

**MassAbility
Homecare Assistance Program – Appeals Form**

Completion of this form is required to submit an appeal to the MassAbility Homecare Assistance Program. Once complete, please submit to the Appeals Coordinator at MBY-Ombudsperson@mass.gov. Questions about the appeals process can be emailed to the Appeals Coordinator.

Date:

Participant Information

Name:

Address:

Telephone:

Email Address:

Homecare Assistance Program Information

Homecare Case Manager Name:

Appeal Description: Please describe the MassAbility decision you are appealing (e.g., ineligibility or denial, suspension, reduction or termination of service), as well as what changes you are seeking

Date of Agency Decision:

Appeal Process

Please select which Step of the Appeals process below you are seeking. You are unable to select Step 2 unless Step 1 has been completed.

Step 1: Administrative Review – The HCAP Director or designee shall conduct an Administrative Review and provide you with a decision within 30 days of notification of this appeal. If your issues are not resolved through the Administrative Review, you may seek a Fair Hearing within 30 days of receiving the Administrative Review decision.

Step 2: Fair Hearing – A formal hearing with an impartial Hearing Officer will be scheduled within 60 days of this appeal, where you, an advocate of your choosing, and MassAbility present evidence about your distinct positions.

Accommodations

If you need a reasonable accommodation (e.g., ASL Interpreter) to participate in the Appeals process, please specify the accommodation(s) needed.