couple living together are \$3,000 or less.***

(B) Financial Standards Not Met. Except as provided in 130 CMR 519.005(C), individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.005(A) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, meeting a deductible as described at 130 CMR 520.028: Eligibility for a Deductible through 520.035: Conclusion of the Deductible Process, or both.

...

⁶ All regulations quoted here are reprinted from the mass.gov website at <https://www.mass.gov/service-details/member-eligibility-regulations> (as viewed on December 6, 2022). Although this 130 CMR 519 regulation says 130 CMR 516.005, it appears, per this Hearing Officer's memory, that the Coverage Date regulation which used to be found at 130 CMR 516.005 for many years was moved to 130 CMR 516.006 at some point in the last 5 years, and the cross reference at 130 CMR 519 was never properly updated. MassHealth will be encouraged in the Order to fix its regulations with a technical correction or to update its website of regulations.

519.007: Individuals Who Would Be Institutionalized

130 CMR 519.007 describes the eligibility requirements for MassHealth Standard coverage for individuals who would be institutionalized if they were not receiving home- and community-based services.

...

(B) Home- and Community-based Services Waiver-frail Elder.

(1) Clinical and Age Requirements. The Home- and Community-based Services Waiver allows an applicant or member who is certified by the MassHealth agency or its agent to be in need of nursing-facility services to receive certain waiver services at home if he or she

(a) is 60 years of age or older and, if younger than 65 years old, is permanently and totally disabled in accordance with Title XVI standards; and

(b) would be institutionalized in a nursing facility, unless he or she receives one or more of the services administered by the Executive Office of Elder Affairs under the Home and Community-based Services Waiver-frail Elder authorized under § 1915(c) of the Social Security Act.

(2) Eligibility Requirements. In determining eligibility for MassHealth Standard and for waiver services, the MassHealth agency determines income eligibility based solely on the applicant's or member's income regardless of his or her marital status. The applicant or member must

(a) meet the requirements of 130 CMR 519.007(B)(1)(a) and (b);

(b) have a countable-income amount less than or equal to 300% of the federal benefit rate (FBR) for an individual; and

(c) have countable assets of \$2,000 for an individual and, for a married couple if the initial Waiver eligibility determination was on or after January 1, 2014, have assets that are less than or equal to the standards at 130 CMR 520.016(B): Treatment of a Married Couple's Assets When One Spouse Is Institutionalized; and

(d) have not transferred resources for less than fair market value as described at 130 CMR 520.018: Transfer of Resources Regardless of the Transfer Date and 520.019: Transfer of Resources Occurring on or after August 11, 1993.

(3) Financial Standards Not Met. Individuals whose income, assets, or both exceed the standards set forth in 130 CMR 519.007(B)(2) may establish eligibility for MassHealth Standard by reducing their assets in accordance with 130 CMR 520.004: Asset Reduction, by meeting a deductible as described at 130 CMR 520.028 through 520.035, or by both.

(Bolded emphasis added.)

As stated above, Appellant was initially found to not be asset eligible in April 2022, but she timely resolved that issue by properly transferring the asset in August 2022. At the time of the August 4, 2022 determination, MassHealth had evidence that Appellant was both clinically eligible and financially eligible for the Frail Elder Waiver under 130 CMR 519.007(B) so the agency approved Appellant for Standard benefits under the waiver at 130 CMR 519.007(B), and not per the "traditional" eligibility rules within 130 CMR 519.005(B).

The approval notice of August 4, 2022 mentions "You may be eligible for medical services (excluding waiver services) received in the three months before the month you applied." See Exhibit 8 (parenthetical in original). This statement is based on the start date rule in 130 CMR

516.006.⁷

130 CMR 516.006 reads in its entirety as follows:

516.006: Coverage Date

(A) Start Date of Coverage.

(1) For individuals applying for coverage, the date of coverage for MassHealth is determined by the coverage type for which the applicant may be eligible. 130 CMR 519.000: MassHealth: Coverage Types describes the rules for establishing this date.

*(2) **The begin date of MassHealth Standard, Family Assistance, or Limited coverage may be retroactive to the first day of the third calendar month before the month of application, if covered medical services were received during such period, and the applicant or member would have been eligible at the time services were provided. If more than one application has been submitted and not denied, the begin date will be based on the earliest application that is approved. Retroactive eligibility does not apply to services rendered under a home- and community-based services waiver provided under section 1915(c) of the Social Security Act.***

(Bolded emphasis added.)

Per the last sentence of the above, Appellant is not entitled to any retroactive, or pre-application date, eligibility because the FEW benefits are a type of home-and-community-based service. Compare 130 CMR 516.006(B) with 130 CMR 519.007(B) (both mentioning waivers and section 1915(c) of the Social Security Act. MassHealth's testimony explained that eligibility may have been able to begin on the date of the clinical determination, but MassHealth pointed out that Appellant has an income-eligibility problem. No one from Appellant's side disputed the fact that Appellant had both social security and a pension, and I have no reason to doubt MassHealth's figures for those benefits. MassHealth correctly pointed out that, if the income limits is 300% of the FBR, then Appellant's pension and Social Security income would put her over, and I agree that she is thus not entitled to any more beneficial start date than what she currently has. As to the fact that she may have received benefits in error, this error is in her favor temporarily and cannot be addressed at this time due to the pandemic. See MassHealth Eligibility Operations Memorandum 22-10 (published August 2022).⁸ Thus, the start date of August 1, 2022 cannot be backdated at this

⁷ See fn. 6 *supra* regarding the citation.

⁸ In a section titled "*Updates to Eligibility Flexibilities that Remain in Effect through the End of the FPHE - Maintaining MassHealth Coverage*" it reads:

"MassHealth will continue to maintain coverage for most individuals who had health coverage as of March 18, 2020, and for all individuals newly approved for health coverage during the FPHE, through the end of the month in which the FPHE ends. These individuals will not lose coverage, except for limited circumstances. For example, coverage will end if an individual

- requests termination of eligibility;*
- is no longer a resident of Massachusetts; or*
- is deceased."*

Because Appellant received benefits during the federal PHE, even by error, MassHealth will not take adverse eligibility action against her at this time. When the federal PHE ends, MassHealth can and should do an assessment and eligibility review of this member's status. If Appellant is over income for all MassHealth Standard benefits, she may potentially be eligible for future benefits subject to a six-month deductible due to excess income. See 130

time. I also find that Appellant was not financially eligible for coverage at any time under 130 CMR 519.005 due to the pension and Social Security income; 100% of the Federal Poverty Level during calendar year 2022 was \$1,133/month.⁹

More importantly, and regardless of the effective benefit start date, Appellant is ultimately not entitled to any reimbursement for services before August 1, 2022, or for any date prior to the October 25, 2022 start date of PCA services. First of all, retroactive benefits are only allowed for “covered services” per 130 CMR 516.006(B) and for PCA services to be covered and authorized by the MassHealth program, they must first go through a PA or Prior Approval¹⁰ process. The most relevant PCA regulations from the MassHealth PCA Manual in 130 CMR 422.000 are 130 CMR 422.403 and 130 CMR 422.416; they read as follows:

422.403: Eligible Members

- (A) (1) ***MassHealth Members.*** *MassHealth covers PCA services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 450.105: Coverage Types specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.*
- (2) ***Recipients of the Emergency Aid to the Elderly, Disabled and Children Program.*** *For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: Emergency Aid to the Elderly, Disabled and Children Program.*
- (B) *For information on verifying member eligibility and coverage type, see 130 CMR 450.107: Eligible Members and the MassHealth Card.*
- (C) ***MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:***
- (1) ***The PCA services are authorized for the member in accordance with 130 CMR 422.416.***
- (2) *The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.*
- (3) *The member, as determined by the PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).*
- (4) ***The MassHealth agency has determined that the PCA services are medically necessary.***

422.416: PCA Program: Prior Authorization for PCA Services

The PCM agency must request prior authorization from the MassHealth agency as a prerequisite to payment for PCA services. Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or utilization of other potential sources of health care as

CMR 520.005(B) and 130 CMR 520.007(B)(3).

⁹ See <https://www.mass.gov/doc/2022-masshealth-income-standards-and-federal-poverty-guidelines-0/download> (last viewed on December 6, 2022).

¹⁰ For MassHealth and Fair Hearing purposes, the two medical terms commonly associated with the abbreviation of PA – the terms “Prior Approval” and “Prior Authorization” – are historically synonymous, used interchangeably in conversation and writing, and effectively identical.

described in 130 CMR 503.007: Potential Sources of Health Care and 130 CMR 517.008: Potential Sources of Health Care. Prior authorization for PCA services does not authorize member scheduling of PCA overtime, which is described in 130 CMR 422.418. All requests for prior authorization for PCA services must include the provider number of the fiscal intermediary selected by the PCM agency pursuant to 130 CMR 422.405(B) and be submitted on MassHealth forms in accordance with the billing instructions in the Personal Care Manual Subchapter 5, and 130 CMR 422.416. The MassHealth agency responds to requests for prior authorization in accordance with 130 CMR 450.303: Prior Authorization.

The PCA regulations are very clear that one must not only be a MassHealth member to receive payment but that MassHealth only covers PCA services when it has gone through a PA process. Unfortunately for Appellant, it is a reality that no one can submit a PA to MassHealth for consideration until they are a MassHealth member. The “prerequisite” language in 130 CMR 422.416 and the inherent nature of the Prior Approval process within the PCA regulations basically do not allow a MassHealth member to get retroactive coverage or reimbursement for such services that must be reviewed before being granted.¹¹

In conclusion, based on my review of the totality of the relevant MassHealth eligibility regulations and Personal Care Attendant regulations, I find that Appellant is not entitled to an earlier start date, nor is she entitled to any portion of her reimbursement request per the controlling regulations. This appeal must be DENIED.

Order for MassHealth

Make note of the possible income-limit issue for continued benefits when the federal PHE is lifted, and work with Appellant to make an appropriate redetermination of her eligibility for continued benefits.

Review the governing regulations and, if appropriate, make a correction to the cross-regulatory citation to the “Coverage Date” regulation within 130 CMR 519.002(A)(3).

¹¹ There is also some commonsense logic in support of this interpretation. For example, in this matter, for PCA services in 2022, Appellant’s provider requested and MassHealth agreed that there should be a total of 63.5 hours (the total of day and evening and nighttime hours) of PCA services for a week. See Exhibit 7. Yet for the weeks for which Appellant is seeking reimbursement, Appellant is seeking payment for over twice as much PCA time which raises the question as to whether all of Appellant’s request were in fact medically necessary. All services must be medically necessary in order to be covered by MassHealth and the PA process was created to make sure an appropriate amount of time is approved and covered. See 130 CMR 422.403(C) and 130 CMR 450.204.

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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: Appeals Coordinator @ Taunton MEC

