

COMMONWEALTH OF MASSACHUSETTS

NAME OF COUNTY, ss.

TRIAL COURT DEPARTMENT
SUPERIOR COURT

CIVIL ACTION NO.

 YOUR NAME)
)
 Plaintiff)
)
 v.)
)
 EXECUTIVE OFFICE of HEALTH and)
 HUMAN SERVICES, OFFICE of)
 MEDICAID)
)
 Defendant)
 _____)

COMPLAINT FOR JUDICIAL REVIEW

1. This is an action for judicial review of the defendants' final decision to deny, reduce or terminate MassHealth benefits sought by the plaintiff.
2. This Court has jurisdiction of this action pursuant to Mass. Gen. Laws, c. 214, § 1 and c. 30A, §14.
3. The plaintiff resides at _____
4. The defendant Executive Office of Health and Human Services, Office of Medicaid is a state agency of the Commonwealth with offices at One Ashburton Place, 11th Floor, Boston MA 02108
5. A copy of the final administrative decision of the Defendant's Board of Hearings dated _____ is attached.

6. The plaintiff is aggrieved by defendants' final administrative decision because it is in violation of constitutional provisions, based upon an error of law, made upon unlawful procedure, unsupported by substantial evidence, and is arbitrary, capricious, or otherwise not in accordance with the law. The plaintiff is entitled to relief pursuant to Mass. Gen. Laws, c. 30A, § 14.

7. FACTS OF CASE: Briefly describe what decision MassHealth made and why you think it is wrong. For example: *I learned my MassHealth benefits had been cut off when I tried to fill a prescription. I called MassHealth and they said I was not eligible because of an increase in the amount of my income. This is wrong because MassHealth is not supposed to count the particular kind of income I have. I filed a request for a fair hearing to appeal the decision to end my benefits. The Board of Hearings dismissed my appeal because it said it was filed too late. This is wrong because I never got a notice telling me that MassHealth was going to close my case and that I had a right to appeal.*

WHEREFORE, the plaintiff requests the following relief:

1. An order reversing the defendant's final administrative hearing decision attached to this complaint, pursuant to Mass. Gen. Laws, c. 30A, § 14 and corrective action back to the date of the initial incorrect agency decision.
2. An order requiring defendant to pay the plaintiff's costs, and such other relief as the Court deems just.

Respectfully submitted by Plaintiff,

Signature: _____

Date: _____

Name: _____

Address: _____ Telephone: _____