# Office of Medicaid
# BOARD OF HEARINGS

**Appellant Name and Address:**

[redacted]

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| **Appeal Decision:** | Denied | **Appeal Number:** | 2503260 |
| **Decision Date:** | 06/13/2025 | **Hearing Date:** | 03/26/2025 |
| **Hearing Officer:** | Scott Bernard | | |

**Appearance for Appellant:**
[redacted]

**Appearances for MassHealth:**
Jellece Ortega, Springfield MEC; Millie Behnk, supervisor, Springfield MEC; Roxana Noriega, Premium Assistance; Eileen Cynamon, RN, DES; Yvette Prayor, RN, DES (observing)

**Interpreter:** [redacted]

*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

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| **Appeal Decision:** | Denied | **Issue:** | Community, under age 65, eligibility, disability |
| **Decision Date:** | 06/13/2025 | **Hearing Date:** | 03/26/2025 |
| **MassHealth's Reps.:** | Jellece Ortega, Springfield MEC; Millie Behnk, supervisor, Springfield MEC; Roxana Noriega, Premium Assistance; Eileen Cynamon, RN, DES; Yvette Prayor, RN, DES (observing) | **Appellant's Rep.:** | [redacted] |
| **Hearing Location:** | Worcester MassHealth Enrollment Center | **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

Through notices dated February 14, 2025, MassHealth terminated the appellant's MassHealth CommonHealth with Premium Assistance because MassHealth determined that the appellant does not meet MassHealth disability requirements and is therefore no longer categorically eligible for CommonHealth with Premium Assistance. (see 130 CMR 505.002; Exhibit 1, 8). The appellant

filed this appeal in a timely manner on February 26, 2025. (see 130 CMR 610.015(B) and Exhibit 2). Determination of no disability is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth CommonHealth with Premium Assistance.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002, in determining that the appellant does not meet MassHealth disability requirements and is therefore not categorically eligible for MassHealth CommonHealth with Premium Assistance.

## Summary of Evidence

The appellant appeared in person at the hearing and testified through an interpreter. MassHealth was represented in person by a nurse reviewer from Disability Evaluation Services (DES), the agent of MassHealth that makes the disability determinations. MassHealth was represented telephonically by a worker from the MassHealth Enrollment Center (MEC) in Springfield, a supervisor from the Springfield MEC, and a representative from MassHealth's Premium Assistance unit.

According to the Medicaid Management Information Systems (MMIS) screen in the record, the appellant is under age 65 and was most recently open on MassHealth CommonHealth with Premium Assistance from February 16, 2024 to March 31, 2025. (Exhibit 3). Prior to that the appellant was open on MassHealth CommonHealth beginning July 27, 2021. (Exhibit 3). The MassHealth representative testified that the appellant had an annual review on November 27, 2024. On February 14, 2025, DES informed the MEC that the appellant did not meet MassHealth disability requirements. (Testimony). The MassHealth representative stated that because the appellant was determined to be not disabled, he was not categorically eligible for MassHealth CommonHealth with Premium Assistance and such coverage was terminated as of March 31, 2025. The MassHealth representative stated that the appellant is eligible for a Connector plan. The MassHealth representative stated that the appellant lives in a household of 1 and has gross monthly earnings of $3,231.41, which is 252% of the federal poverty level (FPL). The appellant has health insurance through his employer. (Testimony). The MassHealth representative testified that the appellant is not categorically eligible for MassHealth CommonHealth or Standard, and is not financially eligible for any other MassHealth coverage type.

The appellant stated that his son is a tax dependent and lives with him. The MassHealth representative stated that the appellant's son is an adult and noted on the application that he is not applying for MassHealth.

The Premium Assistance representative testified that the appellant's Premium Assistance benefit was contingent on his CommonHealth benefit. The Premium Assistance representative stated that because the appellant is not eligible for CommonHealth, or any other MassHealth coverage type, he is not eligible for Premium Assistance.

The DES representative testified that the appellant submitted a Disability Supplement in June, 2021 and was approved for CommonHealth as an administrative approval during the Public Health Emergency (PHE). The DES representative stated that no clinical determination of disability was made at that time[1]. The DES representative pointed out that the PHE ended as of April 1, 2023 and DES began making clinical determinations again after that time. The DES representative provided the hearing officer with a copy of the disability supplement and with copies of the medical records. (exhibit 5, pp. 1 – 164). The DES representative's testimony is at Exhibit 6, and is as follows: The role of DES is to determine, for MassHealth, if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. DES follows a 5-step process outlined in the SSA regulations under Title 20 of the Code of Federal Regulations (CFR), Chapter III, Section 416.920 to determine disability status. (Exhibit 5, pp. 18-20). The process is driven by the applicant's medical records and disability supplement. SSA CFR §416.905 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. (Exhibit 5, p. 17). To meet this definition, an applicant must have a severe impairment(s) that makes them unable to do past relevant work or any other substantial gainful work that exists in the regional economy. (Exhibit 6).

Per CFR §416.945 what a person can still do despite an impairment is called their residual functional capacity (RFC). (Exhibit 5, pp. 24, 25). Unless an impairment is so severe that it is deemed to prevent an individual from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether one can still do past work or, in conjunction with age, education and work experience, any other work. (Testimony, exhibit 6).

The appellant is [redacted] and his most recent MassHealth Adult Disability Supplement was received at DES on January 13, 2025, and returned to him with a letter on January 16, 2025,

[1] Because there is no prior clinical approval of disability, DES correctly conducted a 5 step evaluation in this case.

identifying incorrectly completed medical release forms, requesting they be corrected and all documents be resubmitted to DES promptly (Exhibit 5, p. 48). The appellant corrected his paperwork, and his return submission was received to DES on January 29, 2025. DES initiated a disability review episode on February 3, 2025. The appellant listed the following health problems on his supplement: Obstructive Sleep Apnea (OSA) with persistent sleepiness despite use of continuous positive airway pressure (CPAP) therapy, high blood pressure (Hypertension/ HTN) with headaches and palpitations, tinnitus with dizziness, obesity and indicated on medication list that he also took medication for muscle/joint pain and gastroesophageal reflux disease (GERD) (Exhibit 5, pp. 55-57, 62-64). DES requested and obtained medical documentation using the medical releases provided (Exhibit 5, pp. 38-47). Once medical documentation was received at DES, the 5-step review process began.

**Step 1** (Exhibit 5, p. 70) asks "Is the claimant engaging in substantial gainful activity (SGA)?" For the appellant's review, Step 1 was marked, "Yes" (Exhibit 5, pp. 58-59, 65-66). On the federal level engaging in SGA would terminate the disability review in its entirety; this step is a SSA consideration having to do with earnings and has no bearing on whether someone is found clinically eligible for disability or not. Therefore, the MassHealth disability determination process waives this step and proceeds to Step 2.

**Step 2** asks "Does the claimant have a medically determinable impairment (MDI) or combination of MDIs that is both severe and meets the duration requirement (impairment(s) is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months)." (CFR §416.923; exhibit 5, p. 23). DES requested and received records from [redacted] et al of Mass Lung & Allergy P.C., [redacted] MD et al of UMMMC University Campus ACC building Endocrinology Clinic, [redacted], MD of UMMMC University Campus Family Community Medicine, and [redacted] et al of UMMMC University Campus ACC building Cardiology Medicine (Exhibit 5, pp. 96-164). The Disability Reviewer (DR) determined the available provider documentation was both sufficient to evaluate the appellant's complaints and met the severity/ duration requirements. The reviewer marked, "Yes" at Step 2 (Exhibit 5, p. 70).

**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?" Step 3 was marked, "No" by the reviewer citing the applicable adult SSA listings considered: 1.15 – Disorders of the Skeletal Spine resulting in compromise of a nerve root(s), 1.18 – Abnormality of a Major Joint(s) in any extremity, 2.07 – Disturbance of Labyrinthine-Vestibular Function (including Meniere's Disease), 3.02 – Chronic Respiratory Disorders due to any cause except CF, 4.02 – Chronic Heart Failure, and 5.06 – Inflammatory Bowel Disease (IBD). (Exhibit 5, pp. 70-88).

For the rest of the review, Steps 4 & 5, both a Residual Functional Capacity (RFC) assessment along

with a vocational assessment are determined. 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 and CFR §416.920a (Exhibit 5, pp. 18-20, 24-25). A Mental RFC was not needed as the client did not report mental health/ psychiatric complaints. A physical RFC, completed by [redacted] on [redacted], indicates the appellant is capable of performing the full range of Light Work; consideration of postural limitation to never climbing (ladders, scaffolding, etc.) and environmental limitation to limiting hazards (such as machinery, heights, etc.) are noted (Exhibit 5, pp. 89-91). The DR completed a vocational assessment using the available educational and work history reported on the appellant's supplement, the Dictionary of Occupational Titles (DOT) job description/ requirements, and the physical RFC. (Exhibit 5, pp. 58-59, 65-66, 69). The 5-step review process continued to Step 4.

**Step 4** (Exhibit 5, p. 71) asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" The appellant's current/ past work as a driver per both his own description within his Supplement and per the Dictionary of Occupational Titles (DOT) 913.663-018, Driver (motor transportation), is classified as semi-skilled, medium work. (Exhibit 5, pp. 59, 66, 92). Thus, the appellant's current/ past work exceeds his current physical RFC capabilities (light work). The DR selected "No" and the review continued to Step 5.

**Step 5** (Exhibit 5, p. 71) 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 The Medical- Vocational Guidelines (commonly referred to as the GRID) located within the POMS (Program Operations Manual System) D125025.035 C. 203.00 Maximum Sustained Work Capability Limited to Light Work As A Result Of Severe Medically Determinable Impairment(s), Table No. 2. The DR indicated the appellant is 'Not Disabled' per GRID ruling(s) 202.14 given the appellant's age (closely approaching advanced age), education (high school graduate or more), and previous work experience (skilled or semi-skilled, skills not transferable). (Exhibit 5, p. 36). The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [redacted] on February 13, 2025 (Exhibit 5, pp. 68, 93). DES mailed a Disability Determination denial letter to the appellant on February 13, 2025 (Exhibit 5, p. 94) and transmitted the disability decision to MassHealth. (Exhibit 5, p. 51).

The appellant's medically determinable impairments (MDIs) do not meet or exceed the rigorous criteria for adult disability under SSA guidelines. (Testimony, exhibit 6). Furthermore, the appellant's RFC assessment shows that he is capable of performing the full range of light work in the competitive labor market. Based on GRID rule 202.14, the appellant does not meet the disability requirements. (Testimony, exhibit 6).

The appellant noted that even though he works, he can't pay for his medications. The appellant stated further that he fears MassHealth's decision will complicate his health even more.

## Findings of Fact

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

1. The appellant is under age 65 and was most recently open on MassHealth CommonHealth with Premium Assistance from February 16, 2024 to March 31, 2025; prior to that the appellant was open on CommonHealth beginning July 27, 2021.

2. The appellant first submitted a Disability Supplement in June, 2021 and was approved for CommonHealth as an administrative approval during the PHE; no clinical determination of disability was made at that time.

3. The PHE ended as of April 1, 2023.

4. The appellant had an annual review on November 27, 2024.

5. On February 14, 2025, DES informed the MEC that the appellant did not meet MassHealth disability requirements.

6. By notices dated February 14, 2025, MassHealth terminated the appellant's CommonHealth with Premium Assistance.

7. The appellant is [redacted], lives in a household of 1, and has gross monthly earnings of $3,231.41, which is 252% of the FPL; the appellant has health insurance through his employer.

8. DES follows a 5-step process outlined in the SSA regulations under Title 20 of the CFR, Chapter III, Section 416.920 to determine disability status.

9. The appellant's most recent MassHealth Adult Disability Supplement was received at DES on January 13, 2025, and returned to him with a letter on January 16, 2025, identifying incorrectly completed medical release forms, requesting they be corrected and all documents be resubmitted to DES promptly.

10. The appellant corrected his paperwork, and his return submission was received to DES on

January 29, 2025.

11. The appellant listed the following health problems on his supplement: Obstructive Sleep Apnea with persistent sleepiness despite use of CPAP therapy, high blood pressure (Hypertension/ HTN) with headaches and palpitations, tinnitus with dizziness, obesity and indicated on medication list that he also took medication for muscle/joint pain and GERD.

12. Step 1 of the disability review is waived for MassHealth purposes.

13. MassHealth determined at Step 2 that the appellant has an impairment or combination of impartments that are severe and expected to result in death or have lasted or are expected to last for a continuous period of not less than 12 months.

14. DES requested and received records from [redacted] et al of Mass Lung & Allergy P.C. , [redacted] et al of UMMMC University Campus ACC building Endocrinology Clinic, [redacted] of UMMMC University Campus Family Community Medicine, and [redacted] et al of UMMMC University Campus ACC building Cardiology Medicine.

15. At Step 3, MassHealth compared the appellant's medical conditions to the following Social Security listings: 1.15 – Disorders of the Skeletal Spine resulting in compromise of a nerve root(s); 1.18 – Abnormality of a Major Joint(s) in any extremity; 2.07 – Disturbance of Labyrinthine-Vestibular Function (including Meniere's Disease); 3.02 – Chronic Respiratory Disorders due to any cause except CF; 4.02 – Chronic Heart Failure; and 5.06 – Inflammatory Bowel Disease (IBD).

16. MassHealth determined that the appellant's medical conditions did not meet all the necessary criteria for any of the listings.

17. A physical RFC was completed by [redacted] on [redacted]; the appellant's physical RFC indicates he is capable of performing the full range of Light Work; consideration of postural limitation to never climbing (ladders, scaffolding, etc.) and environmental limitation to limiting hazards (such as machinery, heights, etc.) are noted.

18. DES completed a vocational assessment using the available educational and work history reported on the appellant's supplement, Dictionary of Occupational Titles (DOT) job description, and the physical RFC.

19. The appellant graduated from high school with some post graduate education.

20. The appellant reported work as a driver.

21. The appellant's current/past work as a driver per both his own description within his supplement and per DOT 913.663-018 Driver (motor transportation) is classified as semi-skilled, medium work.

22. At Step 4, DES determined that the appellant's current/ past work exceeds his current physical RFC capabilities of light work.

23. DES determined that the appellant had the capacity to do other work, considering his RFC, age, education, and work experience.

24. DEC cited to the Medical- Vocational Guidelines (commonly referred to as the GRID) located within the Social Security POMS (Program Operations Manual System) D125025.035 C. 203.00 Maximum Sustained Work Capability Limited to Light Work As A Result Of Severe Medically Determinable Impairment(s), Table No. 2.

25. DES determined the appellant is 'Not Disabled' at Step 5 per GRID ruling(s) 202.14 given the appellant's age (closely approaching advanced age), education (high school graduate or more), and previous work experience (skilled or semi-skilled, skills not transferable).

26. The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor Lawrence Meade, MD on February 13, 2025.

# Analysis and Conclusions of Law

130 CMR 505.000 explains the categorical requirements and financial standards that must be met to qualify for a MassHealth coverage type. The rules of financial responsibility and calculation of financial eligibility are detailed in 130 CMR 506.000: Health Care Reform: MassHealth: Financial Requirements.

(A) The MassHealth coverage types are the following:

(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.

(130 CMR 505.001).

As a person between the ages of 18 and 65, living in a one person household, with a DES determination of no disability, the appellant is only categorically eligible for MassHealth CarePlus.

MassHealth CarePlus
(A) Overview.
(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 years old.
(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): MassHealth CarePlus and 130 CMR 508.000: MassHealth: Managed Care Requirements and must meet the following conditions.
(a) The individual is an adult 21 through 64 years old.
(b) The individual is a citizen, as described in 130 CMR 504.002: U.S. Citizens, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): Qualified Noncitizens.
(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.
(d) The individual is ineligible for MassHealth Standard.
(e) The adult complies with 130 CMR 505.008(C).
(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

(130 CMR 505.008(A)).

Calculation of Financial Eligibility The rules at 130 CMR 506.003 and 506.004 describing countable income and noncountable income apply to both MassHealth MAGI households and MassHealth Disabled Adult households.

(A) Financial eligibility for coverage types that are determined using the MassHealth MAGI household rules and the MassHealth Disabled Adult household rules is determined by comparing the sum of all countable income less deductions for the individual's household as described at 130 CMR 506.002 with the applicable income standard for the specific coverage type.

(1) The MassHealth agency will construct a household as described in 130 CMR 506.002 for each individual who is applying for or renewing coverage. Different households may exist within a single family, depending on the family members' familial and tax relationships to each other.

(2) Once the individual's household is established, financial eligibility is determined by using the total of all countable m monthly income for each person in that individual's MassHealth MAGI or Disabled Adult household. Income of all the household members forms the basis for establishing an individual's eligibility.

(a) A household's countable income is the sum of the MAGI-based income of every individual included in the individual's household with the exception of children and tax dependents who are not expected to be required to file a return as described in 42 CFR 435.603 and 130 CMR 506.004(K).

(b) Countable income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003(D).

(c) In determining monthly income, the MassHealth agency multiplies average weekly income by 4.333.

(3) Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine eligibility of the individual under the coverage type with the highest income standard.

(130 CMR 506.007(A)).

The income limit for CarePlus is 133% of the federal poverty level. For a household of one, 133% of the FPL is $1,670.00 a month. The appellant's gross monthly household income is $3,231.41, or 257% of the FPL. After deducting the 5 percentage points of the federal poverty level, the appellant's countable income is 252% of the FPL. Because the appellant's countable income exceeds 133% of the FPL, he is not financially eligible for MassHealth CarePlus.

The appellant argues he is disabled and therefore eligible for MassHealth CommonHealth. The regulations concerning determination of disability are as follows:

In order to be found disabled under the MassHealth program, an individual must be *permanently and totally disabled* pursuant to Title XVI disability standards. (emphasis added). 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). 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 MassHealth Program. If a determination of disability can be made at any step, the evaluation process stops at that point. Step 1 considers whether the appellant is substantially gainfully employed. MassHealth waives Step 1 as an individual can be a disabled working adult eligible for the CommonHealth program upon payment of a premium.

Step 2 determines whether the appellant has a severe impairment. 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. significantly limit your physical or mental ability to do basic work activities.

DES determined that the appellant's Obstructive Sleep Apnea with persistent sleepiness despite use of CPAP therapy, high blood pressure with headaches and palpitations, tinnitus with dizziness, obesity, muscle/joint pain, and GERD constitute severe impairments at Step 2. Because the appellant does have a severe impairment, the five-step process requires the review to proceed to Step 3.

Step 3 requires the reviewer to determine whether the impairments meet or equal the criteria for any of the medical conditions listed in the federal *Listing of Impairments* found in 20 CFR Ch. III, Pt. 404, Subpt. P, App. 1. DES compared the appellant's complaints/symptoms to the following Social Security listing of impairments.

DES compared the appellant's complaint of muscle and joint pain to listing 1.15 – Disorders of the Skeletal Spine resulting in compromise of a nerve root(s), and listing 1.18 – Abnormality of a Major Joint(s) in any extremity. DES determined that the appellant's medical record did not support the specific criteria necessary to meet these listings.

DES compared the appellant's complaint of tinnitus with dizziness to listing 2.07 – Disturbance of

Labyrinthine-Vestibular Function (including Meniere's Disease). DES determined that the appellant's medical record did not support the specific criteria necessary to meet this listing.

DES compared the appellant's obstructive sleep apnea to listing 3.02 – Chronic Respiratory Disorders due to any cause except CF. DES determined that the appellant's obstructive sleep apnea did not meet the specific criteria necessary for this listing.

DES compared the appellant's high blood pressure to listing 4.02 – Chronic Heart Failure. DES determined that the appellant's high blood pressure did not meet the specific criteria for this listing.

DES compared the appellant's GERD to listing 5.06 – Inflammatory Bowel Disease (IBD). DES determined that the appellant's medical record did not support the specific necessary criteria to meet this listing.

The appellant presented no clinical documentation to support that he meets the requirements of the above listings.

Because the appellant does not meet a listing, the five-step process requires the review to proceed to Step 4.

Step 4 requires the reviewer to perform a review of the appellant's residual functional capacity (RFC) using the Social Security Administration's *Medical Vocational Guidelines* (20 CFR Ch. III, Pt. 404, Subpt. P, App. 2) to determine whether the appellant is able to perform previous work.

At Step 4, a vocational review was undertaken by DES to determine if the appellant retained the physical RFC to perform his past work. A physical RFC, completed by [redacted] on [redacted], [redacted], indicates the appellant is capable of performing the full range of Light Work; with consideration of postural limitation to never climbing (ladders, scaffolding, etc.) and environmental limitation to limiting hazards (such as machinery, heights, etc.). DES completed a vocational assessment using the available educational and work history reported on the appellant's supplement, the DOT job description/ requirements, and the physical RFC. The appellant's current/ past work as a Driver per both his own description within his disability supplement and per the DOT 913.663-018 Driver (motor transportation) is classified as semi-skilled, medium work. Because the appellant is limited to light work based on the RFC, his current/ past work exceeds his current physical RFC capabilities. The appellant is not capable of performing current/past work and the review continued to Step 5.

At Step 5, DES determines if the appellant has the capacity to perform other work, considering his

age, education level, work experience, and RFC. Based on the Medical- Vocational Guidelines (commonly referred to as the GRID), DES determined the appellant is 'Not Disabled' per GRID ruling(s) 202.14 given the appellant's age (closely approaching advanced age), education (high school graduate or more), and previous work experience (skilled or semi-skilled, skills not transferable). The appellant was determined not disabled at Step 5 because he is capable of performing the full range of light work in the competitive labor market.

Disability is ultimately, as defined by the Social Security regulations, a determination of a person's functional capacity as it relates to the ability or inability to perform vocationally related tasks needed to maintain employment for positions that are available in the national economy. I have no reasonable basis to alter MassHealth's conclusions and findings and its ultimate determination that appellant is not totally and permanently disabled for MassHealth eligibility purposes. Because the appellant is not disabled, he is not eligible for MassHealth CommonHealth.

Because the appellant is no longer eligible for CommonHealth, he is no longer eligible for Premium Assistance. (130 CMR 505.004(K)).

The appeal is 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.

Scott Bernard (Patricia Mullen)
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center
MassHealth representative: Eileen Cynamon, DES Appeals, UMMS/Disability Evaluation Services, 333 South Street, Shrewsbury, MA 01545
MassHealth representative: Roxana Noriega, Premium Assistance, UMASS-Schrafft's Center, 529 Main St., 3rd floor, Charlestown, MA 02129