

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2506749
<b>Decision Date:</b>	5/21/2025	<b>Hearing Date:</b>	05/15/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**  
Pro se

**Appearances for MassHealth:**  
Sherrienne Paiva, Taunton MassHealth  
Enrollment Center; Yvette Prayor, R.N.,  
Appeals Reviewer, Disability Evaluation  
Services (DES), ForHealth Consulting at UMass  
Chan Medical School



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Disability
<b>Decision Date:</b>	5/21/2025	<b>Hearing Date:</b>	05/15/2025
<b>MassHealth's Reps.:</b>	Sherrienne Paiva; Yvette Prayor, R.N.	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Taunton MassHealth Enrollment Center Room 3 (Telephone)	<b>Aid Pending:</b>	No

### 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 April 9, 2025, MassHealth informed the appellant that she was not disabled because MassHealth determined that the appellant did not meet MassHealth's disability requirements. See 130 CMR 505.002(E) and Exhibit 1. Through a notice dated April 15, 2025, MassHealth notified the appellant that the appellant does not qualify for MassHealth benefits because the appellant's income is too high. Exhibit 2. The appellant filed this appeal of both notices in a timely manner on April 29, 2025. See 130 CMR 610.015(B) and Exhibit 3. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth notified the appellant that she does not meet MassHealth's disability requirements, and that she does not qualify for MassHealth benefits because her income is too high.

### 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 and therefore, financially ineligible for MassHealth benefits?

## Summary of Evidence

The MassHealth representative appeared telephonically and testified as follows: on April 15, 2025, MassHealth received a determination from Disability Evaluation Services (DES) that the Appellant is not disabled. MassHealth reviewed DES's determination, and due to the appellant being not disabled, MassHealth issued a notice informing the appellant that she was not financially eligible for MassHealth benefits. The MassHealth representative testified that the Appellant resides in a household of 1, and she is eligible for a Health Connector plan as the household federal poverty level (FPL) equates to 396.27%.<sup>1</sup> She stated that she can see in the system that as of May 1, 2025, the appellant is enrolled in a Health Connector plan. The MassHealth representative testified that the appellant had previously been a MassHealth CommonHealth recipient, but that benefit had ended on March 31, 2025.<sup>2</sup> The appellant did not dispute MassHealth's calculation of her income, except to clarify the circumstances of her seasonal employment. The appellant also stated that she understands that she does not financially qualify for MassHealth benefits unless she is determined to be disabled by MassHealth, and she does not dispute the April 15, 2025 eligibility notice.

A representative from MassHealth's Disability Evaluation Services at the [REDACTED] [REDACTED] appeared telephonically and testified as follows: DES's role is to determine for MassHealth if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. She testified that DES uses a five-step process, which comes from the SSA code of federal regulations, to determine an applicant's disability status. See 20 CFR 416.920; 20 CFR 416.905; Exhibit 6 at 10-12. The DES representative testified that, under these regulations, 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 has severe impairment(s) that makes her unable to do her past relevant work or any other substantial gainful work that exists in the national or regional economy.

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<sup>1</sup> The MassHealth representative testified that the appellant earns \$2,538.00 every two weeks at her full-time job as a Dental Hygienist and that the appellant reported monthly "seasonal" income of approximately \$800.00 per month. The appellant's income was verified in March 2025. It was the undisputed testimony of the MassHealth representative that the appellant's projected yearly income is \$62,798.15. Testimony.

<sup>2</sup> After questioning by the Hearing Officer, the MassHealth representative testified that "back on February 6, the [appellant's] disability was removed by MassHealth because the DES determination that was sent to MassHealth on that date was incomplete." Testimony. She stated that "it is likely the member provided the information that the DDU needed because the final decision came through in April." In response to this testimony, the appellant confirmed that she had provided outstanding information to DES in February 2025 to allow the DES evaluation to go forward. Testimony.

The DES representative testified that, under 20 CFR 416.945, what a person can still do despite an impairment is called his or her residual functional capacity or “RFC.” Unless an impairment is so severe that it is deemed to prevent an individual from doing substantial gainful activity, it is this RFC that is used to determine whether the individual can still do her past work or, in conjunction with her age, education and work experience, any other work. Testimony and Exhibit 6 at 16-18.

The DES representative testified that, the appellant, a [REDACTED] woman, was previously administratively approved for MassHealth Adult Disability on August 20, 2020 in response to the Covid-19 Public Health Emergency (PHE). *Id.* at 37. Consistent with the federal continuous coverage requirements and MassHealth coverage protections which were in effect under the PHE, no member could be denied/disenrolled during this period. Testimony. At the conclusion of the PHE, MassHealth returned to standard annual eligibility renewal processes on April 1, 2023. This means that all current MassHealth members are required to renew their health coverage to ensure they still qualify for their current benefits. Testimony. The appellant submitted a MassHealth adult disability supplement to DES on February 25, 2025. Testimony. Upon receipt of the completed MassHealth Adult Disability Supplement and valid provider release forms, the disability evaluation was initiated on March 11, 2025. The appellant listed the following health problem: Rheumatoid Arthritis. Exhibit 6 at 26-35. DES requested and obtained medical documentation using the medical releases the appellant provided.<sup>3</sup> Once medical documentation was received at DES, the 5-step review process began. Testimony.

The appellant listed the following as her health problem: “Rheumatoid Arthritis.” Exhibit 6 at 44. On the supplement, the appellant wrote that she suffers from “inflammation, pain and heat from joints. This is a chronic disease managed by meds but is NOT curable.” *Id.*

The DES representative explained that a review of the medical records was undertaken using a five-step sequential evaluation process, which addresses the following:

Step 1: Is the claimant engaging in substantial gainful activity?

Step 2: Does the claimant have a medically determinable impairment or combination of medically determinable impairments that is both severe and meets the duration requirement (impairment(s) is expected to result in death or has lasted or is

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<sup>3</sup> The DES representative also noted that during the appeal process and prior to the hearing, the appellant emailed the following 4 documents to DES and the Board of Hearings: (i) 4/25/25 Patient Portal response from [REDACTED]: increase methotrexate dose from 15mg to 20mg for rheumatoid arthritis flare; (ii) 5/7/2025 Good Faith Estimate for Health Care Items and Services form – service charges; (iii) 5/7/2025 dated email from [REDACTED] Diplomat of Oriental Medicine – medical statement; and (iv) 5/8/25 dated email from [REDACTED] Rheumatology Specialty Pharmacy Liaison – medical statement. The DES reviewer stated that, “Although these documents were considered during the appeal review process, they did not contain any objective clinical information that would have influenced the outcome.” Testimony of DES representative.

expected to last for a continuous period of not less than 12 months)?

Step 3: Does the claimant have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the duration requirement?

Step 4: Does the claimant retain the capacity to perform any past relevant work?

Step 5: 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?

The DES representative testified that Step 1 is waived by MassHealth regardless of whether the claimant is engaging in substantial gainful activity. The appellant's review at Step 1 was marked "Yes." Exhibit 6 at 51. The DES representative testified that the appellant's review at Step 2 was marked "Yes," indicating that the appellant's impairment is severe and expected to last at least twelve months. The reviewer then proceeded to Step 3. *Id.*

The DES representative testified that the appellant's review at Step 3 was marked "No." *Id.* The 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 the appellant met such criteria, specifically the adult listings for: 14.09 – Inflammatory Arthritis. *Id.* The reviewer determined that the appellant did not meet the listing.

The DES representative testified that for Steps 4 and 5, DES must evaluate the claimant's residual functional capacity. The DES representative explained that the residual functional capacity is the most the claimant can still do despite her limitations. The residual functional capacity evaluations are based on all relevant evidence in the case record. Testimony; See CFR §416.945 and Exhibit 6 at 16-17.

On April 9, 2025, a physical RFC was completed by Physician Advisor (PA) [REDACTED] which indicates that the appellant has no postural, manipulative, visual, communicative, or environmental limitations, and that she has the ability to lift 50 pounds occasionally, 25 pounds frequently, that she can stand or walk for 8 hours in a workday, and that she can sit for 8 hours in a workday. Exhibit 6 at 56-58. The PA completed a vocational assessment of the appellant, using the educational and work history the appellant reported in her disability supplement. Testimony and Exhibit 6 at 43-48, 50, 52. The PA reported in her summary of her encounter with the appellant that "Applicant has well-controlled [rheumatoid arthritis] with no evidence of inflammation of joints in 2 rheumatology visits." She noted that the appellant is medication compliant and is taking two medications that control her Rheumatoid Arthritis symptoms. Exhibit 6 at 58. The PA reviewed the appellant's medical records and reported that a recent examination in 11/2024 "showed full painless ROM of all joints without joint inflammation or deformity," that the remainder of the exam was normal, and that the appellant's own provider indicated in her medical record after the 11/2024 encounter that the appellant's "RA is well-

controlled on current meds. Can try decreasing MTX dose. DAS-28=2.06 (remission), ESR and CRP both normal.”<sup>4</sup> *Id.* At a follow up visit, in January 2025, the appellant’s provider reported a “normal” joint exam of the appellant. “DAS-28=1.74 remission. Grip strength of hands normal. ESR and CRP both normal.” *Id.*

The 5-step review process continues to Step 4. Step 4 asks, “Does the claimant retain the capacity to perform any past relevant work (PRW)?” The reviewer selected “Yes.” Testimony. The DES representative testified that the appellant’s supplement indicates she is English communicating and possesses an associate’s degree in science/dental hygiene. The appellant is currently employed and holds the position of Dental Hygienist. Testimony and Exhibit 6 at 46-47, 50. The DES reviewer stated that according to the Dictionary Occupational Titles of ‘Dental Hygienist,’ this job falls within the light – skilled category. The Disability Reviewer evaluated the applicant’s Past Relevant Work (PRW) and Residual Functional Capacity (RFC) and concluded that the appellant’s role as a Dental Hygienist fell within her RFC, leading to the determination that she is capable of performing her past work. As a result, the Disability Reviewer determined the appellant is “Not Disabled” using decision Code 230. Exhibit 6 at 50. The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED] on April 9, 2025. *Id.* at 49, 59. DES transmitted the decision to MassHealth, and mailed a Disability Determination denial letter to the client on April 9, 2025. Testimony and Exhibit 1.

The DES representative explained that the appellant’s diagnosis of Rheumatoid Arthritis and her associated symptoms do not currently meet or equal the high threshold for adult SSA disability. Additionally, the appellant’s RFCs indicate that she is capable of performing her past work. Finally, the appellant can perform her current work as a Dental Hygienist, which falls within her Physical RFC as described by Dr. [REDACTED]. The DES reviewer believes that the appellant was correctly found to be “Not Disabled.” Testimony.

The appellant began her testimony by agreeing with the facts as presented by the MassHealth representative and the DES representative. The appellant stated that she has been living with chronic Rheumatoid Arthritis since 2016; this condition was originally misdiagnosed as Lyme disease. Testimony. The appellant testified to experiencing frequent “flare-ups” of her condition; it causes a pain that she described as walking on “hot broken glass,” and it affects her jaw, feet, arms, and the symptoms can last for several days. Testimony. The appellant stated that besides the impact on her life due to the pain, she struggles with performing her job duties at times because her job requires fine motor skills; she is also dealing with the financial

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<sup>4</sup> DAS stands for “Disease Activity Score.” “It was created as a numerical tool for quantifying and assessing disease activity in rheumatoid arthritis (RA) in various settings, including routine clinical practice, clinical trials, and long-term observational studies. It serves as a comprehensive and continuous measurement of RA disease activity, integrating data from factors such as swollen and tender joints, markers of acute inflammation, and the patient’s self-reported assessment of their overall health.” Physiopedia, Disease Activity Score (DAS). ([https://www.physio-pedia.com/Disease\\_Activity\\_Score\\_\(DAS\)](https://www.physio-pedia.com/Disease_Activity_Score_(DAS))) Accessed 5/20/2025.

strain of her illness. The appellant stated that she requires frequent labs due to the medications she takes for her condition. The preventative care she needs, combined with the unexpected flares of her illness and symptoms, have caused financial stress due to high deductibles, co-pays, and unexpected out-of-pocket costs. Testimony. The appellant is worried that without sufficient insurance, she risks receiving inadequate care and potentially losing her ability to work. Testimony.

The appellant grew emotional at times as she talked about how much she enjoys her work and the independence it gives her. She wants to work, she stated “[I do] not consider myself disabled,” nor does she wish to stop working or become a burden on society. Testimony. She needs her CommonHealth benefit restored so that she can maintain her health and continue to work. Her embarrassment at being unable to perform her job properly and concerns about her employment have led her to “suffer in silence” at work. The appellant closed her testimony by stating that she needs to receive MassHealth CommonHealth because that will allow her to access care that supports her independence and ability to keep working; she does not consider this a handout, and it would prevent a decline in her health that would force her out of the workforce. Testimony.

## Findings of Fact

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

1. Through a notice dated April 9, 2025, MassHealth found the appellant did not satisfy the necessary requirements to qualify as disabled. Exhibit 1.
2. Through a notice dated April 15, 2025, MassHealth informed the appellant that she was not financially eligible for MassHealth benefits. Exhibit 2.
3. The appellant filed this appeal of both notices in a timely manner on April 29, 2025. Exhibit 3.
4. The appellant is an adult between the ages of [REDACTED] living in a household of one and reporting an annual income of \$62,798.15, which equates to an FPL of 396.27%, and she is currently enrolled in a Health Connector plan. Testimony of MassHealth representative.
5. DES found that the appellant’s medical conditions qualified as a medically determinable impairment that was severe and had lasted or was expected to last for a continuous period of not less than 12 months. Testimony of DES representative.
6. DES determined that the appellant’s condition did not meet any of the categories set forth in the Social Security Administration’s listing for 14.09 – Inflammatory Arthritis. Testimony of DES representative.

7. The appellant is capable of being consistently employed despite her medical impairments and is currently employed as a Dental Hygienist.
8. The appellant is capable of performing her past and present work as a Dental Hygienist, she is capable of performing standing or sedentary work for up to 8 hours per day, and she is able to stand and/or walk for a total of 8 hours per day.

## **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 very similar to 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 CommonHealth according to 130 CMR 505.004. In Title XVI, Section 416.405 of the Social Security Act, 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.”

The federal Social Security Act establishes the eligibility standards and the 5-step sequential evaluation process used by MassHealth in determining initial eligibility, as well as the related 8-step evaluation tool used to conduct the Continuing Disability Review reevaluations, periodically required by federal law, for those who have already previously been found disabled at some point under the 5-step test. See 20 CFR 416.994. If a determination of disability can be made at any step of either process, the specific evaluation process stops at that point.

### **The 5-Step Method for Initial Disability Evaluation**

The 5-step method is the sequential evaluation process established by the Social Security Act and described in 20 CFR 404.1520 for the purpose of determining initial eligibility for Medicaid benefits such as MassHealth:

At Step 1, it is determined as to 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 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 applicant’s impairment is severe and expected to last for at least 12 months. If so, the applicant’s disability application continues and proceeds to Step 3. If not, the review ends and the applicant is found “not disabled.”



At Step 3, it is asked whether the impairment(s) meet or equal a criteria listing utilized by the SSA. If the impairment(s) meet a listing, the review ends and the applicant is found disabled. If no listings are met, the review proceeds to Step 4.

At Step 4, a determination is made as to the applicant's mental and physical residual functional capacity ("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 appellant is found to be "not disabled." Otherwise, the review proceeds to the final step at Step 5.

At the final step at Step 5, it is asked whether the applicant can 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.

In the present case, DES correctly determined that the appellant did not qualify as disabled. There is no dispute that the appellant's condition is severe and expected to last 12 months or more to meet Step 2. DES determined, however, that the extent of her condition, as indicated in the appellant's medical records and supporting documentation, did not qualify to meet the listing for 14.09 – Inflammatory Arthritis pursuant to Step 3. The medical records supplied by the appellant's own treating physicians noted ongoing treatment for several of the medical challenges that the appellant has experienced, but 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 4. At Step 4, DES correctly found that the appellant could perform several types of work. The appellant's own submissions, medical records, and testimony reveal that she is stable in seeking her ongoing treatments and is medication-compliant in her treatment, and that she currently engages in full-time employment as a Dental Hygienist, her chosen profession. Additionally, an RFC examination indicated that the appellant's only limitations are in standing for longer than eight hours. She was observed to have no limitations with respect to manipulation, vision, environment, or communication. In light of the RFC results, DES correctly found that the appellant was able to perform her current employment as a Dental Hygienist. Accordingly, the review stopped at Step 4 and DES found that the appellant was "not disabled." This decision was correct.

Although the appellant raised legitimate concerns about her conditions, including her ability to continue to perform certain tasks associated with her profession, her testimony, alone, is insufficient to warrant reversal of DES's decision. Furthermore, the testimony supported the fact that the appellant can continue to safely engage in her current employment. In consideration of the record as a whole, including the testimony, medical records, and supporting documentation, I find that the appellant has not established that she is permanently and totally disabled from performing all employment.

Therefore, as to the April 9, 2025, MassHealth notice, this appeal is hereby DENIED.

The appellant also appealed MassHealth's notice dated April 15, 2025, which informed her that she is not financially eligible for MassHealth benefits. MassHealth regulations at 130 CMR 505.000 *et seq.* explain the categorical requirements and financial standards that must be met to qualify for a particular 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*. The MassHealth coverage types are:

- (1) *Standard* - for pregnant women, 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 members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) *CommonHealth* - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) *CarePlus* - for adults [REDACTED] of age who are not eligible for MassHealth Standard;
- (4) *Family Assistance* - for children, young adults, certain noncitizens, and persons who are HIV positive who are not eligible for MassHealth Standard, CommonHealth, or CarePlus;
- (5) *Small Business Employee Premium Assistance* - for adults or young adults who
  - (a) work for small employers;
  - (b) are not eligible for MassHealth Standard, CommonHealth, Family Assistance, or CarePlus;
  - (c) do not have anyone in their premium billing family group who is otherwise receiving a premium assistance benefit; and
  - (d) have been determined ineligible for a Qualified Health Plan with a Premium Tax Credit due to access to affordable employer-sponsored insurance coverage;
- (6) *Limited* - for certain lawfully present immigrants as described in 130 CMR 504.003(A), nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: *Immigrants*; and
- (7) *Senior Buy-In and Buy-In* - for certain Medicare beneficiaries.

130 CMR 505.001(A).

To establish eligibility for MassHealth benefits, applicants must meet both the categorical and financial requirements. Here, the appellant's household of 1 reported an income that is equal to 396.27% of the 2025 federal poverty limit and the appellant did not dispute this calculation at the hearing. To qualify for MassHealth benefits, the household income may not exceed 133% of the 2025 FPL. Therefore, her household is financially eligible for a Health Connector plan, rather than a MassHealth benefit.

MassHealth did not err in issuing the notice dated April 15, 2025, informing the appellant that she was financially ineligible to receive MassHealth benefits.

Therefore, as to the April 15, 2025, MassHealth notice, this appeal is hereby 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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780

cc: Disability Evaluation Services unit, UMass Chan Medical School