Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2503551
Decision Date:	6/6/2025	**Hearing Date:**	04/15/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
[redacted]

Appearances for MassHealth:
Yvette Prayor, R.N., Disability Evaluation Services (DES)
Doly Encarnacion, Charlestown

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

Appeal Decision:	Denied	**Issue:**	Eligibility; Disability
Decision Date:	6/6/2025	**Hearing Date:**	04/15/2025
MassHealth's Reps.:	Yvette Prayor, R.N.; Doly Encarnacion	**Appellant's Rep.:**	[redacted]
Hearing Location:	Charlestown MassHealth Enrollment Center - Telephonic		

Authority

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

Jurisdiction

Through a notice dated 2/11/25, MassHealth informed the appellant that she was not disabled because MassHealth determined that the appellant did not meet MassHealth's disability requirements. (130 CMR 505.002(E) and Exhibit 1). The appellant filed this appeal in a timely manner on 3/3/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the appellant that he does not meet MassHealth's disability requirements.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(E), in determining that the appellant is not permanently and totally disabled.

Summary of Evidence

The MassHealth representative appeared telephonically and testified as follows: the appellant is [redacted] years old and was previously found clinically disabled in 2016 at Step 3 (listing-level approval) of the initial five-step disability evaluation process. On the Disability Supplement and the EAEDC (Emergency Aid to the Elderly, Disabled, and Children) Medical Report signed by Dr. Muhammad Mowla on 2/29/16, the appellant reported multiple conditions, including left below-knee amputation (BKA), post-traumatic amputation, phantom limb pain, low back pain, hypertension (HTN), traumatic brain injury (TBI), depression, anxiety, and obsessive-compulsive disorder (OCD). (Exhibit 5, pp. 181–190). Upon review of the available objective evidence, the disability reviewer (DR) determined that the appellant met the criteria for approval on SSA Listing of Impairments, 1.05 - Amputation. For purposes of the current review, the 2016 episode will be referred to as the Comparison Point Determination (CPD). (Exhibit 5, pp. 167-277).

The appellant submitted his current MassHealth Adult Disability Supplement to Disability Evaluation Services (DES) on 1/2/25. A Continuous Disability Review (CDR) was initiated by DES. The appellant indicated his health problems as left lower extremity below-knee amputation (BKA), Carpal Tunnel Syndrome (CTS), neck pain, back pain, and Tourette Syndrome. The CPD file was requested on 1/23/25 and uploaded on 1/29/25.

DES requested medical documentation from the appellant's listed treating sources, Dr. Mowla, and Optimum Psychiatric Health, by using the signed medical releases provided. The medical information from Dr. Mowla was reviewed by the Disability Reviewer (DR). While this documentation was considered sufficient to support the physical impairment claims, it did not meet or equal the criteria outlined in the SSA listings. The appellant's case was then sent for a physical Residual Functional Capacity (RFC) Review.

An initial RFC assessment was completed by a Physician Advisor (PA) on 1/29/25. (Exhibit 5, pp. 95–97). Due to the complexity of the case and the need for further clarification, the DR requested a physician advisor case consultation for a second opinion. Following a review with a Senior Physician Advisor, both physicians agreed that the physical RFC required revision, prompting an amended RFC. (Exhibit 5, pp. 95-97). The physical impairments alone would not support a vocational approval; therefore, the evaluation process continued on to assess the appellant's mental health impairments. The Appeals Reviewer (AR) contacted the DR and PA to seek clarification regarding the action taken and agreed with their assessment.

The DR made a follow-up phone call to Optimum Psychiatric Health on 1/23/25 to obtain missing clinical information. Clinical information received from Optimum Psychiatric Health on 1/29/25 and reviewed on 1/30/25 was sufficient for the mental health claims; however, it did not meet or equal anything on the Social Security Administration (SSA) Listing of Impairments. The PA completed a mental RFC on 1/31/25, indicating that the appellant is capable of performing basic, unskilled work in the competitive labor market. (Exhibit 5, pp. 98-99).

Once all medical documentation was received at DES, the 8-step CDR review process began.

Item A of the review process asks if sufficient information was received to make a determination. This question was answered, "Yes." (Exhibit 5, p. 76). The process moved to Step 1.

- **Step 1** asks if the claimant is engaging in substantial gainful activity (SGA)? For review, Step 1 was marked "No." (Exhibit 5, p. 77). 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. This step is an SSA consideration having to do with earnings and has no bearing on whether someone is found clinically disabled or not disabled.

- **Step 2** asks if any impairment(s) meet or equal a listing in the current Listing of Impairments. (Exhibit 5, p. 77). The DR answered, "No." The SSA Listings considered were: 1.15 – Disorders of the Skeletal Spine Resulting in Compromise of a Nerve Root(s), 1.20 – Amputation Due to Any Cause,[1] 11.14 – Peripheral Neuropathy, 12.04 – Depressive, Bipolar Related Disorders, 12.06 – Anxiety and Obsessive-Compulsive Disorders, 12.11 – Neurodevelopmental Disorders. (Exhibit 5, p. 84-94). The appellant's medical records state that the appellant denies any stump rash or discoloration, and the appellant's motor strength and tone are normal. The appellant has normal movement of all extremities. The appellant wears a left below-the-knee prosthesis, and he has an irregular gait. (Exhibit 5, pp. 78).

- **Step 3** asks if there is Medical Improvement (MI) (Decreased Severity)? The DR answered "Yes" and completed the MI Comparison. (Exhibit 5, pp. 77-78). Once this comparison was completed, the review proceeded to Step 4.

For the duration of the review, RFC assessments are necessary. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are used at Step 4b in conjunction with the CPD RFCs and are also needed for Steps 7 & 8.

[1] **1.20** ***Amputation due to any cause*** documented by A, B, C, *or* D: **C.** Amputation of one upper extremity, occurring at any level at or above the wrist (carpal joints), and amputation of one lower extremity, occurring at or above the ankle (talocrural joint), *and* medical documentation of at least *one* of the following: 1. A documented medical need for a walker, bilateral canes, or bilateral crutches or a wheeled and seated mobility device involving the use of both hands; or2. A documented medical need for a one-handed, hand-held assistive device requiring the use of the other upper extremity or a wheeled and seated mobility device involving the use of one hand; or…
D. Amputation of one or both lower extremities, occurring at or above the ankle (talocrural joint), with complications of the residual limb(s) that have lasted, or are expected to last, for a continuous period of at least 12 months, *and* medical documentation of 1 and 2: 1. The inability to use a prosthesis(es); and 2. A documented medical need for a walker, bilateral canes, or bilateral crutches or a wheeled and seated mobility device involving the use of both hands.

- **Step 4** asks if there is Medical Improvement (MI) related to the ability to work? As the CPD determination, made in 2016, was based on the impairment equaling the SSA Listing 1.05 – Amputation. The review proceeded to Step 4a.

- **Step 4a** asks if the prior listing(s) currently met or equaled (as that listing appeared at CPD)? The DR answered 'No,' that there is no medical improvement as related to the ability to work. (Exhibit 5, p. 80). The review proceeded to Step 6.

- **Step 6** asks if there is a current impairment(s) or combination of impairments that are severe. The DR answered 'Yes' and the review proceeded to Step 7. (Exhibit 5, p. 82)

- **Step 7** asks does the claimant retain the capacity to perform any Past Relevant Work (PRW)? The DR answered 'No.' The appellant's past work history as a Shop Manager exceeded current abilities. (Exhibit 5, pp. 72, 75). The review proceeded to Step 8.

- **Step 8** asks does the claimant have the ability to make an adjustment to any other work, considering the claimant's RFC, age, education, and work experience? The DR answered 'Yes.' (Exhibit 5, p. 83). The disability ceased and the Determination Code of 231 was given, meaning that the appellant is capable of light, unskilled work and was quoted three job categories: 5420: Information & Records Clerks, All Other, 5620: Stock Clerks & Order Filers, and 9640: Packers & Packagers, Hand. (Exhibit 5, pp. 103-106).

The CDR disability process concluded with a final review and endorsement of the disability decision by both PAs on 2/11/25. (Exhibit 5, pp. 74, 107). A Disability Determination denial letter was generated on 2/11/25 and mailed to the appellant. The decision was transmitted to MassHealth on 2/12/25. (Exhibit 5, p. 63).

In the interim: Information was received by the Board of Hearings, sent by the appellant via email, that included the following:

- Letter dated 3/27/25, from Optimum Psychiatric Health, PLLC, completed by Michelle VivoAmore, CNP, PMHNP-BC.
- Letter dated 3/26/25, from Revere Medical completed by Dr. Muhammad Mowla.
- Client letter dated 12/30/24 – noted to be nine pages; however, only the coversheet was received.

Both letters are medical opinion statements and do not have any objective information that would impact the current decision.

The MassHealth representative testified that the appellant no longer meets or equals the current or prior Adult SSA listings. The MassHealth representative testified that the appellant's RFCs indicate he is capable of performing the full range of light work activities in the competitive labor market. The MassHealth representative testified that there are, within the

regional/national economy, a significant number of jobs (in one or more occupations) having requirements which the appellant can meet based on his physical and mental capabilities and his vocational qualifications.

The appellant was represented by his mother. The appellant's representative testified that the appellant currently works as a mechanic, but does not make enough money to pay his bills. The appellant's representative testified that the appellant's wife left him, and he has five children to care for. The appellant's representative testified that the appellant no longer receives Social Security Disability Income (SSDI) or Medicare.

Findings of Fact

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

1. The appellant is [redacted] years old and was previously found clinically disabled in 2016 at Step 3 (listing-level approval) of the initial five-step disability evaluation process.

2. On the Disability Supplement and the EAEDC Medical Report signed by Dr. Muhammad Mowla on 2/29/16, the appellant reported multiple conditions, including left BKA, post-traumatic amputation, phantom limb pain, low back pain, HTN, TBI, depression, anxiety, and OCD. (Exhibit 5, pp. 181–190).

3. The DR determined that the appellant met the criteria for approval on SSA listing 1.05 - Amputation. (Exhibit 5, pp. 167-277).

4. The appellant submitted his current MassHealth Adult Disability Supplement to DES on 1/2/25.

5. A CDR was initiated by DES. The appellant indicated his health problems as left lower extremity BKA, CTS, neck pain, back pain, and Tourette Syndrome.

6. The CPD file was requested on 1/3/25 and uploaded on 1/29/25.

7. DES requested medical documentation from the appellant's listed treating sources, Dr. Mowla, and Optimum Psychiatric Health, by using the signed medical releases provided.

8. The medical information from Dr. Mowla was reviewed by the DR. While this documentation was considered sufficient to support the physical impairment claims, it did not meet or equal the criteria outlined in the SSA listings. The appellant's case was sent for a physical RFC Review.

9. An initial RFC assessment was completed by a PA on 1/29/25. (Exhibit 5, pp. 95–97).

10. Due to the complexity of the case and the need for further clarification, the DR requested a PA case consultation for a second opinion. Following review with a Senior PA, both physicians agreed that the physical RFC required revision, prompting an amended RFC. (Exhibit 5, pp. 95-97).

11. The physical impairments alone would not support a vocational approval; therefore, the evaluation process should continue to assess the appellant's mental health impairments.

12. The AR contacted the DR and PA to seek clarification regarding the action taken and agreed with their assessment.

13. The DR made a follow-up phone call to Optimum Psychiatric Health on 1/23/25 to obtain missing clinical information.

14. Clinical information received from Optimum Psychiatric Health on 1/29/25, and reviewed on 1/30/25, was sufficient for the mental health claims; however, it did not meet or equal anything on the SSA Listing of Impairments.

15. The PA completed a mental RFC on 1/31/25, indicating that the appellant is capable of performing basic, unskilled work in the competitive labor market. (Exhibit 5, pp. 98-99).

16. Once all medical documentation was received at DES, the 8-step CDR review process began.

17. Item A of the review process asks if sufficient information was received to make a determination. This question was answered, "Yes." (Exhibit 5, p. 76). The process moved to Step 1.

18. **Step 1** asks if the claimant is engaging in SGA. For review, Step 1 was marked "No." (Exhibit 5, p. 77). 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. This step is an SSA consideration having to do with earnings and has no bearing on whether someone is found clinically disabled or not disabled.

19. **Step 2** asks does any impairment(s) meet or equal a listing in the current Listing of Impairments? (Exhibit 5, p. 77). The DR answered, "No." The SSA Listings considered were: 1.15 – Disorders of the Skeletal Spine Resulting in Compromise of a Nerve Root(s), 1.20 – Amputation Due to Any Cause, 11.14 – Peripheral Neuropathy, 12.04 – Depressive, Bipolar Related Disorders, 12.06 – Anxiety and Obsessive-Compulsive Disorders, 12.11 – Neurodevelopmental Disorders. (Exhibit 5, p. 84-94).

20. The appellant's medical records state that the appellant denies any stump rash or discoloration, and the appellant's motor strength and tone are normal. The appellant

has normal movement of all extremities. The appellant wears a left below-the-knee prosthesis, and he has an irregular gait. (Exhibit 5, pp. 78).

21. **Step 3** asks if there is MI (Decreased Severity)? The DR answered "Yes" and completed the MI Comparison. (Exhibit 5, pp. 77-78). Once this comparison was completed, the review proceeded to Step 4.

22. For the duration of the review, RFC assessments are necessary. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are used at Step 4b in conjunction with the CPD RFCs and are also needed for Steps 7 & 8.

23. **Step 4** asks if there is MI related to the ability to work? As the CPD determination, made in 2016, was based on the impairment equaling the SSA Listing 1.05 – Amputation, this review proceeded to Step 4a.

24. **Step 4a** asks if the prior listing(s) currently met or equaled (as that listing appeared at CPD)? The DR answered 'No,' that there is no medical improvement as related to the ability to work. (Exhibit 5, p. 80). The review proceeded to Step 6.

25. **Step 6** asks if there is a current impairment(s) or combination of impairments that are severe. The DR answered 'Yes.' (Exhibit 5, p. 82) and the review proceeded to Step 7.

26. **Step 7** asks does the claimant retain the capacity to perform any PRW? The DR answered 'No.' The appellant's past work history as a Shop Manager exceeded his current abilities (Exhibit 5, pp. 72, 75). Review proceeded to Step 8.

27. **Step 8** asks does the claimant have the ability to make an adjustment to any other work, considering the claimant's RFC, age, education, and work experience? The DR answered 'Yes.' (Exhibit 5, p. 83).

28. The disability review ceased and the Determination Code of 231 was given, meaning that the appellant is capable of light, unskilled work and was quoted three job categories: 5420: Information & Records Clerks, All Other, 5620: Stock Clerks & Order Filers, and 9640: Packers & Packagers, Hand. (Exhibit 5, pp. 103-106).

29. The CDR disability process concluded with a final review and endorsement of the disability decision by both PAs on 2/11/25. (Exhibit 5, pp. 74, 107).

30. A Disability Determination denial letter was generated on 2/11/25 and mailed to the appellant. The decision was transmitted to MassHealth on 2/12/25. (Exhibit 5, p. 63).

31. Subsequent to the issuance of a determination, information was received by the Board of Hearings, sent by the appellant via email, that included the following:

- Letter dated 3/27/25, from Optimum Psychiatric Health, PLLC, completed by Michelle VivoAmore, CNP, PMHNP-BC
- Letter dated 3/26/25, from Revere Medical completed by Dr. Muhammad Mowla
- Client letter dated 12/30/24 – noted to be nine pages; however, only the coversheet was received.

32. Both letters are medical opinion statements and do not have any objective information that would impact the current decision.

33. The appellant no longer meets or equals the current or prior Adult SSA listings.

34. The appellant's RFCs indicate he is capable of performing the full range of light work activities in the competitive labor market.

35. Within the regional/national economy, there are a significant number of jobs (in one or more occupations) having requirements that the appellant can meet based on the appellant's physical and mental capabilities and his vocational qualifications.

36. The appellant currently works as a mechanic.

Analysis and Conclusions of Law

In order to be found disabled for MassHealth Standard benefits, an individual adult must be "*permanently and totally disabled*." (130 CMR 501.001). The guidelines used in establishing disability under the MassHealth program are very similar to those used by the SSA. Individuals who meet the SSA's definition of disability may establish eligibility for MassHealth Standard according to 130 CMR 505.002(E), or for CommonHealth according to 130 CMR 505.004. Per 20 CFR 416.905, the SSA 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."

The federal Social Security Act establishes the eligibility standards and 8-step evaluation tool used to conduct the CDR reevaluations. The CDR reevaluations are periodically required by federal law for those who have already previously been found disabled at some point under the 5-step test. (20 CFR 416.994(b)(5)). If a determination of disability can be made at any step of the process, the specific evaluation process stops at that point.

The purpose of the CDR evaluation is to determine if there has been any medical improvement in the appellant's impairments, and, if so, whether this medical improvement is related to the appellant's ability to work. If the appellant's impairment(s) has not medically improved, the reviewer must consider whether one or more of the exceptions to medical improvement apply. If medical improvement related to the appellant's ability to work has not occurred and no exception

applies, the appellant's benefits will continue.[2] Even where medical improvement related to the appellant's ability to work has occurred or an exception applies, in most cases, the reviewer must also show that the appellant is currently able to engage in substantial gainful activity before the reviewer can find that the appellant is no longer disabled.

The 8-Step Method for Continuous Disability Review

The 8-step method is the sequential evaluation process established by the Social Security Act and described in 20 CFR 416.994(b)(5) for the purpose of determining initial eligibility for Medicaid benefits such as MassHealth:

At Step 1, it is determined whether the disability applicant is currently engaged in substantial gainful activity. If an applicant is engaged in such work with such income, the applicant may be

[2] 20 CFR 416.994(b)(3) *First group of exceptions to medical improvement.* The law provides for certain limited situations when your disability can be found to have ended even though medical improvement has not occurred, if you can engage in substantial gainful activity. These exceptions to medical improvement are intended to provide a way of finding that a person is no longer disabled in those limited situations where, even though there has been no decrease in severity of the impairment(s), evidence shows that the person should no longer be considered disabled or never should have been considered disabled. If one of these exceptions applies, we must also show that, taking all your current impairment(s) into account, not just those that existed at the time of our most recent favorable medical decision, you are now able to engage in substantial gainful activity before your disability can be found to have ended. As part of the review process, you will be asked about any medical or vocational therapy you received or are receiving. Your answers and the evidence gathered as a result as well as all other evidence, will serve as the basis for the finding that an exception applies. 20 CFR 416.994(b)(4) *Second group of exceptions to medical improvement.* In addition to the first group of exceptions to medical improvement, the following exceptions may result in a determination that you are no longer disabled. In these situations the decision will be made without a determination that you have medically improved or can engage in substantial gainful activity. (i) *A prior determination or decision was fraudulently obtained.* If we find that any prior favorable determination or decision was obtained by fraud, we may find that you are not disabled. In addition, we may reopen your claim under the rules in § 416.1488. In determining whether a prior favorable determination or decision was fraudulently obtained, we will take into account any physical, mental, educational, or linguistic limitations (including any lack of facility with the English language) which you may have had at the time. (ii) *You do not cooperate with us.* If there is a question about whether you continue to be disabled and we ask you to give us medical or other evidence or to go for a physical or mental examination by a certain date, we will find that your disability has ended if you fail, without good cause, to do what we ask. Section 416.1411 explains the factors we consider and how we will determine generally whether you have good cause for failure to cooperate. In addition, § 416.918 discusses how we determine whether you have good cause for failing to attend a consultative examination. The month in which your disability ends will be the first month in which you failed to do what we asked. (iii) *We are unable to find you.* If there is a question about whether you continue to be disabled and we are unable to find you to resolve the question, we will suspend your payments. The month your payments are suspended will be the first month in which the question arose and we could not find you. (iv) *You fail to follow prescribed treatment which would be expected to restore your ability to engage in substantial gainful activity.* If treatment has been prescribed for you which would be expected to restore your ability to work, you must follow that treatment in order to be paid benefits. If you are not following that treatment and you do not have good cause for failing to follow that treatment, we will find that your disability has ended (see § 416.930(c)). The month your disability ends will be the first month in which you failed to follow the prescribed treatment.

found to be not disabled. Otherwise, the process continues on to Step 2. This step is waived in an applicant's favor during a MassHealth disability review, and MassHealth thus essentially begins its review at Step 2.

At Step 2, a decision is made as to whether the applicant's impairments meet or equal a listing in the current Listing of Impairments. The review then proceeds to Step 3.

At Step 3, it is asked whether there has been medical improvement or decreased severity of the ailment(s), which is determined by the RFC assessment. The review proceeds to Step 4, which asks the question of whether there is Medical Improvement related to the ability to work. In order to determine the Medical Improvement, the CDR reviewer is directed to Step 4b and compares the record at the initial determination of disability with the current record, including the physical and mental RFCs and the MIRS RFC.

At Step 6, the CDR determines whether there are current impairments or a combination of impairments that are severe. If this step is answered "Yes," the review proceeds to Step 7.

At Step 7, a determination is made as to the applicant's RFC and whether the applicant can perform some prior work based on his or her capacity. If the applicant can perform his or her prior work, the review ends, and the applicant is found to be "not disabled." Otherwise, the review proceeds to the final step at Step 8.

At the final step, Step 8, it is asked whether the applicant is able to perform any other work that is available in sufficient quantities in the national economy. If so, the applicant is found to be "not disabled." If the applicant is not found able to do other work, the applicant will be determined to be a "disabled" adult.

DES correctly determined that the appellant no longer qualifies as disabled. There is no dispute that the appellant's condition is expected to last 12 months or more to meet Step 6. DES determined, however, that the extent of his condition, as indicated in the appellant's medical records and supporting documentation, did not qualify to meet the listing for 1.15 – Disorders of the Skeletal Spine Resulting in Compromise of a Nerve Root(s), 1.20 – Amputation Due to Any Cause, 11.14 – Peripheral Neuropathy, 12.04 – Depressive, Bipolar Related Disorders, 12.06 – Anxiety and Obsessive-Compulsive Disorders, 12.11 – Neurodevelopmental Disorders. While the appellant does have a BKA, he does not meet the criteria listed in the SSA listing under 1.20 – Amputation Due to Any Cause, because the appellant can ambulate with a prosthetic and without an additional assistive device. There is nothing in the medical record to support that the appellant's condition meets or equals a listing utilized by the SSA.

Because no listings were met, DES proceeded to Step 3. At Step 3, the DES correctly found that the appellant's medical situation has improved. DES did not err in determining that the appellant no longer meets or equals the current or prior Adult SSA listings either individually or in combination of complaints, and the appellant was correctly determined to be "Not Disabled."

The appellant currently works as a mechanic, and while his pay might be less than ideal, this, without more, does not render the appellant disabled. Furthermore, the testimony supported the fact that the appellant could safely engage in some forms of employment. In consideration of the record as a whole, including the testimony, medical records, and supporting documentation, the appellant has not established that he is permanently and totally disabled from performing any employment.

Therefore, this 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.

Christine Therrien

Hearing Officer
Board of Hearings

cc: [redacted]

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

cc: MassHealth Representative: Thelma Lizano, Charlestown MassHealth Enrollment Center