

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506085
Decision Date:	7/30/2025	Hearing Date:	5/27/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearances for MassHealth:
Gloryanne DeJesus, Springfield MEC
Yvette Prayor, RN, UMass DES



*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:	Disability – 8 step
Decision Date:	7/30/2025	Hearing Date:	5/27/2025
MassHealth’s Reps.:	Gloryanne DeJesus, Yvette Prayor	Appellant’s Rep.:	Pro se
Hearing Location:	Springfield (remote)	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

By notice dated April 4, 2025, MassHealth, through the University of Massachusetts Chan Medical School Disability Evaluation Services (DES), notified Appellant that DES determined that she is not disabled as part of her request for Medicaid health benefits. Exhibit 1. Appellant filed this appeal on April 16, 2025. Exhibit 2. 130 CMR 610.015(B). Termination, modification, or denial of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth/DES determined that Appellant is not disabled for purposes of Medicaid eligibility.

Issue

The appeal issue is whether MassHealth was correct in determining that Appellant is not disabled for purposes of Medicaid eligibility.

Summary of Evidence

MassHealth was represented at remote hearing by an eligibility representative and a DES appeals reviewer. The DES appeals reviewer submitted documents in support, Exhibit 4. Appellant appeared on her own behalf and submitted a supporting letter, Exhibit 2. A summary of testimony and documentation follows.

Appellant had previously been determined disabled by DES. On January 29, 2025, MassHealth sent Appellant a disability renewal form for purposes of reviewing continued disability. On April 8, 2025, MassHealth received DES's determination that Appellant was not disabled. On April 10, 2025, MassHealth removed Appellant's disability status from the system. Currently, MassHealth's records reflect that Appellant is in household of four with monthly income at 160.73% of the federal poverty level (FPL). MassHealth did not issue a notice to Appellant regarding the impact of the DES determination on her eligibility as she remained categorically eligible for MassHealth Standard through April 30, 2026 due to her postpartum status.

The DES appeals reviewer explained that DES's role is to determine if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. DES uses a five-step process, which comes from the SSA code of federal regulations to determine an applicant's initial disability status. See 20 CFR § 416.920; Exhibit 4 at 17. In making the determination, DES reviews the applicant's medical records and disability supplement. Under 20 CFR § 416.905, (*id.* at 10), disability is defined 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 period of not less than twelve months. The definition of disability also requires that the applicant have a severe impairment(s) that makes the applicant unable to do past relevant work or any other substantial gainful work that exists in the regional economy. 20 CFR § 416.989, *id.* at 23.

For adult MassHealth applicants that have been previously declared disabled, and when requested by MassHealth, DES will periodically perform a Continuous Disability Review (CDR) to determine if an applicant remains clinically eligible for disability. The CDR is an eight-step evaluation process as described in 20 CFR § 416.994 (*id.* at 25-38) used to determine whether there has been any medical improvement, whether improvement is related to ability to work, and whether the applicant is able to engage in substantial gainful activity. The eight-step CDR process addresses the following:

- Step 1: Is the claimant engaging in substantial gainful activity?
- Step 2: Does any impairment(s) meet or equal a listing in the current Listing of Impairments?
- Step 3: Is there any medical improvement (decreased severity)?

Step 4: Is there medical improvement related to ability to work?

Step 4a: Is the prior listing(s) currently met or equaled (as that listing appeared at CPD)?

Step 4b: Does comparison of the CPD Residual Functional Capacity (RFC)(s) with a medical improvement review status (MIRS) RFC(s) show improvement?

Step 5: Are there exceptions to medical improvement?

Step 6: This step asks if there are current impairment(s) or a combination of impairments that are severe?

Step 7: Does the claimant retain the capacity to perform past relevant work?

Step 8: Does the claimant have the ability to make an adjustment to any other work, considering the claimant's residual functional capacity, age, education, and work experience?

Id. at 68-75.

On February 7, 2025, DES initiated a CDR upon receiving Appellant's MassHealth Adult Disability Supplement. *Id.* at 61-66. Appellant, in her [REDACTED] had a kidney transplant on [REDACTED] 2020. Exhibit 4 at 61. Appellant identified the following medical conditions on her disability supplement: kidneys removed, kidney transplant, immunosuppression, chronic kidney disease stage 2, and hypertension. Exhibit 4 at 61. Appellant described her symptoms as fatigue, prone to illness and infections, increased urination, nausea, trouble sleeping, muscle cramps, bone and joint pain, and headaches. *Id.*

Appellant was initially determined disabled in 2019 as clinical documentation supported her disability through the five-step review process. Appellant was deemed disabled at Step 3 by meeting SSI Listing 5.05 – Chronic Liver Disease. In April 2020, during the public health emergency, Appellant was again determined to be disabled, meeting the SSI listing 6.04 – Chronic Kidney Disease with Kidney Transplant.¹

In April 2022, also during the public health emergency, Appellant had her first CDR and her disability status was continued due to MassHealth's administrative policy. The review from April 2022 created the Comparison Point Determination (CPD) for the present review. When the public health emergency ended, MassHealth returned to standard annual eligibility renewal processes on April 1, 2023, requiring all current MassHealth members to renew their health coverage to ensure

¹ Per SSA Listing 6.00C2, provided *supra*, a claimant may meet the listing for a kidney transplant prior to receiving the transplant.

they still qualify for their current benefits.

After receiving Appellant's disability supplement, DES requested and obtained medical documentation from Appellant's providers as well as the CPD for review. Additionally, DES consultant Dr. Wheelock completed a physical RFC for evaluation. Dr. Wheelock determined that Appellant is capable of performing the full range of medium work activity. *Id.* at 81-83.

Step 1 of Appellant's review, whether Appellant is engaging in substantial gainful activity was marked "No," as this step is waived by MassHealth. The DES representative testified that this step is for SSA's consideration of earnings and has no bearing on whether someone is clinically disabled.

For Step 2, Appellant's review was marked "No." *Id.* at 69. The CDR reviewer compared the Appellant's medical records to SSA listings found in the federal *Listing of Impairments* at 20 CFR Ch. III, Pt. 404, Subpt. P, App. 1. to see if Appellant met such criteria, specifically the adult listings for:

- 1.18 – Abnormality of a Major Joint(s) in Any Extremity
- 4.04 – Ischemic Heart Disease
- 6.04 – Chronic Kidney Disease, with Kidney Transplant.

Id. at 69, 76-80. Specifically for Listing 6.04, the reviewer is instructed to consider the claimant disabled for one year following the transplant; thereafter, the reviewer must evaluate the residual impairment. *Id.* at 80. The listing refers to Listing 6.00C2²:

Kidney transplant.

- a. If you receive a kidney transplant, we will consider you to be disabled under 6.04 for 1 year from the date of transplant. After that, we will evaluate your residual impairment(s) by considering your post-transplant function, any rejection episodes you have had, complications in other body systems, and any adverse effects related to ongoing treatment.
- b. If you received a kidney transplant, your CKD may meet our definition of disability before you received the transplant. We will determine the onset of your disability based on the facts in your case record.

Additionally, to meet Listing 1.18, medical records would have to show, *inter alia*, the need for a walker, cane, bilateral crutches, a wheeled or seated mobility device involving the use of both hands, or inability to use one or both upper extremities. *Id.* at 76. Finally, meeting a listing for 4.04 would require findings from an exercise tolerance test, evidence of three ischemic episodes in a

² Found at <https://www.ssa.gov/disability/professionals/bluebook/6.00-Genitourinary-Adult.htm> (last checked July 16, 2025).

twelve month period, or angiography/imaging evidence of vessel narrowing. *Id.* at 78-79.

For Step 3, whether there is medical improvement (MI) (decreased severity), the CDR reviewer answered “Yes” and completed the MI Comparison form. *Id.* at 69-70. This step involves comparing the CPD with the current records. The DES representative testified that medical records from Appellant’s follow up visit dated [REDACTED] 2024 showed that Appellant was doing well after her kidney transplant. Appellant reportedly denied concerns and had no recent medication changes or hospitalizations. The record indicated that Appellant was compliant with immunosuppressive therapy and was tolerating it well. *Id.* at 90. At the appointment, her blood pressure was 124/74 with adequate urinary output. *Id.* Appellant’s creatinine was 0.84 and BUN was 16, both within normal limits. *Id.* at 92. Appellant’s urinalysis showed no evidence of hematuria or proteinuria. *Id.* at 93. Records from another follow up visit dated [REDACTED] 2024 showed that Appellant remained compliant, had no medication changes, and was doing well. Her blood pressure was 110/76 and her creatinine (0.88) and BUN (17) were both within normal limits. *Id.* at 101-106. Records from a visit dated [REDACTED] 2024 indicated excellent kidney function, no anemia, and no proteinuria. Appellant’s blood pressure was 110/72 and she remained compliant with therapy. *Id.* at 107-112. On [REDACTED] 2024, at another follow up, Appellant continued to do well after transplant with no medication changes. Her blood pressure was 128/74 and her cardiac and respiratory systems were within normal limits. Appellant’s creatinine was 0.88 and her BUN was 14. *Id.* at 113-118. On [REDACTED] 2024, Appellant received imaging due to pain. An ultrasound of the left lower quadrant indicated normal appearance of transplant kidney. *Id.* at 119. These notes were compared to records from the CPD, which indicated that Appellant had been receiving dialysis and had creatinine readings of 8.79 and 10.0. *Id.* at 70.

For Step 4, whether there is medical improvement related to the ability to work, there are two different analyses. If the CPD was approved based on meeting a listing, DES proceeds to Step 4a. If the CPD was approved based on the medical improvement review standard (MIRS) RFC, DES uses Step 4b. Here, Appellant’s CPD was a continuation due to the public health emergency, but had been previously approved based on meeting a listing. *Id.* at 8, 52. Therefore, the review proceeded to Step 4a. Step 4a asks whether the prior listing(s) is currently met or equaled (as that listing appeared at CPD)? The CDR reviewer marked ‘No,’ indicating that the medical improvement relates to the ability to work and the review proceeds to Step 6. *Id.* at 72. Had the reviewer marked “Yes,” the review would proceed to Step 5. *Id.*

For Step 6, whether there are current impairment(s) or combination of impairments that are severe, the CDR reviewer selected, “Yes,” and the review continued to Step 7. *Id.* at 74. For Step 7, whether the claimant retains the capacity to perform past relevant work, the CDR reviewer selected “Yes,” which concluded the disability review. *Id.* at 73. Appellant’s past work as a [REDACTED] is considered sedentary skilled work and within Appellant’s RFC, as she was determined capable of performing medium work. *Id.* at 67, 74-75. On April 4, 2025, a physician advisor completed a final review and endorsement of the disability determination. *Id.* at 66 and 84. DES mailed the denial to Appellant on April 4, 2024. *Id.* at 53, 85.

The DES representative testified that in summary, Appellant does not meet or equal Adult SSA listings either individually or in combination of complaints. Additionally, Appellant's RFCs indicate she is capable of performing the full range of medium work activity in the competitive labor market. Finally, Appellant's current and past work as a [REDACTED] is within her current capabilities.

Appellant testified that on [REDACTED] 2020, she underwent a kidney transplant due to end-stage renal disease. Since that time, Appellant has been on a strict regimen of immunosuppressant medications and must adhere to frequent medical monitoring, including laboratory work, specialist visits, and evaluations. These are necessary to maintain the function of the transplant and manage complications. Exhibit 2.

Before undergoing the transplant, Appellant worked full-time as a [REDACTED] for the [REDACTED] a position that required home visits, transporting children, and performing physically and emotionally demanding tasks while working over 40 hours per week. Her medical condition caused fatigue, chronic pain, and immunosuppression, making her unable to perform her duties safely. Appellant is highly vulnerable to infections which impacts both her own personal safety and the safety of the populations she served. *Id.* As such, Appellant was forced to change jobs to avoid the physical demands and risks of her prior position. Appellant now works fewer hours at a performing arts school and must continue to take time off for necessary medical appointments.

Appellant's condition is ongoing and will not improve because of the lifelong medication and care required after a transplant. Nothing has changed for her medically. Though Appellant remains employed, she faces significant health-related limitations that meet the criteria of a disability. Appellant relies upon MassHealth to maintain access to the medical care and prescriptions she requires to survive. Appellant seeks continuation of her disability-based MassHealth coverage. *Id.*

During the public health emergency, Appellant testified that she was able to perform her duties at [REDACTED] remotely, though other [REDACTED] performed [REDACTED] on Appellant's behalf. However, upon the public health emergency ending and the state requiring return to work, Appellant had to go on leave from her [REDACTED] position on February 4, 2023. Appellant could not perform [REDACTED] or bear the physical risk her job entailed [REDACTED] due to her kidneys being vulnerable.

At her new position, Appellant wears a mask in her office and has an air purifier. Appellant only has verbal interactions with [REDACTED] It is a big change from the work she has done before. Additionally, Appellant gets sick very frequently. Appellant acknowledged that the medical records show that she is stable, but she will always be compromised and at risk. Appellant will never be as medically stable as someone without a transplant due to her lifelong medications. The DES representative acknowledged that organ

transplants carry lifelong efforts to stay well, including extensive medications and lab monitoring. DES acknowledged that Appellant is on a host of medications, some of which require extensive monitoring. However, the records reflect that Appellant is compliant and her kidney is functioning well.

The DES representative testified that she understood that a [REDACTED] is not a sedentary job and carries significant risks. The DES representative acknowledged that Appellant cannot safely return to her job at [REDACTED] even if it is technically within her RFC. Appellant has demonstrated that she understands this and has taken the necessary measures to address this by obtaining a new job. However, even if Appellant was not able to perform her past work as a [REDACTED] DES would still consider whether Appellant is capable of performing any other work as part of Step 8.

Appellant testified that her ability to work varies day-to-day. Some days she feels fine and other times she has to take a week off due to illness. Back in [REDACTED] 2024, Appellant had to go into the lab weekly for blood work because her levels were not stable. The DES representative testified that these variances and frequency of appointments were reflected in the records received. The DES representative provided an example of Appellant's tacrolimus levels, which had been increasing and decreasing, requiring adjustment of medication. *Id.* at 160. There will always be a balancing act with Appellant's condition. However, DES was reviewing primarily Appellant's creatinine and BUN, demonstrating kidney function, as well as calcium, phosphorus, and magnesium. These levels were stable and within normal limits based on the medical records.

Appellant testified that while she has had brain aneurysms and brain surgery to address it in 2021, this condition is stable and subject to follow-up visits. Therefore, she did not ask her provider to include information on this for the review and appeal.

Findings of Fact

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

1. Appellant is in a household of four with income at 160.73% of the FPL. Appellant is eligible for MassHealth Standard through April 30, 2026 due to her postpartum status.
2. In 2019, DES determined that Appellant was disabled based on the five-step review process. Appellant was deemed disabled at Step 3 by meeting SSI Listing 5.05 – Chronic Liver Disease.
3. In April 2020, during the public health emergency, Appellant was again determined to be disabled, meeting the SSI listing 6.04 – Chronic Kidney Disease with Kidney Transplant.
4. Appellant had a kidney transplant on [REDACTED] 2020.

5. In April 2022, Appellant's disability continued upon CDR and MassHealth's policy to maintain disability status during the public health emergency.
6. On January 29, 2025, MassHealth sent Appellant a disability renewal form for purposes of reviewing continued disability.
7. On February 7, 2025, DES initiated a CDR upon receiving Appellant's MassHealth Adult Disability Supplement. Exhibit 4 at 61-66.
8. Appellant, in her [REDACTED] identified the following medical conditions on her disability supplement: kidneys removed, kidney transplant, immunosuppression, chronic kidney disease stage 2, and hypertension. Appellant described her symptoms as fatigue, prone to illness and infections, increased urination, nausea, trouble sleeping, muscle cramps, bone and joint pain, and headaches. Exhibit 4 at 61
9. DES requested and obtained medical documentation using the medical releases Appellant provided. *Id.* at 41-51.
10. DES consultant Dr. Wheelock completed a physical RFC and determined that Appellant is capable of performing the full range of medium work activity. *Id.* at 81-83.
11. Step 1 of the eight-step review, whether Appellant is engaging in substantial gainful activity, was marked "No," as this step is waived by MassHealth.
12. MassHealth/DES marked Step 2 as "no," having determined that Appellant does not meet or equal applicable adult SSA listings: 1.18 – Abnormality of a Major Joint(s) in any extremity; 4.04 – Ischemic Heart Disease; and 6.04 – Chronic Kidney Disease, with Kidney Transplant. *Id.* at 69.
13. For Listing 6.04, the reviewer is instructed to consider the claimant disabled for one year following the transplant; thereafter, the reviewer must evaluate the residual impairment by considering post-transplant function, rejection episodes, complications in other body systems, and any adverse effects related to ongoing treatment.
14. MassHealth/DES marked Step 3 as "yes," indicating medical improvement and completed the MI Comparison form to compare recent medical records to the CPD.
15. Medical records from [REDACTED] 2024 through [REDACTED] 2025 showed that Appellant's kidney function, measured by creatinine (measured between 0.84-0.87) and BUN (measured between 14-17), were within normal limits. Appellant's blood pressure was normal at each visit. Urinalysis showed no hematuria or proteinuria. *Id.* at 90-118.

16. The CDR reviewer noted that at the time of the CPD, Appellant had been receiving dialysis and had creatinine readings of 8.79 and 10.0. *Id.* at 70.
17. MassHealth/DES marked Step 4a, whether there was medical improvement related to the ability to work, as “yes,” having determined that Appellant no longer met listing 6.04. *Id.* at 72.
18. MassHealth/DES marked Step 6, whether there are current impairment(s) or combination of impairments that are severe, as “yes.” *Id.* at 74.
19. MassHealth/DES marked Step 7, whether Appellant retains the capacity to perform past relevant work, as “yes.” *Id.* at 73.
20. Appellant’s past work as a [REDACTED] is considered sedentary skilled work and within Appellant’s RFC, as she was determined capable of performing medium work. *Id.* at 67, 74-75.
21. Appellant’s past employment as a [REDACTED] was physically demanding and required [REDACTED]
22. Appellant’s current employment at a [REDACTED] is done in an office with an air purifier. Appellant wears a mask and is not involved in [REDACTED]

Analysis and Conclusions of Law

In order to be found disabled for MassHealth Standard benefits, an individual adult must be “*permanently and totally disabled.*” See 130 CMR 501.001. The guidelines used in establishing disability under the MassHealth program are modeled after those used by the Social Security Administration. See *id.* 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 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, the five-step sequential evaluation process used for an initial determination of disability, and the eight-step evaluation used to conduct the Continuing Disability Review (CDR) reevaluations. CDR reevaluations are periodically required by federal law, for those who have already previously been found disabled at some point under the five-step test. See 20 CFR 416.994(b)(5). The purpose of the CDR evaluation

is to determine if there has been any medical improvement³ in the applicant's impairments, and, if so, whether this medical improvement is related to their ability to work. See 20 CFR 416.994(a). If the reviewing agency finds medical improvement related to the individual's ability to work has occurred, it must also find that the individual is currently able to engage in substantial gainful activity before it can deem the person no longer disabled. *Id.* The eight steps of the CDR process are set forth in the summary *infra*.

Step 1 considers whether the disability applicant is currently engaged in substantial gainful activity. For MassHealth eligibility purposes, this step is waived. The review proceeds to Step 2, whether the applicant's impairments meet or equal a listing in the current federal *Listing of Impairments* at 20 CFR Ch. III, Pt. 404, Subpt. P, App. 1. MassHealth/DES reviewed Appellant's case in light of the various impairments and determined that Appellant did not meet the Listings 1.18 – Abnormality of a Major Joint(s) in any extremity, 4.04 – Ischemic Heart Disease, or Chronic Kidney Disease, with Kidney Transplant. The records support MassHealth/DES's determination that Appellant does not meet these listings. Particularly regarding Appellant's kidney transplant, it has been more than a year since her transplant and the medical records provided showed proper post-transplant kidney function, no rejection episodes, and no other complications or adverse effects related to ongoing treatment. The review then proceeds to Step 3.

At Step 3, whether there has been medical improvement or decreased severity of the ailment(s), MassHealth/DES answered "yes," and pointed to the marked improvement in Appellant's kidney function tests (creatinine and BUN) as compared to the CPD. At Step 4, MassHealth/DES appropriately determined there has been medical improvement related to work, as Appellant no longer meets Listing 6.04 which had previously qualified her for disability at the CPD under Step 4a. The review proceeds to Step 6, skipping Step 5.

MassHealth/DES correctly answered "Yes" to Step 6, as there is no dispute that Appellant's condition and/or combination of conditions are severe and expected to last more than twelve months. At Step 7, MassHealth/DES determined that Appellant is capable of performing her past relevant work as a [REDACTED]. The DES representative at hearing conceded that Appellant's prior position as a [REDACTED] should not be considered skilled sedentary work as described, given the physicality of the position and risk to Appellant's health. However, the physical RFC demonstrated that Appellant is capable of medium work. Additionally, Appellant's new position is less physically demanding, as she works in an office with accommodations for her health. Appellant's new position is within her RFC. Therefore, MassHealth/DES appropriately ended the CDR at Step 7, having found that Appellant is not disabled.

³ The term "medical improvement," is defined as "any decrease in the medical severity of [the individual's] impairment(s) which was present at the time of the most recent favorable medical decision that [they] were disabled or continued to be disabled. See 20 CFR § 416.994(b).

At hearing, Appellant provided detailed and credible testimony about her inability to perform her prior position and the changes she has had to make to continue to work. Appellant is not able to continue working without significant accommodations, such as wearing a mask, using an air purifier, not being involved in [REDACTED] and having to take extensive time off for medical appointments. Appellant will be immunocompromised and at physical risk due to her condition and medications for the rest of her life. Finally, Appellant argued that she relies upon MassHealth to maintain access to the medical care and prescriptions she requires to survive. While this testimony is credible and understandable, it is insufficient to prove that MassHealth/DES erred in its April 4, 2025 finding that Appellant is no longer disabled under MassHealth program rules, as derived from the federal Social Security Act.

Accordingly, this appeal is denied. Appellant remains eligible for MassHealth Standard as categorically postpartum through April 30, 2026. Appellant may request a new disability evaluation if her medical condition changes.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104, 413-785-4186