

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410744
Decision Date:	09/26/2024	Hearing Date:	August 20, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representatives:

Jenna Lanzillo, Springfield MEC
DES: Eileen Cynamon, BSN, RN



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Disability Determination 130 CMR 501.001
Decision Date:	09/26/2024	Hearing Date:	August 20, 2024
MassHealth Reps.:	J. Lanzillo, E. Cynamon, BSN, RN	Appellant Rep.:	Pro se
Hearing Location:	Springfield	Aid Pending:	Yes

Authority

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

Jurisdiction

The appellant received a notice dated June 29, 2024 stating: We have determined that you do not qualify for MassHealth as your income is too high. (Exhibit 1).

The appellant filed this appeal timely on July 24, 2024 and has continued to receive aid pending the outcome of this appeal. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

The appellant was determined over income for MassHealth eligibility.

Issue

Is the appellant over income for MassHealth or is he permanently and totally disabled and therefore eligible for MassHealth CommonHealth?

Summary of Evidence

A MassHealth representative testified appellant is an employed single individual, between the ages of 19 and 65, not living with any minor children with income of \$3,631.00 every two weeks which is 622% of the federal poverty level (FPL). To be eligible for MassHealth an individual in a household of one meeting no other criteria must have income of \$1,670.00 or less than 133% of the FPL. The appellant is currently on CommonHealth due to his appeal regarding his disability status.

The MassHealth Appeals Reviewer for DES submitted into evidence the appellant's medical review (Exhibit 4) and stated the appellant is [REDACTED] who was initially administratively approved for MassHealth Adult Disability (August 2021) in response to the Public Health Emergency (PHE). At the conclusion of the PHE, MassHealth returned to standard annual eligibility renewal processes requiring all current MassHealth members renew their health coverage to ensure they still qualify for their current benefits. The appellant submitted a MassHealth Adult Disability Supplement to DES on March 12, 2024, and again on March 26, 2024. Both submissions were deemed incomplete. The appellant subsequently provided sufficient information and was reviewed for the following health problems: migraines, marginal keratitis, periorbital rash, Crohn's Disease and Celiac Disease.

The DES representative testified that MassHealth uses the Social Security Administration (SSA) 5-step process, as described by SSA regulations in 20 Code of Federal Regulations (CFR) Ch. III section 416.920 to determine an applicant's disability status. SSA CFR §416.905 states the definition of disability is the inability to do any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an individual must have a severe impairment(s) that makes them unable to perform their past relevant work or any other substantial gainful work that exists in the regional economy. What a person can still do despite their impairment is called their residual functional capacity (RFC) this is used to determine whether the individual can still perform their past work or, in conjunction with their age, education and work experience, any other work. Unless an impairment is so severe that it is deemed to prevent them from doing SGA.

DES explained that a review of the appellant's medical records was undertaken using a five-step sequential evaluation process established by Title XVI of the Social Security Act to determine eligibility for MassHealth.

- Step 1: Is the applicant engaged in substantial gainful activity?
- Step 2: Is the applicant's impairment severe?
- Step 3: Does the impairment meet or equal criteria listing?
- Step 4: What is the applicant's residual functional capacity?
- Step 5: Is the applicant able to perform other work?

DES testified that Step 1 is waived for MassHealth purposes. Under Step 2, DES reviewed the medical information obtained to determine whether the appellant's impairments are severe. To be determined severe, a medically determinable physical or mental impairment must:

1. be expected to result in death or have lasted or be expected to last for a continuous period of not less than 12 months; and
2. render an individual aged 18 or over unable to engage in any substantial gainful activity or render a child under the age of 18 unable to engage in age-appropriate activities.

DES requested and received records from the appellant's physicians and determined the available provider documentation was sufficient to meet the severity/duration requirements.

At Step 3, DES evaluated the appellant's impairments and compared them to the Social Security listings found in the federal *Listing of Impairments* at 20 CFR Ch. III, Pt. 404, Subpt. P, App.1. to see if the appellant met such criteria. The appellant's complaints were reviewed under Social Security Administration Listing of Impairments: 2.02 – Loss of Central Visual Acuity, 2.03 – Contraction of the Visual Field in the better eye, 2.04 – Loss of Visual Efficiency, or Visual Impairment in the better eye, 5.06 – Inflammatory Bowel Disease (IBD), 8.09 – Chronic Conditions of the Skin or Mucous Membranes, 11.02 – Epilepsy (Migraines).

The appellant's submitted medical notes indicated the following:

Chronic active mild ileitis of Crohn's Disease diagnosed in 2019. December 22, 2023 Enterography showed mild TI (terminal ileum) chronic inflammation. A biopsy performed on January 16, 2023 was consistent with (mild active ileitis), chief complaint intermittent right lower quadrant pain and a periorbital rash, identifies food triggers. Normal hemoglobin/hematocrit, Iron, C-reactive protein, no signs of internal bleeding or inflammation based on blood tests. March 2024 started drugs that block the action of protein that causes inflammatory conditions. BMI stable at 38%. Benign abdominal exam. History of eye conditions with no change in vision- treated with doxycycline and prednisone eye drops. Visual Acuity OD 20/20 -2, OS 20/20, Full Visual Fields. History of migraines with mild nausea, not noted severe migraine attack that last longer than 72 hours or intractable. No history of stones (kidney/renal stones) or long bone fractures. Taking Supplements. Well controlled asthma, uses albuterol inhaler as needed. Status post (s/p) right foot pain, foot x-ray negative, no acute fracture and no significant abnormal findings.

Step 4 determines whether the appellant retains the capacity to perform any past relevant work (PRW). DES stated it could not be determined if the appellant is able to participate in any SGA as he did not include his weekly work hours or rate of pay for any of the jobs listed; however, this information was not material because there is no finding of disability.

Lastly Step 5 DES determined the appellant is 'Not Disabled' given the appellant's age, education and regardless of his previous work experience.

Prior to the hearing the appellant submitted additional documents for review:

1. Personal Statement (Exhibit 5);
2. Doctors' visits 2023-2024 (Exhibit 6);
3. GI Doctors notes (Exhibit 7);
4. Disability Supplement Application (Exhibit 8);
5. UMass Determination Letter (Exhibit 9).

DES responded to the additional information that the personal statement indicates the appellant was administratively approved for MassHealth during the PHE with no determination of clinical eligibility. The list of upcoming and prior appointment dates and times presents no clinical objective documentation for review. The document of GI visit on January, 19, 2024 is a duplicate of the visit note found in the appeals document. The two letters dated January 18, 2024 and January 22, 2024 are test results (colonoscopy and EGD biopsy results, lab test results) and already contained in the appeals document. MR Enterography report, EGD/Colonoscopy biopsy results, dated [REDACTED] and [REDACTED] includes the January 2024 lab results which are contained in the original review and determination. A copy of the client's MassHealth Adult Disability Supplement and the appellant's UMass Medical School Disability Evaluation Services disability determination letter dated June 23, 2024, which was generated by DES at the conclusion of the disability review process.

The DES appeal representative concluded the appellant does not meet or equal the threshold of adult SSA disability listings requirements. Additionally, the appellant's RFC indicates he is capable of performing the full range of medium work activity and any environmental limitations to hazards does not erode his ability to perform work activity in the competitive labor market per the GRID. The appeal review concluded the appellant is not clinically eligible for Title XVI level benefits and correctly determined 'Not Disabled.'

The appellant credibly testified that during a Crohn's flair up he has severe gut pain that can prevent him from getting out of bed. Further when he has a celiac reaction his immune system shuts down and it creates nutrition uptake issues which impacts his eyesight, hearing, nervous system, general cognition and memory and he ends up contracting any cold, flu, virus he is exposed to. The appellant stated he understands he may currently not meet the Social Security listing criteria; however this is only because he is currently able to receive treatment because of his CommonHealth coverage. The appellant argued without his CommonHealth benefits he will not be able to go to all the doctor's visits required or pay for the many number of tests and scans related to his health conditions. The appellant stated he pays a premium of more than \$400.00 per month for CommonHealth coverage to allow his health care needs to be met so he can continue to work. The appellant maintained the plans that are available through the Connector do not offer the coverage necessary or pay for the tests, scans, medication, and resources that are required to manage his care. The appellant indicated his condition has actually worsened in the years since originally being approved, but it is only because his health is being carefully managed he can stay active in the workforce. The appellant

stated he was previously enrolled in a program in [REDACTED] called Medical Assistance Benefits for Workers with Disabilities (MAWD) prior to coming to Massachusetts which allowed him to keep his health care and continue to work even though his condition was improved by treatment. The appellant argues that he is now being denied CommonHealth because he is now relatively healthy, but this is only because he is able to receive the care, medication, and medical support to manage his condition effectively, and prevent his illness from worsening. If MassHealth denies his CommonHealth his condition will worsen and compromise his participation in the workforce.

Findings of Fact

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

1. The appellant is a [REDACTED] year old employed single individual, not living with any minor children. (Testimony).
2. The appellant has income of \$3,631.00 every two weeks or 622% of the FPL (Testimony).
3. In August 2021, the appellant was administratively approved for MassHealth as a disabled adult in response to the PHE and consistent with both the federal continuous coverage requirements and the MassHealth coverage protections which were in effect at the time. (Testimony).
4. On April 01, 2023, the PHE protections ended and all current MassHealth members were required to renew their health coverage to ensure they still qualify for their current benefits. (Testimony).
5. On March 12, 2024 and again on March 26, 2024 the appellant submitted MassHealth Disability Supplement to DES listing the following: Migraines, asthma, marginal keratitis, periorbital rash, Crohn's Disease and Celiac Disease. (Exhibit 4, pgs. 71-77).
6. DES requested and received the appellant's medical records from the previous 12 months. (Exhibit 4, pgs. 103-275).
7. The appellant has been employed as the general manager of a co-op market from 2021 to present. (Exhibit 4, pgs. 77-79).
8. DES evaluated the appellant's disability using a 5-step sequential evaluation process as described within the SSA regulations at Title XX of the Code of Federal Regulations, or CFR, Chapter III, § 416. (Exhibit 4, pgs. 80-83).
9. Step 1, is waived for MassHealth purposes. (Exhibit 4, pg. 82).

10. Step 2, determined the appellant has a severe impairment. (Exhibit 4, pg. 82).
11. Medical notes indicate: chronic active mild Crohn's Disease diagnosed in [REDACTED] [REDACTED] Enterography showed mild chronic inflammation. Biopsy performed on [REDACTED] was consistent with mild active ileitis. Food triggers. Normal hemoglobin/ hematocrit, Iron, C-reactive protein, no signs of internal bleeding or inflammation based on blood tests. BMI stable at 38%. Benign abdominal exam. Periorbital rash, visual Acuity OD 20/20 -2, OS 20/20, full visual fields. History of migraines with mild nausea, not noted severe migraine attack. No history of stones or long bone fractures. Asthma well controlled. Right foot pain x-ray negative, no acute fracture and no significant abnormal findings. (Exhibit 4, pgs. 103-275).
12. Step 3, determined that the appellant does not meet the listings: Special Senses and Speech 2.00, Digestive System 5.00, Skin 8.00 and Neurological 11.00 as the submitted clinical medical evidence failed to support a finding of a severe impairment. (Exhibit 4, pg. 82).
13. Step 4 RFC was insufficient to determine capacity to perform PRW; however this lack of determination was not material as there is no finding of disability. (Exhibit 4, pg. 83).
14. Physical RFC, indicates the appellant is capable of performing the full range of medium work activity; and there are no limitation other than the consideration of environmental limitation to hazards (such as machinery, heights, etc.). (Exhibit 4, pgs. 97-98).
- .
15. Step 5, the appellant was determined not disabled given his age, education and regardless of his previous work experience. (Exhibit 4, pg. 83).

Analysis and Conclusions of Law

At the beginning of the COVID-19 public health emergency (PHE), the federal government issued continuous coverage requirements. Since March 2020, MassHealth put protections in place so that individuals receiving Medicaid would generally not lose their coverage unless they voluntarily withdrew, moved out of state, or passed away.¹ These continuous coverage requirements ended April 01, 2023.²

To be found disabled for MassHealth Standard, an individual must be permanently and totally disabled (130 CMR 501.001). The guidelines used in establishing disability under this program are the same as those that are used by the Social Security Administration. Individuals who meet the Social Security Administration's definition of disability may establish eligibility for MassHealth Standard, in accordance with 130 CMR 505.002(E). Pursuant to Title XX, § 416.905, the Social

¹ See Eligibility Operations Memo 20-09, April 2020.

² See Eligibility Operations Memo 23-18, July 2023.

Security Administration defines disability as: the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous process of not less than 12 months.

Title XX of the Social Security Act establishes standards and the five-step sequential evaluation process. If a determination of disability can be made at any step, the evaluation process stops at that point. Step 1 considers whether an applicant is engaged in SGA. This step is waived for MassHealth eligibility.

Step 2 determines whether a claimant has a medically determinable impairment (MDI) or a combination of MDIs that is both severe and meets the duration requirement. To be determined severe, a medically determinable impairment means that the impairment has lasted or is expected to last for a continuous process of not less than 12 months at that severity.

The appellant was reviewed for disability due to a history of a migraines, marginal keratitis, periorbital rash, Crohn's Disease and Celiac Disease. DES determined that the appellant's impairments have lasted or are expected to last 12 months.

Step 3 determines whether the appellant has an impairment(s) that meets an adult SSA listing or is medically equal to a listing and meets the listing level duration requirement found at 20 CFR Ch. III, Pt. 404, Subpart P, App. 1.

The appellant conditions were reviewed under the following:

Marginal Keratitis (eye infections)

2.02 Loss of Central Visual Acuity, Loss of central visual acuity. Remaining vision in the better eye after best correction is 20/200 or less. 2.00A2c [excerpt] You have statutory blindness only if your visual disorder meets the criteria of 2.02 or 2.03A.

2.03 – Contraction of the Visual Field in the better eye **2.00A7c Visual Field Efficiency**

Visual field efficiency is a percentage that corresponds to the visual field in your better eye. Under 2.03C, we require kinetic perimetry to determine your visual field efficiency percentage. We calculate the visual field efficiency percentage by adding the number of degrees you see along the eight principal meridians found on a visual field chart (0, 45, 90, 135, 180, 225, 270, and 315) in your better eye and dividing by 5.

2.04 – Loss of Visual Efficiency, or Visual Impairment in the better eye,

A. A visual efficiency percentage of 20 or less after best correction (see 2.00A7d). 2.00A7d Visual efficiency. Under 2.04A, we calculate the visual efficiency percentage by multiplying your visual acuity efficiency percentage (see 2.00A7b) by your visual field

efficiency percentage (see 2.00A7c) and dividing by 100...

OR

B. A visual impairment value of 1.00 or greater after best correction (see 2.00A8d). 2.00A8d Visual impairment value. Under 2.04B, we calculate the visual impairment value by adding your visual acuity impairment value (see 2.00A8b) and your visual field impairment value (see 2.00A8c)...

While the appellant credibly testified that during a celiac reaction his immune system shuts down and it creates nutrition uptake issues which impacts his eyesight the medical record shows no change in vision and his condition is treated with eye drops. His visual acuity is 20/20 in both eyes and he has full visual fields range. Based on the medical evidence presented the appellant failed to meet the necessary criteria to establish a disability under the above listing.

Crohn's Disease and Celiac Disease

5.06 – Inflammatory Bowel Disease (IBD), (see 5.00D) documented by endoscopy, biopsy, imaging, or operative findings, and demonstrated by A, B, or C:

A. Obstruction of stenotic areas (not adhesions) in the small intestine or colon with proximal dilatation, confirmed by imaging or in surgery, requiring two hospitalizations for intestinal decompression or for surgery, within a consecutive 12-month period and at least 60 days apart.

OR

B. Two of the following occurring within a consecutive 12-month period and at least 60 days apart:

1. Anemia with hemoglobin of less than 10.0 g/dL, present on at least two evaluations at least 60 days apart; or
2. Serum albumin of 3.0 g/dL or less, present on at least two evaluations at least 60 days apart; or
3. Clinically documented tender abdominal mass palpable on physical examination with abdominal pain or cramping; or
4. Perianal disease with a draining abscess or fistula; or 5. Need for supplemental daily enteral nutrition via a gastrostomy, duodenostomy, or jejunostomy, or daily parenteral nutrition via a central venous catheter.

OR

C. Repeated complications of IBD (see 5.00D5a), occurring an average of 3 times a year, or once every 4 months, each lasting 2 weeks or more, within a consecutive 12-month period, and marked limitation (see 5.00D5c) in one of the following:

1. Activities of daily living (see 5.00D5d); or
2. Maintaining social functioning (see 5.00D5e); or
3. Completing tasks in a timely manner due to deficiencies in concentration, persistence, or pace (see 5.00D5f).

The appellant was diagnosed with Crohn's Disease in 2019 with the chief complaint of intermittent right lower quadrant pain. The current medical evidence indicates a biopsy performed on January 16, 2023 was consistent with mild active ileitis, and an Enterography on December 22, 2023 shows chronic inflammation. In March 2024 the appellant had a benign abdominal exam and labs determined he has normal hemoglobin/hematocrit, Iron, C-reactive protein, with no signs of internal bleeding or inflammation based on blood tests. His BMI has been stable at 38%. The appellant has begun treatment to block the protein that causes inflammatory conditions. Based on the medical evidence presented the appellant failed to meet the necessary criteria to establish a disability under this listing.

Periorbital Rash

8.09 – Chronic Conditions of the Skin or Mucous Membranes, (see 8.00G) resulting in:

- A. Chronic skin lesions (see 8.00B2) or contractures (see 8.00B3) causing chronic pain or other physical limitation(s) that persist despite adherence to prescribed medical treatment for 3 months (see 8.00D5b). **AND**
- B. Impairment-related functional limitations demonstrated by 1, 2, 3, or 4:
 - 1. Inability to use both upper extremities to the extent that neither can be used to independently initiate, sustain, and complete work related activities involving fine and gross movements (see 8.00B5) due to chronic skin lesions (see 8.00B2) or contractures (see 8.00B3); **OR**
 - 2. Inability to use one upper extremity to independently initiate, sustain, and complete work-related activities involving fine and gross movements (see 8.00B5) due to chronic skin lesions (see 8.00B2) or contractures (see 8.00B3), and a documented medical need (see 8.00B4) for an assistive device (see 8.00B1) that requires the use of the other upper extremity; **OR**
 - 3. Inability to stand up from a seated position and maintain an upright position to the extent needed to independently initiate, sustain, and complete work-related activities due to chronic skin lesions (see 8.00B2) or contractures (see 8.00B3) affecting at least two extremities (including when the limitations are due to involvement of the perineum or the inguinal region); **OR**
 - 4. Inability to maintain an upright position while standing or walking to the extent needed to independently initiate, sustain, and complete work-related activities due to chronic skin lesions (see 8.00B2) or contractures (see 8.00B3) affecting both lower extremities (including when the limitations are due to involvement of the perineum or the inguinal region).

The appellant's complaint of a periorbital rash is being treated with prednisone drops and there is no evidence of skin lesions or functional limitations. Based on the medical evidence presented the appellant failed to meet the necessary criteria to establish a disability under this listing.

Migraines

11.02 – Epilepsy (Migraines), documented by a detailed description of a typical seizure and characterized by A, B, C, or D:

A. Generalized tonic-clonic seizures (see 11.00H1a), occurring at least once a month for at least 3 consecutive months (see 11.00H4) despite adherence to prescribed treatment (see 11.00C).

OR

B. Dyscognitive seizures (see 11.00H1b), occurring at least once a week for at least 3 consecutive months (see 11.00H4) despite adherence to prescribed treatment (see 11.00C).

OR

C. Generalized tonic-clonic seizures (see 11.00H1a), occurring at least once every 2 months for at least 4 consecutive months (see 11.00H4) despite adherence to prescribed treatment (see 11.00C); and a marked limitation in one of the following:

1. Physical functioning (see 11.00G3a); or
2. Understanding, remembering, or applying information (see 11.00G3b(i)); or
3. Interacting with others (see 11.00G3b(ii)); or
4. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
5. Adapting or managing oneself (see 11.00G3b(iv)).

OR

D. Dyscognitive seizures (see 11.00H1b), occurring at least once every 2 weeks for at least 3 consecutive months (see 11.00H4) despite adherence to prescribed treatment (see 11.00C); and a marked limitation in one of the following:

1. Physical functioning (see 11.00G3a); or
2. Understanding, remembering, or applying information (see 11.00G3b(i)); or
3. Interacting with others (see 11.00G3b(ii)); or
4. Concentrating, persisting, or maintaining pace (see 11.00G3b(iii)); or
5. Adapting or managing oneself (see 11.00G3b(iv)).

The appellant stated he had a history of migraines with mild nausea; however nothing in the record indicated that any of the migraines had been severe or that they had last longer than 72 hours or were intractable. Based on the medical evidence presented the appellant failed to meet the necessary criteria to establish a disability under this listing.

DES determined that the appellant does not meet listings Social Security Administration Listing for 2.02 - Loss of Central Visual Acuity, 2.03 - Contraction of the Visual Field in the better eye, 2.04 - Loss of Visual Efficiency, or Visual Impairment in the better eye, 5.06 - Inflammatory Bowel Disease (IBD), 8.09 – Chronic Conditions of the Skin or Mucous Membranes, 11.02 - Epilepsy (migraines) based on the medical evidence contained in the record.

At Step 4 MassHealth determine whether the appellant retains the capacity to perform any past

relevant work. The appellant described his past employment as a manager of a co-operative market but this information was insufficient to determine if he can perform his past work; however RFC capabilities determined the appellant is capable of the full range of medium work. DES noted that even if the appellant was unable to perform his past work, he would not be deemed disabled under Step 5 because of his ability to perform work in the national economy and per grid ruling 203.28 through 203.31.

DES's conclusion that the appellant is not disabled was based upon its assessment that he is capable of performing work in the national economy. While the appellant would certainly benefit from coverage for his ongoing treatment, based on the medical record while on treatment he does not meet the listings to be considered "permanently and totally" disabled. While I find the appellant testified credible that the stability of his condition is only because he is on MassHealth and is being treated, this testimony is insufficient to be found disabled under the current MassHealth rules and regulations and the DES determination is upheld.

The following are MassHealth coverage types as outlined at 130 CMR 505.001:

- (1) Standard - for families (with minor children), pregnant women, children and disabled individuals, including extended benefits; must have income under 133% of federal poverty limit;
- (2) Prenatal - for pregnant women;
- (3) CommonHealth - for disabled adults, disabled children, and certain individuals who are HIV positive, and not eligible for MassHealth Standard;
- (4) Family Assistance - for children, certain employed adults who have access to health insurance from their employers and have income under 200% of the federal poverty limit, and certain individuals who are HIV positive, and are not eligible for MassHealth Standard or CommonHealth;
- (5) Basic or Buy-In - for the long-term or chronically unemployed, and certain qualified aliens;
- (6) Essential – for long term unemployed who have income at or below 100% of the federal poverty limit and are not eligible for Basic; and
- (7) Limited - coverage for non-qualified aliens and certain qualified aliens.

MassHealth coverage is only available to individuals in the categories above. The appellant is an employed single individual, between the ages of 19 and 65, not living with any minor children and has income of \$3,631.00 every two weeks which is 622% of the FPL which is above the income limits for MassHealth eligibility.

DES has correctly determined the appellant is not disabled for MassHealth purposes and his MassHealth eligibility was correctly determined, this appeal is therefore DENIED.

Order for MassHealth

None, except to remove 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc:

MassHealth Representatives:

Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104;

UMASS/DES, UMMS/ Disability Evaluation Services, 333 South Street, Shrewsbury, MA 01545