

Office of Medicaid

BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2508806
Decision Date:	9/10/2025	Hearing Date:	08/01/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

[REDACTED] – Mother

Appearances for MassHealth:

Katelyn Costello – Quincy MEC
Eileen Cynamon, BSN, RN – DES Appeals
Reviewer



*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; 5-Step Initial Evaluation
Decision Date:	9/10/2025	Hearing Date:	08/01/2025
MassHealth's Rep.:	Katelyn Costello; Eileen Cynamon, BSN, RN	Appellant's Rep.:	Mother
Hearing Location:	Telephonic	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated May 29, 2015, MassHealth downgraded the appellant from MassHealth Standard to Health Safety Net because MassHealth determined that the appellant "no longer meets the income requirements for this benefit." (Exhibit 1; 130 CMR 505.002-.009.) The appellant's mother filed this appeal in a timely manner on June 9, 2025. (Exhibit 2; 130 CMR 610.015(B).) The Board of Hearings initially dismissed this appeal for lack of authority. (Exhibit 3.) The appellant signed a copy of the fair hearing request on June 18, 2025, and this matter was scheduled for hearing. (Exhibit 4; Exhibit 6.) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth terminated the appellant's MassHealth Standard after it denied the appellant's adult disability application.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 501.001, in determining that the appellant did not satisfy the definition of disabled.

Summary of Evidence

A representative from MassHealth's Enrollment Center (MEC) appeared at the hearing and testified that the appellant is a young adult, who is included in his mother's household as a tax dependent. The household size is 3, with the appellant's mother and brother. MassHealth calculated the household federal poverty level equivalence to be 286.94%. The appellant's mother earns a monthly income of \$3,807.42. The appellant's brother receives a Social Security benefit of \$943 per month. The appellant's brother's Social Security income was included in the household's income calculation. The appellant's mother testified that the benefit is SSI, which the MEC representative confirmed should not be counted as income. The MEC representative agreed to remove the SSI benefit from the household's income.

MassHealth's representative testified that the income limit for MassHealth benefits for a non-disabled adult is 133% of the federal poverty level. The federal poverty level for a household of 3 is \$2,221. Even excluding the SSI income, the household's income remained over 133% of the federal poverty level. Therefore, the appellant would not be eligible for MassHealth unless he were confirmed disabled. The MEC representative testified that the appellant could be in a household on his own, if his mother stopped claiming him as a tax dependent. In that case, the appellant's income of \$0 would qualify him for MassHealth coverage.

A representative from MassHealth's Disability Evaluation Services (DES) at the University of Massachusetts Medical School testified telephonically. The DES representative testified that the appellant had been determined disabled as a child based upon a diagnosis of Autistic Disorder and other Pervasive Developmental Disorders. This determination should have expired when the appellant turned █ but there have been delays in processing disability renewals due to the Federal Public Health Emergency for Covid-19. Adult disability determinations apply a much stricter standard than MassHealth applies for child disability determinations. MassHealth applies a standard that finds children disabled if there is "more than a slight limitation" to the child's age-appropriate functioning.

The appellant submitted a complete Adult Disability Supplement to DES on March 12, 2025, identifying the following health problems: Depression, Attention Deficit Hyperactivity Disorder (ADHD), Autism/Autism Spectrum Disorder (ASD), Asthma, Scoliosis, and difficulties with social skills (social pragmatics), and executive functioning (organization, focusing). The appellant identified that he has a Departmental of Developmental Services (DDS) skills trainer to assist with everyday organization and executive functioning. The appellant reports that his impairments "sometimes interfere with [his] life." (Exhibit 9, pp. 88-92.) The appellant noted on the form that the reason he does not have a job is that he is "in school full time and cannot do both." (Exhibit 9, p. 90.)

DES applied the following five-step sequential evaluation process established by the Social Security Act for the purpose of determining an initial disability status:

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

Step 2: Does the claimant have a medically determinable impairment (MDI) or combination of MDIs that is both severe and meets the duration requirement. The duration requirement is that the impairment is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months.

Step 3: Does the impairment meet or equal criteria listing established by the Social Security Administration?

Step 4: Is the applicant capable of performing past work?

Step 5: If the applicant is not able to perform past work, is the applicant able to perform other work?

MassHealth's DES representative testified that the first step is skipped for MassHealth purposes. Regarding the second step, DES only considers impairments to be severe if they significantly limit the individual's physical or mental ability to do basic work activities. Basic work activities are the abilities and aptitudes necessary to do most jobs.

MassHealth reviewed the submitted medical records and identified asthma and scoliosis as potential impairments in addition to the appellant's mental health conditions. The records from the appellant's primary care physician (PCP) documented that the appellant's asthma is mild and intermittent, and that he no longer uses his maintenance inhaler. The appellant had reported in April 2025, that he had last used a rescue inhaler a couple of weeks prior for exercise. (Exhibit 9, p. 137.) The PCP also documented the appellant's scoliosis as being resolved. (Exhibit 9, p. 138.) Based on this documentation, and the lack of any hospitalizations related to asthma, these conditions were not found to be significantly limiting to the ability to do basic work.

The appellant's mother testified that the appellant should still use his maintenance inhaler, and that he had to go to the emergency room within the past year for an upper respiratory infection. The appellant was not admitted to the hospital at the time. MassHealth's representative testified that typically, for asthma to give rise to an impairment, the review will look for repeated admissions to the hospital or instances of intubation. The appellant's mother confirmed that there were no recurring or frequent trips to the hospital related to the appellant's breathing, and that it was generally well managed.

Regarding the appellant's mental health conditions, the appellant has a past history of autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), major depressive disorder (MDD), and anxiety. The appellant's psychiatrist submitted notes from visits in December 2024 and February 2025.

On December 4, 2024, the appellant had a telehealth psychiatric appointment a week before his finals. The appellant reported having some difficulty with school, particularly with focusing in the

afternoons and evenings. The appellant also reported having more depressive symptoms, and he noted that the time of year was difficult. The appellant had stopped taking an anti-depressant over the summer, and his psychiatrist suggested restarting one. The appellant deferred restarting until their follow up appointment. (Exhibit 9, pp. 130-133.) The appellant's Patient Health Questionnaire (PHQ) score was 11, and his Generalized Anxiety Score (GAD) score was 5. (Exhibit 9, p. 132.) MassHealth's representative explained that the PHQ is a questionnaire to assess depression, and the GAD is used to assess anxiety. The GAD score of 5 reflected mild anxiety. The PHQ score of 11 reflected moderate depression. (See Exhibit 9, p. 125.)

The appellant had an in-person follow up on [REDACTED] 2025, and he had generally improved from the telehealth visit. The note reflects that the appellant is feeling better in part because he did better on his finals than he expected. The appellant's psychiatrist discussed anti-depressants again, and the appellant deferred until their next appointment. (Exhibit 9, p. 124.) His PHQ score had come down to 3. (Exhibit 9, p. 125.)

The most recent visit note was from [REDACTED] 2025. The appellant reported "doing well," and the appellant was able "to manage well in school and feels like medications are helping. Feels like Adderall is helpful for focus and organization and addition of IR Adderall has helped with staying on top of assignments" (Exhibit 9, p. 119.) The appellant was working as a resident advisor (RA) at his college, and he was interviewing for an internship in aerospace engineering. The appellant's "[m]ood is overall 'pretty good' and denying any associated mood symptoms. Sleep is good." (Exhibit 9, p. 119.) Socially, the appellant is noted to feel "very supported in his romantic relationship with his girlfriend of the past 3 years, and has a good friend network, and is engaged in a fraternity on campus." (Exhibit 9, p. 120.) The psychiatrist's conclusion from this visit was that the appellant was "stable on current regimen. Mild appetite suppression but managing. Improved mood concerns, no need for treatment at this time." (Exhibit 9, p. 120.)

MassHealth had [REDACTED] a physician advisor, perform a Mental Residual Functional Capacity (RFC) review on [REDACTED] 2025. [REDACTED] noted that the appellant is slightly limited in the following categories: "Understand, remember & carry out detailed instructions"; "Maintain attention & concentration to sustain employment"; "Ability to work at a consistent pace"; "Work in proximity to others without being distracted"; "Respond appropriately to criticism from supervisors"; "Interact and cooperate appropriately with co-workers"; "Interact appropriately with the general public"; "Respond appropriately to changes in the work setting." (Exhibit 9, p. 99.)

[REDACTED] noted that the appellant receives "ongoing support with a DDS skills trainer, but medical notes seem to indicate that he is doing quite well in school both socially and academically, while also working as a RA on campus." (Exhibit 9, p. 100.) [REDACTED] conclusion is that the appellant "does likely present with slight impairment across multiple aspects of attention/concentration, pace, social interaction, and adaptation, but these issues do not appear to rise to level of moderate functional impairments at the current time." (Exhibit 9, p. 100.) Because this impairment did not reach a level of moderate impairment, MassHealth found the appellant did not satisfy Step 2, and the evaluation ended there.

The appellant's mother worries about her son because he sees everything as black or white, and he often makes decisions that she views as poor. The appellant's mother understood that a lot of what she views as poor decision making may be related to the fact that he is a college-aged man and not related to his various mental health conditions. The appellant's mother does not believe that the appellant should have stopped his maintenance inhaler, or his antidepressants, and she worries that his health will decline. The appellant's mother testified that the appellant has had various jobs, but that he struggles to keep them. The appellant's last job was when he was in high school, and he is now going into his last year of college. The appellant's mother testified that the appellant chose not to participate in the appeal.

The appellant's psychiatrist submitted a letter dated [REDACTED] 2025. This letter states, in part:

In combination, [the appellant's ADHD, MDD, and ASD] significantly impair his daily functioning and ability to engage in substantial gainful activity. ...

Despite ongoing treatment and supportive interventions, [the appellant] continues to experience challenges with attention, executive functioning, emotional regulation, and social communication. These limitations interfere with his ability to sustain employment and manage the demands of a typical workplace. It is my professional opinion that the impairment from [the appellant's] conditions is expected to last for more than 12 months.

(Exhibit 11.)

MassHealth's representative noted that the RFC agreed that the appellant had limitations, but it found they did not rise to the level of moderate impairment. MassHealth's reviewed the Social Security Administration's SSI Listings for examples of what is looked for when reviewing a moderate impairment. This would have been the next step if MassHealth had found a severe medical impairment. The SSI Listing for Asthma requires, among other criteria:

Exacerbations or complications requiring **three** hospitalizations within a 12-month period and **at least 30 days apart** (the 12-month period must occur within the period we are considering in connection with your application or continuing disability review). Each hospitalization must last **at least 48 hours**, including hours in a hospital emergency department immediately before the hospitalization. ...

(Exhibit 9, p. 106 (emphasis in original).)

Regarding MDD, the SSI Listing requires 5 or more of the following symptoms: depressed mood; diminished interest in almost all activities; appetite disturbance with change in weight; disturbance; observable psychomotor agitation or retardation; decreased energy; feelings of guilt or worthlessness; difficulty concentrating or thinking; or thoughts of death or suicide. Additionally, the symptoms must result in an "extreme limitation of one, or marked limitation of two" of the

following areas of mental functioning: understand, remember, or apply information; Interact with others; concentrate, persist, or maintain pace; or adapt or manage oneself. Alternately, the symptoms could be documented through a medical history “over a period of at least 2 years” evidencing both:

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of your mental disorder ...; **and**
2. Marginal adjustment, that is, you have minimal capacity to adapt to changes in your environment or to demands that are not already part of your daily life

(Exhibit 9, p. 108 (emphasis in original).)

The SSI Listings for anxiety requires the same limitations or documented history of highly structured therapy over the past two years. (Exhibit 9, pp. 109-110.) MassHealth’s representative also testified that the listings require that the applicant be compliant with the treatment plan or documented to be incapable of compliance. MassHealth’s representative felt that the appellant’s records regarding his anti-depressant usage shows a healthy understanding of his mental health, knowing when he needs pharmaceutical help and when he can manage without it.

The SSI Listing for Autism requires documented communication deficits and “[s]ignificantly restricted, repetitive patterns of behavior, interests, or activities.” (Exhibit 9, p. 111.) The appellant’s mother agreed that the appellant does not exhibit these behaviors, though his brother does. The appellant’s mother argued that the appellant still needs help, and that should qualify him as disabled, even if he does not meet these stringent criteria.

Findings of Fact

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

- 1) The appellant is a tax dependent of his mother and included in her household of 3 with his brother. The appellant’s mother earns a gross monthly income of \$3,807.42. The household’s income is over 133% of the federal poverty level. (Testimony by MEC representative and the appellant’s representative.)
- 2) The appellant’s childhood disability status had expired, and he completed an adult disability supplement on or around March 12, 2025. The appellant identified the following potentially disabling impairments: Depression, Attention Deficit Hyperactivity Disorder (ADHD), Autism/ Autism Spectrum Disorder (ASD), Asthma, Scoliosis, and difficulties with social skills (social pragmatics), and executive functioning (organization, focusing). (Exhibit 9, pp. 88-92; testimony by DES representative.)

- 3) The appellant's scoliosis is documented by his PCP as resolved. The appellant's asthma is described as mild and intermittent. (Exhibit 9, p. 137.)
- 4) The appellant went to the emergency room once in the last year for an upper respiratory infection that had exacerbated his asthma, but he was not admitted to the hospital. (Testimony by the appellant's mother.)
- 5) MassHealth's psychiatrist submitted clinical notes from a telehealth appointment and an in-person appointment in December 2024, and an in-person appointment from February 2025. (Exhibit 9, pp. 119-133.)
- 6) Prior to his finals, the appellant reported having difficulty with focusing in afternoons and evenings, and he reported more depressive symptoms. The appellant deferred restarting anti-depressant until after an in-person appointment after his finals. The mental health questionnaires indicated the appellant was feeling mild anxiety and moderate depression. (Exhibit 9, pp. 130-133; testimony by MassHealth's representative.)
- 7) At the in-person appointment after his finals, the appellant's mood had improved significantly. The appellant again deferred restarting anti-depressants. (Exhibit 9, pp. 124-125.)
- 8) The appellant has strong social support through his romantic relationship and friend networks. (Exhibit 9, p. 120.)
- 9) The notes from the February in person appointment reflected the appellant as "doing well" and "stable." (Exhibit 9, pp. 119-120.)
- 10) A physician advisor performed a Mental RFC review of the appellant's medical records. The RFC concluded that the appellant would be slightly impaired in a variety of mental capacities, but that no impairment rose to a moderate or severe level. (Exhibit 9, pp. 99-100.)
- 11) The appellant's psychiatrist wrote a letter of support, opining that the appellant's ADHD, MDD, and ASD "significantly impair his daily functioning and ability to engage in substantial gainful activity." The appellant is also described as experiencing "challenges with attention, executive functioning, emotional regulation, and social communication. These limitations interfere with his ability to sustain employment and manage the demands of a typical workplace." (Exhibit 11.)
- 12) The appellant is a full-time college student who is also working as a resident advisor. The appellant struggles with college coursework. The appellant has a DDS skills trainer that supports him with everyday organization and executive functioning. The appellant claims that his mental impairments "sometimes" interfere with his life. (Exhibit 9, pp. 88-92.)

- 13) The appellant noted on the Adult Disability Supplement that he does not have a job because he is “in school full time and cannot do both.”(Exhibit 9, p. 90.)
- 14) The appellant chose not to participate in the hearing. The appellant’s mother does not agree with all of his choices. The appellant’s mother is uncertain how much to blame what she sees as poor decision making on his being a young man as opposed to his mental impairments. (Testimony by the appellant’s representative.)

Analysis and Conclusions of Law

Generally, applicants between the ages of 20 and 65 who seek MassHealth Standard or CarePlus benefits must have countable income under 133% of the federal poverty level.¹ (130 CMR 505.002(E), 505.008(A).) Disabled adults between the ages of 19 and 64 can qualify for the CommonHealth program, regardless of their income by paying a monthly premium. (See 130 CMR 505.004(B)-(C), 506.009.)

For individuals under the age of 65, countable income includes the total amount of taxable income received by everyone in a member’s household “after allowable deductions on the U.S Individual Tax Return,” and specifically includes “social security benefits.” (130 CMR 506.003(B); see also 130 CMR 506.002.) Noncountable income, however, specifically excludes “SSI income.” (130 CMR 506.004(A).) Countable monthly income is calculated by subtracting “[f]ive percentage points of the current federal poverty level (FPL) ... 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 federal poverty level for a household of 3 in 2025 is \$2,221 per month. Five percent of the federal poverty level is \$111.05. Once reduced by 5%, the appellant’s household’s countable income is \$3,696.37, which equals 166.4% of the federal poverty level. This appeal is DENIED with regards to MassHealth eligibility in the absence of a disability.

In order to be found disabled, an individual adult must have a “permanent and total disability.” (See 130 CMR 501.001.) The Disability Evaluation Services (DES) “determine permanent and total disability of an applicant or member seeking coverage under a MassHealth program for which disability is a criterion **using criteria established by the Social Security Administration under Title XVI**, and criteria established under state law.” (130 CMR 501.001 (emphasis added).) 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.

¹ Children younger than 19 are eligible for Standard coverage up to 150% of the federal poverty level and Family Assistance with income between 150% and 300% of the federal poverty level. (130 CMR 505.002(B)505.005(B).)

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.” The federal Social Security Act establishes the eligibility standards and the 5-step sequential evaluation process used by MassHealth in determining initial eligibility. The Act also establishes a 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.² (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 is the sequential evaluation process established by the Social Security Act and described in 20 CFR 494.920:

- (i) At the first step, we consider your work activity, if any. If you are doing substantial gainful activity, we will find that you are not disabled. (See paragraph (b) of this section.)^[3]
- (ii) At the second step, we consider the medical severity of your impairment(s). If you do not have a severe medically determinable physical or mental impairment that meets the duration requirement in § 416.909, or a combination of impairments that is severe and meets the duration requirement, we will find that you are not disabled. (See paragraph (c) of this section.)
- (iii) At the third step, we also consider the medical severity of your impairment(s). If you have an impairment(s) that meets or equals one of our listings in appendix 1 to subpart P of part 404 of this chapter and meets the duration requirement, we will find that you are disabled. (See paragraph (d) of this section.)
- (iv) At the fourth step, we consider our assessment of your residual functional capacity and your past relevant work. If you can still do your past relevant work, we will find that you are not disabled. See paragraphs (f) and (h) of this section and § 416.960(b).

² Because the childhood disability standard is different, the 8-step Continuing Disability Review does not apply in this situation. (See 20 CFR 416.987.) Social Security determines children to be disabled where “disabling impairment is an impairment (or combination of impairments) that causes marked and severe functional limitations.” (20 CFR 416.911(b).)

³ This step is waived in an applicant’s favor during a MassHealth disability review and MassHealth thus essentially begins its review at Step 2.

(v) At the fifth and last step, we consider our assessment of your residual functional capacity and your age, education, and work experience to see if you can make an adjustment to other work. If you can make an adjustment to other work, we will find that you are not disabled. If you cannot make an adjustment to other work, we will find that you are disabled. See paragraphs (g) and (h) of this section and § 416.960(c).

(20 CFR 20 CFR 494.920(A)(4)(i)-(v).)

DES concluded its review at Step 2, determining that the appellant did not have a severe impairment. MassHealth conceded that there is a medically determinable impairment but disputed its severity. A severe impairment “significantly limits your physical or mental ability to do basic work activities” (20 CFR 416.920(c).) The process for determining severity includes considering “all relevant evidence to obtain a longitudinal picture of [the] overall degree of functional limitation.” (20 CFR 416.920a(c)(1).) This includes “all relevant and available clinical signs and laboratory findings, the effects of your symptoms, and how your functioning may be affected by factors including, but not limited to, chronic mental disorders, structured settings, medication, and other treatment.” (20 CFR 416.920a(c)(1).) The degree of functional limitations is then rated “based on the extent to which your impairment(s) interferes with your ability to function independently, appropriately, effectively, and on a sustained basis.” (20 CFR 416.920a(c)(2).) This rating considers “the quality and level of your overall functional performance, any episodic limitations, the amount of supervision or assistance you require, and the settings in which you are able to function.” (20 CFR 416.920a(c)(2).)

The degree of limitation is scored on a “five-point scale: None, mild, moderate, marked, and extreme. The last point on the scale represents a degree of limitation that is incompatible with the ability to do any gainful activity.” (20 CFR 416.920a(d).) MassHealth’s RFC offers slightly different categories:

NOT LIMITED: The effects of the mental disorder do not prevent the individual from consistently and usefully performing the activity

SLIGHTLY LIMITED: The effects of the mental disorder are transient and do not impact overall general functioning

MODERATELY LIMITED: The individual’s capacity to perform the activity is impaired

MARKEDLY LIMITED: The individual cannot usefully perform or sustain the activity

(Exhibit 9, p. 99.)

Generally, scores below moderate are deemed “not severe, unless the evidence otherwise indicates that there is more than a minimal limitation in your ability to do basic work activities” (20 CFR 416.920a(d)(1).) Basic work activities include:

- (1) Physical functions such as walking, standing, sitting, lifting, pushing, pulling, reaching, carrying, or handling;
- (2) Capacities for seeing, hearing, and speaking;
- (3) Understanding, carrying out, and remembering simple instructions;
- (4) Use of judgment;
- (5) Responding appropriately to supervision, co-workers and usual work situations; and
- (6) Dealing with changes in a routine work setting.

(20 CFR 416.922(b).)

DES's physician advisor found only slight (or mild) impairments in any category of mental functioning. The appellant's psychiatrist opined that the appellant's conditions "significantly impair his daily functioning and ability to engage in substantial gainful activity." In describing what the appellant's limitations are, the psychiatrist's letter states he "continues to experience challenges," and that the appellant has "limitations" that "interfere with his ability to sustain employment and manage the demands of a typical workplace." The appellant's psychiatrist's clinical notes reflected that he had a spike in depressive thinking prior to college finals, but that after the appellant did better than he expected, his mood and mental state rebounded. The last record reflected that the appellant was "doing well" and is "currently stable." The appellant's own assessment of his ability to work, from the Disability Supplement, was that he only did not work because he was a full-time student.

Based upon this record, I agree with DES's assessment that the appellant does not have a "severe" impairment, sufficient to warrant progressing analysis past Step 2. I am unpersuaded by the appellant's psychiatrist's letter from [REDACTED] 2025, because it is conclusory and does not specifically identify the basic work activities or functional skills that are "significantly" impaired. Furthermore, this opinion appears inconsistent with the psychiatrist's clinical records that reflect that the appellant is successfully managing a college courseload, RA responsibilities, and social relationships. The appellant has limitations and needs support, but the evidentiary record does not support that the need for assistance rises to the level of a "severe" or "significant" impairment. 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.

Christopher Jones
Hearing Officer
Board of Hearings

[REDACTED]
MassHealth Representative: Quincy MEC, Attn: Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171
MassHealth Representative: DES