

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2417935
<b>Decision Date:</b>	3/6/2025	<b>Hearing Date:</b>	01/16/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Eileen Cynamon, RN and Yvette Prayor, RN



*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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Disability Determination
<b>Decision Date:</b>	3/6/2025	<b>Hearing Date:</b>	01/16/2025
<b>MassHealth's Rep.:</b>	Eileen Cynamon, RN	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Tewksbury MEC	<b>Aid Pending:</b>	Yes

### Authority

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

### Jurisdiction

Through notice dated October 17, 2024, MassHealth determined a change in Appellant's eligibility status for MassHealth and other state-sponsored health coverage (Exhibit A). Appellant filed for an appeal in a timely manner on November 21, 2024 and was granted AID PENDING status forestalling the changes pending the outcome of this appeal (see 130 CMR 610.015(B) and Exhibit A). Appellant's appeal request referenced a pending disability determination (Id). While the appeal was pending hearing, MassHealth made a negative disability determination and issued notice dated December 2, 2024 (Exhibit B, page 46). At hearing, Appellant, stated she was only appealing the negative disability determination. A negative disability determination constitutes valid grounds for appeal (see 130 CMR 610.032).

### Action by MassHealth

MassHealth determined that Appellant is not permanently and totally disabled for MassHealth eligibility purposes.

## Issue

The appeal issue is whether MassHealth was correct in determining that, pursuant to 130 CMR 501.001, Appellant is not permanently and totally disabled.

## Summary of the Evidence

Both parties appeared by telephone.

MassHealth was represented by a Registered Nurse (RN) Appeals Reviewer from the Disability Evaluation Services (DES) at the [REDACTED]. She was accompanied by another RN Appeals Reviewer.

MassHealth submitted copies of the following documents: the *Disability Supplement* portion of Appellant's application for Medical Assistance, records from Appellant's treating physicians, a tracking form, Social Security listings and physical and mental RFC (Residual Functioning Capacity) Worksheets and a mental CE (consultative examination) report (collectively, Exhibit B).

The MassHealth representatives testified that in order for an applicant to be disabled for MassHealth eligibility purposes, MassHealth must determine whether the applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. MassHealth uses the 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 (Exhibit B, page 9-11) to determine disability status. The process is driven by the applicant's medical records and disability supplement. SSA CFR §416.905 (Exhibit B, page 8) states the definition of disability is 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 period of not less than 12 months. To meet this definition, the applicant must have a severe impairment(s) that makes her unable to do her past relevant work or any other substantial gainful work that exists in the regional economy.

Per SSA CFR §416.945 (Exhibit B, page 18-19) what a person can still do despite an impairment is called his or her residual functional capacity (RFC). Unless an impairment is so severe that it is deemed to prevent the applicant from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether the person can still do her past work or, in conjunction with her age, education and work experience, any other work.

The MassHealth representatives testified that Appellant is a female in her [REDACTED] who initially submitted a MassHealth Adult Disability Supplement to DES on June 18, 2024, which

included missing or invalid medical release forms necessary to open a disability review episode. Appellant ultimately informed DES that records should not be requested from either [REDACTED] (releases were therefore not necessary) and the disability review process was initiated.

Appellant listed the following health problems on her Supplement: Startle Disease/Hyperekplexia associated with frequent falls due to visual and auditory stimulation triggers, Low Muscle Tone with impaired balance and atrophy, Severe Allergies (latex, multiple drugs, dust mites), Anxiety related to ambulation issues and risk of falls, and Cognitive Disorder unspecified/ "Right/ Left brain discrepancy" (Exhibit B, pages 52-57). Appellant indicated these conditions at times resulted in her need to ambulate with trekking poles, a walker or a wheelchair, and wear noise cancelling headphones.

MassHealth applied the 5-Step process to Appellant's information as follows:

**Step 1** asks "Is the claimant engaging in substantial gainful activity (SGA)?" For Appellant's review, Step 1 was marked, "Yes" (Exhibit B, page 66, per Supplement page 64-65). This step is waived by MassHealth regardless of whether the claimant engaging in SGA, while on the federal level, engaging in SGA stops the disability review in its entirety.

**Step 2** asks "Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (CFR §416.923, page 17) that is both severe and meets the duration requirement (impairment(s); specifically, that is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months)." DES requested and obtained medical documentation using the medical releases provided (Exhibit B, pages 33-36). Information was received from both [REDACTED] (Exhibit B, pages 91-94) and from [REDACTED] (Exhibit B, pages 95-104). The Disability Reviewer (DR) consulted with Physician Advisor (PA) [REDACTED] and determined the provider records were both sufficient to fully evaluate Appellant's medical/physical complaints and establish the MDIs met the severity and duration requirements for Step 2 (Exhibit B, page 66), thus, the DR selected, "Yes."

Although the provider documentation was sufficient to evaluate Appellant's medical/physical complaints, both the DR and their Program Manager concluded that there was insufficient documentation to fully evaluate Appellant's mental health complaints. Given that Appellant had no current mental health providers from which records could be requested, a Psychiatric Consultative Examination (CE) was ordered to ensure sufficient clinical documentation would

be available before proceeding to Step 3.

A CE scheduling staff member coordinated with Appellant's ARD1, via telephone and mail, to schedule a CE appointment (via Zoom Telehealth) initially on November 6, 2024, and later at the ARD1's request, the CE was rescheduled to November 13, 2024 (see correspondence on pages 30-32 and Progress Notes October 28, 2024, through November 25, 2024, on pages 47-48). Appellant attended the Psych CE appointment on November 13, 2024, with [REDACTED] and a report was provided to DES (Exhibit B, pages 58-63).

Once sufficient clinical objective documentation was obtained to fully address all Appellant's complaints, the DR proceeded to Step 3 (Exhibit B, page 66).

**Step 3** asks "Does the claimant have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the listing level duration requirement?" The DR and PA [REDACTED] also noted that Appellant's medical records include additional diagnoses, not reported by Appellant, which were considered within the context of this disability review: scoliosis with back pain, left knee pain, and asthma. When a specific impairment or diagnosis does not have its own listing under the SSI criteria, the evaluation will consider the listing that most closely matches the impairment, or the findings related to the impairment(s) will be evaluated to confirm they are at least of equal medical significance to those of a listed impairment. Step 3 was marked, "No" by the reviewer (Exhibit B, page 66) citing the applicable adult SSA listings considered: 1.18 – Abnormality of a Major Joint(s) in any Extremity, 11.13 – Muscular Dystrophy, 12.02 – Neurocognitive Disorders, 12.06 – Anxiety and Obsessive-Compulsive Disorders. MassHealth also considered SSI listings: 1.15 – Disorders of the Skeletal Spine resulting in compression of a nerve root(s) and 3.03 – Asthma (Exhibit B, pages 68-78).

For the rest of the review, Steps 4 & 5, both a Residual Functional Capacity (RFC) assessment along with a vocational assessment are completed. The RFC is the most an applicant can still do despite limitations. An applicant's RFC is based on all relevant evidence in the case record, see CFR §416.945 (Exhibit B, page 18-19), CFR §416.920a (Exhibit B, pages 12-14) and CFR 416.967 (Exhibit B, page 24). A Physical RFC, completed by [REDACTED] on November 27, 2024, indicates Appellant is capable of performing the full range of Sedentary work with consideration of postural limitation for never climbing (ladders, scaffolding, etc.) and crawling, communication limitation related to history of left ear impairment, and environmental limitations for noise, fumes, odors, dust, gases, etc., and hazards (machinery, heights, etc.) noted (Exhibit B, pages 79-81). A Mental RFC, completed by [REDACTED] on November 25, 2024, indicates that Appellant does not have any marked or moderate limitations that interfere with her ability to perform work in the competitive labor market; limitations of slight or none across the

functional domains do not significantly impact an individual's ability to perform work in the competitive labor market. The DR completed a vocational assessment (Exhibit B, page 65), using the educational and work history reported on Appellant's supplement (Exhibit B, pages 54-55) and the Physical and Mental RFCs (CFR 416.960, pages 20-21). The 5-step review process continued to Step 4.

**Step 4** (Exhibit B, page 67) asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" Although Appellant describes her current employment as a Teacher on her supplement as falling within the sedentary range, Appellant does describe accommodations such as receiving assistance both within her classroom and outside to accomplish some job tasks and responsibilities (Exhibit B, pages 54-55); the Dictionary of Occupational Titles (DOT) classifies Code 092.227-010 Teacher, Elementary School (education) as Light, Skilled work (Exhibit B, page 84) and Appellant's past work is classified DOT 099.327-010 Teacher Aide I (education) alternate titles: teacher assistant also as Light, Skilled work (Exhibit B, page 85). Appellant's current/ past work exceeds her current Physical RFC capabilities as outlined by [REDACTED]. The DR selected "No" and the review proceeded to Step 5.

**Step 5** (Exhibit B, page 67) asks, "Does the claimant have the ability to make an adjustment to any other work, considering the claimant's RFCs, age, education, and work experience?" The reviewer selected "Yes" citing three unskilled jobs available within both the regional and national economy (CFR §416.966, CFR 416.967, CFR §416.968, 416.969a, pages 22-28). The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 5820 Word Processors & Typists, 5860 Office Clerks, General, 5400 Receptionists & Information Clerks. Descriptions of the quoted jobs are included on page 86. The DR determined Appellant is 'Not Disabled' using decision Code 231 (Exhibit B, page 64, 87). The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED], both on December 2, 2024 (Exhibit B, page 64, 87). DES transmitted the decision to MassHealth and mailed a Disability Determination denial letter to Appellant on December 2, 2024 (Exhibit B, page 46, 88).

Appellant was represented by her mother who appeared by telephone. She noted that [REDACTED] did not properly understand Appellant's diagnosis as he referenced "koffee" syndrome in his CE report. Appellant's mother testified that the correct diagnosis is Coffin-Lowry syndrome which Appellant has had since the age of [REDACTED]. Appellant's mother explained that Coffin-Lowry syndrome leads to hyperekplexia (startle syndrome).

Appellant's mother described how Coffin-Lowry has manifested and affected Appellant during

her life. Appellant's mother testified that Appellant requires life-long neurological physical therapy and asserted that she has received such treatment within the past year. Appellant's mother further explained that Appellant's hyperekplexia was diagnosed during the Covid pandemic. She explained that the condition causes Appellant to suddenly fall at the occurrence of any sudden visual or auditory stimulus. Appellant's mother stated that she did not dispute that Appellant can currently work, but she does so with a significant amount of accommodation which her current employer provides as they understand her condition and limitations.

In response, the MassHealth representatives stated that Appellant did not list or otherwise identify Coffin-Lowry syndrome as an active diagnosis anywhere in her Disability Supplement. They further testified that the syndrome was not identified by any of her current medical providers as an actively treated diagnosis.

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant filed a MassHealth Disability Supplement seeking a determination of whether or not she is disabled for MassHealth eligibility purposes.
2. The Supplement was received, reviewed and acted upon by MassHealth's agent, the Disability Evaluation Services (DES) at the [REDACTED]
3. MassHealth submitted copies of the following documents: the *Disability Supplement* portion of Appellant's application for Medical Assistance, records from Appellant's treating physicians, a tracking form, Social Security listings and physical and mental RFC (Residual Functioning Capacity) Worksheets and a mental CE (consultative examination) report (collectively, Exhibit B).
4. In making its disability determination, MassHealth applied the 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 (Exhibit B, page 9-11).
5. Appellant is a female in her [REDACTED] who initially submitted a MassHealth Adult Disability Supplement to DES on June 18, 2024, which included missing or invalid medical release forms necessary to open a disability review episode.
6. Appellant ultimately informed DES that records should not be requested from either [REDACTED] (releases were therefore not necessary) and the disability review process was initiated.

7. Appellant listed the following health problems on her Supplement: Startle Disease/ Hyperekplexia associated with frequent falls due to visual and auditory stimulation triggers, Low Muscle Tone with impaired balance and atrophy, Severe Allergies (latex, multiple drugs, dust mites), Anxiety related to ambulation issues and risk of falls, and Cognitive Disorder unspecified/ "Right/ Left brain discrepancy" (Exhibit B, pages 52-57).
8. Appellant indicated these conditions at times resulted in her need to ambulate with trekking poles, a walker or a wheelchair, and wear noise cancelling headphones.
9. MassHealth applied the 5-Step process to Appellant's information as follows:
10. Step 1 asks "Is the claimant engaging in substantial gainful activity (SGA)?" For Appellant's review, Step 1 was marked, "Yes" (Exhibit B, page 66, per Supplement page 64-65). This step is waived by MassHealth regardless of the claimant engaging in SGA, while on the federal level engaging in SGA stops the disability review in its entirety.
11. Step 2 asks "Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (CFR §416.923, page 17) that is both severe and meets the duration requirement (impairment(s); specifically, is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months)."
12. DES requested and obtained medical documentation using the medical releases provided (Exhibit B, pages 33-36).
13. Information was received from both [REDACTED] (Exhibit B, pages 91-94) and from [REDACTED] (Exhibit B, pages 95-104).
14. The Disability Reviewer (DR) consulted with Physician Advisor (PA) [REDACTED] and determined the provider records were both sufficient to fully evaluate Appellant's medical/physical complaints and establish the MDIs met the severity and duration requirements for Step 2 (Exhibit B, page 66), thus, the DR selected, "Yes."
15. Although the provider documentation was sufficient to evaluate Appellant's medical/ physical complaints, both the DR and their Program Manager concluded that there was insufficient documentation to fully evaluate Appellant's mental health complaints.
16. Given that Appellant had no current mental health providers from which records could be requested, a Psychiatric Consultative Examination (CE) was ordered to ensure



sufficient clinical documentation would be available before proceeding to Step 3.

17. Appellant attended the Psych CE appointment on November 13, 2024, with [REDACTED] and a report was provided to DES (Exhibit B, pages 58-63).
18. Once sufficient clinical objective documentation was obtained to fully address all Appellants' complaints the DR proceeded to Step 3 (Exhibit B, page 66).
19. Step 3 asks "Does the claimant have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the listing level duration requirement?"
20. The DR and PA [REDACTED] also noted that Appellant's medical records included additional diagnoses, not reported by Appellant, which were considered within the context of this disability review: scoliosis with back pain, left knee pain, and asthma.
21. When a specific impairment or diagnosis does not have its own listing under the SSI criteria, MassHealth applies the listing that most closely matches the impairment or the findings related to the impairment(s) to confirm they are at least of equal medical significance to those of a listed impairment.
22. Step 3 was marked, "No" by the reviewer (Exhibit B, page 66) citing the applicable adult SSA listings considered: 1.18 – Abnormality of a Major Joint(s) in any Extremity, 11.13 – Muscular Dystrophy, 12.02 - Neurocognitive Disorders, 12.06 – Anxiety and Obsessive-Compulsive Disorders.
23. MassHealth also considered SSI listings: 1.15 – Disorders of the Skeletal Spine resulting in compression of a nerve root(s) and 3.03 – Asthma (Exhibit B, pages 68-78)
24. At Steps 4 & 5, both a Residual Functional Capacity (RFC) assessment and a vocational assessment were applied.
25. The RFC is the most an applicant can still do despite limitations.
26. In determining Appellant's RFC, MassHealth applied all relevant evidence in the case record, see CFR §416.945 (Exhibit B, page 18-19), CFR §416.920a (Exhibit B, pages 12-14) and CFR 416.967 (Exhibit B, page 24).
27. A Physical RFC, completed by [REDACTED] on November 27, 2024, indicates Appellant is capable of performing the full range of Sedentary work with consideration of postural

limitation for never climbing (ladders, scaffolding, etc.) and crawling, communication limitation related to history of left ear impairment, and environmental limitations for noise, fumes, odors, dust, gases, etc., and hazards (machinery, heights, etc.) noted (Exhibit B, pages 79-81).

28. A Mental RFC, completed by [REDACTED] on November 25, 2024, indicates that Appellant does not have any “marked” or “moderate” limitations that interfere with her ability to perform work in the competitive labor market.
29. Limitations of “slight” or “none” across the functional domains do not significantly impact an individual’s ability to perform work in the competitive labor market.
30. The DR completed a vocational assessment (Exhibit B, page 65), using the educational and work history reported on Appellant’s supplement (Exhibit B, pages 54-55) and the Physical and Mental RFCs (CFR 416.960, pages 20-21).
31. Step 4 (Exhibit B, page 67) asks, “Does the claimant retain the capacity to perform any past relevant work (PRW)?”
32. Although Appellant described her current employment as a Teacher on her supplement as falling within the sedentary range, Appellant does describe accommodations such as receiving assistance both within her classroom and outside to accomplish some job tasks and responsibilities (Exhibit B, pages 54-55).
33. The Dictionary of Occupational Titles (DOT) classifies Code 092.227-010 Teacher, Elementary School (education) as Light, Skilled work (Exhibit B, page 84) and Appellant’s past work is classified DOT 099,327-010 Teacher Aide I (education) alternate titles: teacher assistant also as Light, Skilled work (Exhibit B, page 85).
34. MassHealth determined that Appellant’s current/past work exceeds her current Physical RFC capabilities as outlined by [REDACTED] and the review proceeded to Step 5.
35. Step 5 (Exhibit B, page 67) asks, “Does the claimant have the ability to make an adjustment to any other work, considering the claimant’s RFCs, age, education, and work experience?”
36. The DR selected “Yes” citing three unskilled jobs available within both the regional and national economy (CFR §416.966, CFR 416.967, CFR §416.968, 416.969a, pages 22-28).

37. The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 5820 Word Processors & Typists, 5860 Office Clerks, General, 5400 Receptionists & Information Clerks (Exhibit B, page 68).
38. The DR determined Appellant is 'Not Disabled' using decision Code 231 (Exhibit B, page 64, 87).
39. The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED] both on December 2, 2024 (Exhibit B, page 64, 87).
40. DES transmitted the decision to MassHealth and mailed a Disability Determination denial letter to Appellant on December 2, 2024 (Exhibit B, page 46, 88).
41. Appellant has carried a diagnosis of Coffin-Lowry syndrome since the age of three.
42. [REDACTED] did not properly understand Appellant's diagnosis of Coffin-Lowry syndrome as he referenced "koffee" syndrome in his CE report.
43. Coffin-Lowry syndrome leads to hyperekplexia (startle syndrome) which was understood by [REDACTED] and considered in the overall review and determination process.
44. Appellant requires on-going neurological physical therapy.
45. Appellant's hyperekplexia was diagnosed during the Covid pandemic.
46. Appellant's hyperekplexia causes Appellant to suddenly fall at the occurrence of any sudden visual or auditory stimulus.
47. Appellant currently works as a teacher but does so with accommodations provided by her employer.
48. Appellant did not list or otherwise identify Coffin-Lowry syndrome as an active diagnosis anywhere in her Disability Supplement.
49. Coffin-Lowry syndrome was not identified by any of Appellant's current medical providers as an actively treated diagnosis.

## **Analysis and Conclusions of Law**

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity [REDACTED]

[REDACTED] On this record, Appellant has not met her burden.

In order to be found disabled under the Medical Assistance Program, an individual must be **permanently and totally disabled** (see 130 CMR 501.001). The guidelines used in establishing disability under this program are the same as those used by the Social Security Administration (see 130 CMR 501.001).

Individuals who meet the Social Security Administration's definition of disability may establish eligibility for Medical Assistance according to 130 CMR 501.001. In Title XVI, Section 416.405, the Social Security Administration defines disability as:

*the inability to engage in 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 period of not less than 12 months.*

Title XVI of the Social Security Act establishes the eligibility standards and the five-step sequential evaluation process for the Medical Assistance Program. If a determination of disability can be made at any step, the evaluation process stops at that point.

This appeal is not a “second bite at the apple.” It is not a new review of Appellant’s request for disability status for MassHealth eligibility purposes. It is a review of what MassHealth did in reaching its determination. It is a review of whether or not MassHealth reviewed and considered sufficient medical evidence and applied the appropriate procedure and regulations to facts reasonably established by the reviewed medical evidence in reaching its conclusion that Appellant is not currently disabled for MassHealth eligibility purposes.

After considering the complete record, including the medical records, the CE report, the Social Security Listings, the RFC reports and the testimony and evidence proffered by MassHealth and Appellant’s representative at hearing, this record supports the conclusion that MassHealth has accurately applied the findings, conclusions and observations of Appellant’s treating and examining physicians to the proper five-step analysis. MassHealth recognizes that Appellant has severe conditions which are expected to last for more than 12 months; however, the objective information taken from Appellant’s medical records and the CE examination is consistent with MassHealth’s determination that Appellant does not meet any of the applicable Social Security Listings. Each listing requires a greater degree of severity than that currently evidenced in Appellant’s clinical record and the CE report. The objective findings from Appellant’s clinical record also support MassHealth’s conclusion that Appellant’s residual functioning capacity is not reduced to a level that would render her **incapable** of performing the full range of sedentary work with consideration of postural limitation for available jobs that were identified by

MassHealth.

Appellant failed to specifically challenge MassHealth's conclusions relative to any of the cited Social Security listings as well as the determinations regarding her physical or mental residual functioning capacities. Appellant's representative did explain how Appellant is able to currently work as a teacher with significant accommodations. MassHealth's determination acknowledges this fact and concurs that Appellant's current work as a teacher exceeds her current functional capacities. However, MassHealth's determination is not based on whether Appellant has the capacity to perform her current or past work. Rather, it is based on the determination that her current capacity leaves her able to perform the full range of sedentary work with certain postural limitations. This was not disputed at the time of hearing.

The error by [REDACTED] concerning the diagnosis of Coffin-Lowry syndrome in his CE report did not affect the determination in any material way. As Appellant's mother stated, Coffin-Lowry syndrome leads to hyperekplexia (startle syndrome) which was considered in the review and determination. Additionally, the direct impacts of the syndrome and the related hyperekplexia are principally physical and [REDACTED] was performing a mental, as opposed to a physical, consultative examination. The psychological impacts of Appellant's hyperekplexia were identified by Appellant in her supplement as "Anxiety related to ambulation issues and risk of falls" (Exhibit B, pages 52-57). This along with "Cognitive Disorder unspecified/ "Right/ Left brain discrepancy" were reviewed and considered in the mental RFC and the overall determination process (Id).

This record presents no basis in fact or law to alter MassHealth's conclusions and findings and its ultimate determination that Appellant is currently not totally and permanently disabled for MassHealth eligibility purposes.

For the foregoing reasons, the appeal is DENIED.

## **Order for MassHealth**

Remove AID PENDING and proceed with eligibility determination of October 17, 2024.

## **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.

---

Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

MassHealth Representative: Sylvia Tiar, Tewksbury MassHealth Enrollment Center, 367 East Street, Tewksbury, MA 01876-1957, 978-863-9290

Disability Evaluation Services, Appeals Unit, 333 South Street Shrewsbury, MA 01545