

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419265
Decision Date:	04/18/2025	Hearing Date:	January 21, 2025
Hearing Officer:	Stanley Kallianidis	Record Open Date:	March 21, 2025

Appellant Representative:



MassHealth Representatives:

Ryan Bond, Tewksbury MEC
Yvette Prayor, RN, DES



*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	Issues:	Disability; Income
Decision Date:	04/18/2025	Hearing Date:	January 21, 2025
MassHealth Reps.:	Ryan Bond Yvette Prayor, RN	Appellant Rep.:	
Hearing Location:	Telephonic	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

The appellant received a notice dated December 17, 2024 stating that she does not qualify for MassHealth because her income is too high, and because she is not disabled (Exhibit 1). The appellant filed this appeal timely on December 17, 2024 (See 130 CMR 610.015(B) and Exhibit 2). The denial of assistance is valid grounds for appeal (130 CMR 610.032).

On December 27, 2024, a hearing notice was sent to the parties (Exhibit 3).

Action Taken by MassHealth

The appellant was determined to be over income for MassHealth eligibility and also determined to be not disabled.

Issue

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

Summary of Evidence

A MassHealth representative testified the appellant, an adult over 19 years of age, has a household of one with monthly income of \$3,159.00. To be eligible for MassHealth, an individual in a household of one must have income of no more than \$1,670.00, which is 133% of the FPL. The appellant is therefore over the income standards for MassHealth.

The MassHealth representative also indicated that the appellant is eligible for Connector Care insurance and for Health Safety Net.

The MassHealth Appeals Reviewer for DES submitted into evidence the appellant's medical review and stated the appellant submitted a MassHealth Adult Disability Supplement to DES on September 12, 2024. The appellant provided sufficient information for her listed physical

Regarding her complaints of anxiety, depression and PTSD, the available mental health information was deemed insufficient, and the appellant underwent a psychological consultative exam on November 19, 2024 (Exhibit 4).

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? (waived for MassHealth purposes).
- 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 determined that that appellant's mental and physical complaints, with the exception of her hearing loss, which was determined to be normal, and her polycystic ovary syndrome, which symptoms are controlled through medication, met the severity/duration requirements at Step 2.

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 complaint of anxiety/depression and PTSD were reviewed under Social Security Administration Listing of Impairments: *12.04 –Depressive Disorders* and *12.15, Trauma and Stress Related Disorders*. The appellant did not meet Listing 12.04 or 12.15 because she does not have marked limitations of mental functioning. Her back pain did not meet under *1.15 Disorders of the Spine* because she did not have muscle weakness and nerve root involvement. Her EDS did not meet under *1.18 Abnormality of a Major Joint* because there was no loss of use of her upper extremities, and no loss of muscle strength (Exhibit 4).

At Step 4, DES completed an RFC assessment along with a vocational assessment. The appellant was determined to be able to lift 20 lbs., and 10 lbs. frequently. She can sit for 8 hours and stand for six hours per day. Her mental health impairments indicated a limitation in her attention and concentration. It was determined that she could do unskilled, light work. The appellant had a relevant work history of a researcher which is light semi-skilled work. The DES concluded that the appellant's prior work as a researcher was not within her current RFC capabilities. The review continued to Step 5. It was determined at Step 5 that the appellant's RFC of the full range of light, unskilled activity, allowed her to work at jobs such as an usher, counter clerk, and courier. She was therefore determined to be not disabled (Exhibit 4).

The appellant did not dispute the income that was attributed to her household. She testified that she needs MassHealth and cannot afford to pay for insurance on her own. She stated that she completed physical therapy for her EDS but is still limited in the use of her hands due to a digit deformity, and has hip and toe pain. Her representative contended that the appellant is disabled due the combination of her impairments. However, neither the appellant nor her representative disputed the testimony of the DES representative that she does not meet any listing of impairment

at Step 3. There also was no dispute over the appellant's RFC assessment that was made by DES.

The appellant was afforded the opportunity to submit any additional medical records in support of her disability claim. According to the DES representative, there was no new evidence submitted to the DES during the record-open period (Exhibits 5 & 6).

Findings of Fact

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

1. On December 17, 2024, the appellant was determined to not qualify for MassHealth because her income is too high, and because she is not disabled (Exhibit 1).
2. The appellant has a household of one with monthly income of \$3,159.00 which is over the \$1,670.00 limit for MassHealth as a non-disabled individual (testimony).
3. The appellant is employed as a researcher and claims a disability due to her impairments (Exhibit 4).
4. The appellant submitted a MassHealth Adult Disability Supplement to DES on September 12, 2024 which indicated a medical history of [REDACTED] (Exhibit 4).
5. DES requested and received the appellant's medical records from the previous 12 months (Exhibit 4).
6. 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).
7. Step 1 is waived for MassHealth purposes (Exhibit 4).
8. At Step 2, the DES determined the appellant has a severe impairment (Exhibit 4).
9. At Step 3, DES determined that the appellant does not meet the listings for *12.04 – Depressive Disorders* and *12.15, Trauma and Stress Related Disorders*. The appellant did not meet Listing 12.04 or 12.15 because she does not have marked limitations of mental functioning. Her back pain did not meet under *1.15 Disorders of the Spine* because she did not have muscle weakness and nerve root involvement. Her EDS did not meet under *1.18 Abnormality of a Major Joint* because there was no loss of use of her upper extremities, and no loss of muscle strength (Exhibit 4).

10. At Step 4, DES completed an RFC assessment along with a vocational assessment. The appellant was determined to be able to lift 20 lbs., and 10 lbs. frequently. She can sit for 8 hours and stand for six hours per day. Her mental health impairments indicated a limitation in her attention and concentration. It was determined that she could do unskilled, light work (Exhibit 4).
11. The appellant's relevant work history of a researcher is not within her current RFC capabilities (Exhibit 4).
12. At Step 5, the appellant's RFC of light, unskilled activity, allows her to work at jobs such as an usher, counter clerk, and courier (Exhibit 4).
13. The appellant was afforded the opportunity to submit any additional medical records in support of her disability claim. According to the DES representative, there was no new evidence submitted to the DES during the record-open period (Exhibits 5 & 6).

Analysis and Conclusions of Law

To be found disabled for MassHealth Standard or CommonHealth, 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 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 EDS, polycystic ovary syndrome, back pain, anxiety, depression, and PTSD. It was determined that the appellant has impairments that

have lasted or are expected to last 12 months although her hearing was determined to be normal, and her polycystic ovary syndrome was controlled through medication.

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.

At Step 3, DES evaluated the appellant's severe 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 complaint of anxiety/depression and PTSD were reviewed under Social Security Administration Listing of Impairments: *12.04 – Depressive Disorders* and *12.15, Trauma and Stress Related Disorders*. The appellant did not meet Listing 12.04 or 12.15 because she does not have marked limitations of mental functioning. Her back pain did not meet under *1.15 Disorders of the Spine* because she did not have muscle weakness and nerve root involvement. Her EDS did not meet under *1.18 Abnormality of a Major Joint* because there was no loss of use of her upper extremities, and no loss of muscle strength.

At Step 4 MassHealth DES determined that the appellant does not retain the capacity to perform her past relevant work as a researcher, but at Step 5, it determined that, based upon her RFC of light, unskilled work, she can work at other jobs such as an usher, counter clerk, and courier.

Given that there was no dispute over the DES's analysis of the appellant's impairments, and where there was no additional medical records submitted during the record-open period, the DES determination that she is not "permanently and totally" disabled is upheld.

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

(1) MassHealth Standard – for people who are pregnant, children, parents and caretaker relatives, young adults, disabled individuals, certain persons who are HIV positive, individuals with breast or cervical cancer, independent foster care adolescents, Department of Mental Health (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);

(2) MassHealth CommonHealth – for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;

(3) MassHealth CarePlus – for adults 21 through 64 years of age who are not eligible for MassHealth Standard;

(4) MassHealth Family Assistance – for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;

(5) MassHealth Limited – for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and

(6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) – for certain Medicare beneficiaries.

The income limit for non-disabled adults 21 years of age or older is 133% of the federal poverty level (\$1,670.00) under MassHealth Standard and under MassHealth CarePlus (130 CMR 505.002 & 505.008). The appellant is a household of one, between the ages of 19 and 65, and has income of \$3,159.00 monthly which is above the income limit for MassHealth eligibility.

The appellant is therefore not eligible for MassHealth at this time due to being over MassHealth's income limits, and because she did not demonstrate that she is disabled.

The appeal is therefore denied.

Order for MassHealth

None.

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Tewksbury MassHealth Enrollment Center

UMASS/DES, UMMS/ Disability Evaluation Services
333 South Street
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