

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508899
Decision Date:	10/2/2025	Hearing Date:	08/14/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with friend

Appearance for MassHealth:
Carmen Rivera, Quincy MEC
Yvette Prayor, RN, Disability Evaluation
Services



*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/Community Eligibility-under 65-Income
Decision Date:	10/2/2025	Hearing Date:	08/14/2025
MassHealth's Reps.:	Carmen Rivera Yvette Prayor	Appellant's Rep.:	Pro se with friend
Hearing Location:	Remote	Aid Pending:	Yes

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 2, 2025, MassHealth determined that Appellant no longer meets disability criteria and is not otherwise eligible for MassHealth coverage (130 CMR 505.001, 505.002, 505.004 and Exhibit 1). Appellant filed this appeal in a timely manner on June 11, 2025 (130 CMR 610.015(B) and Exhibit 2). Termination of assistance is valid grounds for appeal (130 CMR 610.032). A virtual hearing scheduled for July 18, 2025 was rescheduled to August 14, 2025 (Exhibit 3).

Action Taken by MassHealth

MassHealth determined that Appellant no longer meets disability criteria and is not otherwise MassHealth eligible.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.002, 505.004 in determining that Appellant no longer meets disability criteria and is not otherwise MassHealth eligible.

Summary of Evidence

The MassHealth representative testified that Appellant was receiving MassHealth CommonHealth coverage as a disabled working adult and coverage is protected during the pendency of the appeal. On January 10, 2025, MassHealth sent to Appellant a Continuing Disability Review (CDR) packet required to re-verify Appellant's disability. On April 4, 2025, Disability Evaluation Services (DES)¹ determined that the CDR returned by Appellant was incomplete. Appellant returned the necessary information to DES and on May 1, 2025 a determination issued with a finding that Appellant no longer meets disability criteria. On May 2, 2025, MassHealth notified Appellant that CommonHealth coverage was downgraded to Health Safety Net because disability criteria was no longer met (Exhibit 1). MassHealth testified that Appellant is a household size of one person with income equating to 201.04% of the federal poverty level. MassHealth records show earned income of \$1,240 bi-weekly from employment at a hospital, which equates to \$2,687.08 per month, and a projected annual income totaling \$32,244.96. MassHealth testified that because monthly household income exceeds \$1,735, and Appellant does not meet disability criteria, Appellant would be eligible for a subsidized Connector Care plan Type 2B.

The DES representative identified herself as a Registered Nurse and appeals reviewer for Disability Evaluation Services (DES) and testified that the DES role is to determine for MassHealth eligibility purposes if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. DES uses a 5-step process as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III part 416.920 to determine initial disability status. The process is driven by an applicant's medical records and disability supplement. SSA CFR §416.905 (Exhibit 4, p. 8) states the definition of disability is the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an applicant must 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. 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 8-step evaluation process as described within CFR 416.994 (Id., pp. 46-59). Per SSA CFR 416.994, if an applicant is entitled to disability benefits as a disabled person aged eighteen or over (adult) there are a few factors DES considers in deciding whether a disability continues.

¹ See 130 CMR 505.001 definitions: Disability Evaluation Services (DES) – a unit that consists of physicians and disability evaluators who 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. This unit may be a part of a state agency or under contract with a state agency.

DES must determine if there has been any medical improvement in an applicant's impairment(s) and if so, whether this medical improvement is related to the ability to work. Even where medical improvement related to the ability to work has occurred, DES must also show that an applicant is currently able to engage in substantial gainful activity (SGA) before DES can find that an applicant is no longer disabled. To ensure that disability reviews are carried out in a uniform manner, that a decision of continuing disability can be made in the most expeditious and administratively efficient way, and that any decisions to stop disability benefits are made objectively, neutrally, and are fully documented, DES follows specific steps in reviewing the question of whether a disability continues. The CDR may cease, and benefits may be continued at any point if it is determined there is sufficient evidence to find that an applicant is still unable to engage in substantial gainful activity.

Appellant is a [REDACTED] male who was initially determined disabled in [REDACTED] meeting SSI listing 12.04 – Affective Disorders. MassHealth requested a re-certification of Appellant's impairments in April 2017. At that time, Appellant was found to be a vocational approval to SSI Listing 12.04 – Depressive, Bipolar and related disorders. For the remainder of the DES review the 2017 episode is referred to as the Comparison Point Determination (CPD). Appellant submitted a MassHealth Adult Disability Supplement to DES on April 16, 2025 (Id., p. 75). DES initiated a Continuous Disability Review (CDR). Appellant listed his health problems as: Depression and Anxiety. DES requested and obtained medical documentation using the medical releases provided for Appellant's treating sources: [REDACTED] and [REDACTED]. The medical documentation was received along with the CPD (Id., pp. 145-204). Review of information was completed, and the case was sent for a Mental Residual Functional Capacity (RFC) for evaluation based on current evidence considering only the impairment present at the CPD. The RFC was completed by [REDACTED] indicating that the client is capable of basic unskilled work activity with consideration of moderate limitations in the areas of pace, appropriate response to criticism from supervisors, appropriate interaction with the general public and appropriate response to changes in the work setting. A mental RFC that considered all current impairments was completed by [REDACTED] and indicated that Appellant is capable of basic unskilled work activity.

The review for the 8-step process was initiated. Sufficient information was received to make a determination and the review continued to STEP 1 (Id., p. 84). Step 1 asks if the claimant is engaging in substantial gainful activity (SGA). For the review, Step 1 was marked, "Yes" (Id., p. 85). 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 a SSA consideration having to do with earnings and has no bearing on whether someone is found clinically disabled or not disabled. Step 2 asks 'does any impairment(s) meet or equal a listing in the current Listing of Impairments?' The CDR reviewer answered, "No." SSI Listings considered were: 12.04 – Depressive, Bipolar and Related Disorders and 12.06 – Anxiety and Obsessive-Compulsive Disorders. The review proceeds to STEP 3 which asks 'is there Medical Improvement (MI) (Decreased Severity)?' This step notes that a significant decrease in medical severity of any

one of the impairments present at the time of the CPD shows medical improvement. The CDR reviewer answered “Yes” and completed the MI Comparison. The review continued to STEP 4 which asks if there ‘is Medical Improvement (MI) related to ability to work.’ As the CPD determination was based on the medical-vocational factors using an RFC assessment, the review is directed to go to step 4b which asks ‘Does comparison of the CPD RFC(s) with a MIRS RFC(s) show improvement?’ The CDR reviewer answered ‘Yes,’ indicating that Medical Improvement (MI) relates to the ability to work. Step 4b RFC Comparison was completed and the review continued to STEP 6 which asks ‘is there a current impairment(s) or combination of impairments that are severe?’ The CDR reviewer selected, “Yes,” and the review continued to STEP 7 (Id., p. 90) which asks ‘does the claimant retain the capacity to perform Past Relevant Work (PRW), (Id., p. 91)?’ The CDR reviewer selected, “No” and proceeded with the review. DES noted that Appellant’s past work exceeds current abilities. The review continued to Step 8 which 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 CDR reviewer answered ‘Yes,’ noting that the disability ceases and decision code of 231 is given. The CDR reviewer utilized the Occupational Employment Quarterly (OEQ) citing three job categories that Appellant would be capable of performing: 4030: Food Preparation Workers, 5510: Couriers & Messengers and 9640: Packers and Packagers, Hand (Id., pp. 61-64). The CDR disability process concluded with a final review and endorsement of the disability decision by [REDACTED] (Id., pp. 82, 100). DES transmitted the decision to MassHealth and mailed a MassHealth/Disability Determination denial letter (Id., p. 101) to Appellant on May 1, 2025 (Id., p. 73). DES testified that Appellant does not meet or equal any Adult SSI listings either individually or in combination of complaints, based on the supporting documentation. Additionally, Appellant’s RFCs indicate he is capable of performing basic unskilled work activity in the competitive labor market. Thus, the AR concurs with the CDR determination deeming the client ‘Not Disabled’ for Title XVI benefits.

Appellant appeared virtually and was accompanied by a friend. Appellant testified that he has experienced depression and PTSD throughout his life and feels that it impacts him more than is recognized in the disability evaluation. Appellant stated that he has found therapy generally useful but has struggled with alcohol abuse and depression which has caused job loss and homelessness a number of times. He explained that he has difficulty concentrating and sometimes is unable to get out of bed and go to work. Appellant testified that he is able to work when he is not experiencing episodes when he is overwhelmed with anxiety and depression. Appellant added that he spoke with his therapist who told him he has a disability that affects his ability to work. Appellant referenced a letter from a therapist dated [REDACTED] which describes diagnoses of Generalized Anxiety Disorder, Major Depressive Disorder, and Post-Traumatic Stress Disorder which limit his ability to concentrate and focus on tasks, maintain consistent employment, engage in social interactions, and manage daily self-care routines. The therapist letter states that Appellant experiences persistent symptoms such as excessive worry, sleep disturbances, fatigue, intrusive thoughts, hypervigilance, and periods of profound sadness which significantly impact his daily functioning and quality of life, and as a result he meets disability

criteria (Exhibit 4, p. 144). Appellant testified that he is currently employed as a [REDACTED] at a hospital and works per diem 24 hours per week. His responsibilities include monitoring video cameras and interacting with patients. He explained that he started working in his current position in [REDACTED] and slowly built up to working his current hours. When he is unable to go to work, he has to use sick time. Appellant testified that he completes activities of daily living (ADLs) when he is not having episodes of depression which keep him in bed. Appellant's current medications include Zoloft and Clonazepam to aid with sleep. Appellant added that he has not been admitted to a hospital for psychological reasons. He stated that on a typical day he goes to work and tries to stay healthy, maintains sobriety and works out at the gym. Appellant added that he sees a therapist once monthly but has been seen by the therapist once a week at times. He is also seen by a nurse practitioner once monthly for medications. Appellant completed a Bachelor of Science degree at [REDACTED]. Appellant's friend testified that she has known Appellant since 2013 and has lived with him for the last 5 years. She testified that Appellant is usually stressed after work, and his condition has not improved since April 2017. She added that Appellant works hard in therapy, and that she would not describe his life as one of significant gainful activity.

Findings of Fact

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

1. Appellant is receiving MassHealth CommonHealth coverage as a disabled working adult and coverage is protected during the pendency of the appeal.
2. On January 10, 2025, MassHealth sent to Appellant a Continuing Disability Review (CDR), packet required to re-verify Appellant's disability.
3. On April 4, 2025, Disability Evaluation Services (DES) determined that the CDR returned by Appellant was incomplete. Appellant returned the necessary information to DES; and on May 1, 2025, a determination issued with a finding that Appellant no longer meets disability criteria.
4. On May 2, 2025, MassHealth notified Appellant that CommonHealth coverage was downgraded to Health Safety Net because disability criteria was no longer met.
5. Appellant has not been determined disabled by the Social Security Administration.
6. Appellant is a household size of one person with income equating to 201.04% of the federal poverty level.
7. MassHealth records show earned income of \$1,240 bi-weekly from employment, which equates to \$2,687.08 per month, and a projected annual income totaling \$32,244.96.

8. 100 % of the federal poverty level for a household size of 1 is \$1,305.
9. 133% of the federal poverty level for a household of 1 person is \$1,735.
10. The role of Disability Evaluation Services (DES) is to determine for MassHealth eligibility purposes if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint.
11. Appellant is a [REDACTED]-year-old male who was initially determined disabled in [REDACTED] meeting SSI listing 12.04 – Affective Disorders. MassHealth requested a re-certification of Appellant’s impairments in [REDACTED]. At that time, Appellant was found to be a vocational approval to SSI Listing 12.04 – Depressive, Bipolar and related disorders.
12. Appellant submitted a MassHealth Adult Disability Supplement to DES on April 16, 2025 and DES initiated an 8-step Continuous Disability Review (CDR).
13. Appellant listed his health problems as: Depression and Anxiety.
14. DES requested and obtained medical documentation using the medical releases provided for Appellant’s treating sources: [REDACTED]
[REDACTED]
15. The RFC was completed by [REDACTED] indicating that Appellant is capable of basic unskilled work activity with consideration of moderate limitations in the areas of pace, appropriate response to criticism from supervisors, appropriate interaction with the general public and appropriate response to changes in the work setting.
16. A mental RFC that considered all current impairments was completed by [REDACTED]
[REDACTED] and indicates that Appellant is capable of basic unskilled work activity.
17. Step 1 of the CDR asks if the claimant is engaging in substantial gainful activity (SGA). For the review, Step 1 was marked, “Yes.” This step is waived by MassHealth regardless of the claimant engaging in SGA.
18. Step 2 asks, “does any impairment(s) meet or equal a listing in the current Listing of Impairments?’ The CDR reviewer answered, “No.” SSI Listings considered were: 12.04 – Depressive, Bipolar and Related Disorders and 12.06 – Anxiety and Obsessive-Compulsive Disorders.
19. STEP 3 asks ‘is there Medical Improvement (MI) (Decreased Severity)?’ This step notes that a significant decrease in medical severity of any one of the impairments present at the time of the CPD shows medical improvement. The CDR reviewer answered “Yes” and

completed the MI Comparison.

20. STEP 4 asks if there 'is Medical Improvement (MI) related to ability to work. As the CPD determination was based on the medical-vocational factors using an RFC assessment, the review is directed to go to step 4b which asks 'Does comparison of the CPD RFC(s) with a MIRS RFC(s) show improvement?' The CDR reviewer answered 'Yes,' indicating that Medical Improvement (MI) relates to the ability to work.
21. Current medical information submitted by Appellant's medical providers/therapist spanning the period from May 30, 2024 through January 23, 2025 describe Appellant as generally feeling well with no voiced psychiatric complaints; presentation is congruent; exercising regularly at the gym 4 days per week; alert and oriented x3, mood euthymic/full affect, memory, concentration within normal limits; thoughts and speech clear, engaging cooperatively; no suicidal ideation, homicidal ideation, self-abuse thoughts, or aggressive thoughts. Sleep and appetite are within normal limits, with no reported changes in health. Some work-related stress related to a new boss is reported.
22. The current medical records do not document symptoms of excessive worry, sleep disturbances, fatigue, intrusive thoughts hypervigilance, and periods of profound sadness that are recorded in the medical records from 2017. (Exhibit 4, pp. 105-142 and pp. 159-198)
23. At Step 4b RFC Comparison was completed and the review continued to STEP 6 which asks 'is there a current impairment(s) or combination of impairments that are severe?' The CDR reviewer selected, "Yes."
24. STEP 7 asks 'does the claimant retain the capacity to perform Past Relevant Work (PRW)?' The CDR reviewer selected, "No" and proceeded with the review.
25. 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 CDR reviewer answered 'Yes.'
26. The CDR reviewer utilized the Occupational Employment Quarterly (OEQ) citing three job categories that Appellant would be capable of performing: 4030: Food Preparation Workers, 5510: Couriers & Messengers and 9640: Packers and Packagers.
27. The CDR disability process concluded with a final review and endorsement of the disability decision by [REDACTED]
28. DES transmitted the decision to MassHealth and mailed a MassHealth/Disability Determination denial letter to Appellant on May 1, 2025.
29. Appellant is currently employed as a [REDACTED] and works per diem 24 hours per

week. His responsibilities include monitoring video cameras and interacting with patients. Appellant started working in his current position in [REDACTED] and slowly built up to working his current hours.

30. Appellant independently completes activities of daily living (ADLs). On a typical day he goes to work and tries to stay healthy, maintains sobriety and works out at the gym.
31. Appellant's current medications include Zoloft and Clonazepam.
32. Appellant has not been admitted to a hospital for psychological reasons.
33. Appellant sees a therapist once monthly but has been seen by the therapist once a week at times. He is also seen by a nurse practitioner once monthly for medications.
34. Appellant completed a [REDACTED]

Analysis and Conclusions of Law

To be found disabled for MassHealth Standard or CommonHealth, an individual must be *permanently and totally disabled* (130 CMR 501.001).² The guidelines used in establishing disability under this program are the same as those used by the Social Security Administration (130 CMR 501.001). Individuals who meet the Social Security Administration's definition of disability may establish eligibility for MassHealth Standard according to 130 CMR 505.002(F) or CommonHealth according to 130 CMR 505.004.³ Pursuant to Title 20 CFR Ch. III section 416.994 the 8-step Continuing Disability Review process is directed when an individual has previously been determined disabled under a 5-step evaluation. Appellant is a [REDACTED]-year-old male who was initially determined disabled in [REDACTED] meeting SSI listing 12.04 – Affective Disorders. In 2017, Appellant was found to be a vocational approval, to SSI Listing 12.04 – Depressive, Bipolar and related

² See 130 CMR 505.004(H) Determination of Disability. Disability is established by

- (1) certification of legal blindness by the Massachusetts Commission for the Blind (MCB);
- (2) a determination of disability by the SSA; or
- (3) a determination of disability by the Disability Evaluation Services (DES).

³ Social Security Administration regulations at Title 20 CFR Ch. III, section 416.905 define disability 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 12 months. To meet this definition, you must have a severe impairment(s) that makes you unable to do your past relevant work (see § 416.960(b)) or any other substantial gainful work that exists in the national economy. If your severe impairment(s) does not meet or medically equal a listing in appendix 1 to subpart P of part 404 of this chapter, we will assess your residual functional capacity as provided in §§ 416.920(e) and 416.945 (See § 416.920(g)(2) and 416.962 for an exception to this rule.) We will use this residual functional capacity assessment to determine if you can do your past relevant work. If we find that you cannot do your past relevant work, we will use the same residual functional capacity assessment and your vocational factors of age, education, and work experience to determine if you can do other work."

disorders. The 5-Step disability review determined that Appellant's past work exceeded his current capabilities, and at Step 5, concluded that "[g]iven specific functional limitations, client is not capable of performing basic, unskilled work. Thus, client is considered disabled" (See Exhibit 4, p. 151). Appellant has not been determined disabled by the Social Security Administration, and was determined disabled by DES under the 5-Step process in [REDACTED] therefore, DES correctly completed an 8-step CDR evaluation.

Appellant submitted a MassHealth Adult Disability Supplement to DES on April 16, 2025 (Id., pp. 75-81). Appellant listed his health problems as: Depression and Anxiety. DES requested and obtained medical documentation using the medical releases provided for Appellant's therapist and nurse practitioner. The medical documentation was received, along with the CPD (Id., pp. 145-204). Review of information was completed, and the case was sent for a Mental Residual Functional Capacity (RFC) for evaluation based on current evidence considering only the impairment present at the Comparison Point Determination (CPD). The Residual Functional Capacity (RFC) was completed by [REDACTED] indicating that the client is capable of basic unskilled work activity with consideration of moderate limitations in the areas of pace, appropriate response to criticism from supervisors, appropriate interaction with the general public and appropriate response to changes in the work setting. A mental RFC that considered all current impairments was completed by [REDACTED] and indicated that Appellant is capable of basic unskilled work activity.

Sufficient information was received to make a determination and the review continued to STEP 1 (Id., p. 84). Step 1 asks if the claimant is engaging in substantial gainful activity (SGA)? For the review, Step 1 was marked, "Yes" (Id., p. 85). 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 a SSA consideration having to do with earnings and has no bearing on whether someone is found clinically disabled or not disabled. Step 2 asks 'does any impairment(s) meet or equal a listing in the current Listing of Impairments?' The CDR reviewer answered, "No." SSI Listings considered were: 12.04 – Depressive, Bipolar and Related Disorders and 12.06 – Anxiety and Obsessive-Compulsive Disorders. The relevant listings are outlined below with emphasis in the original (See also Exhibit 4, pp. 92-95).

12.04 DEPRESSIVE, BIPOLAR AND RELATED DISORDERS

Depressive, bipolar and related disorders (see 12.00B3), satisfied by **A and B, or A and C:**

A. Medical documentation of the requirements of paragraph **1 or 2:**

1. Depressive disorder, characterized by **five or more** of the following:
 - a. Depressed mood;
 - b. Diminished interest in almost all activities;
 - c. Appetite disturbance with change in weight;

- d. Sleep disturbance;
 - e. Observable psychomotor agitation or retardation;
 - f. Decreased energy;
 - g. Feelings of guilt or worthlessness;
 - h. Difficulty concentrating or thinking; or
 - i. Thoughts of death or suicide.
2. Bipolar disorder, characterized by **three or more** of the following:
- a. Pressured speech;
 - b. Flight of ideas;
 - c. Inflated self-esteem;
 - d. Decreased need for sleep;
 - e. Distractibility;
 - f. Involvement in activities that have a high probability of painful consequences that are not recognized; or
 - g. Increase in goal-directed activity or psychomotor agitation.

AND

12.04 DEPRESSIVE, BIPOLAR AND RELATED DISORDERS

B. Extreme limitation of one, or marked limitation of two, of the following areas of mental functioning (see 12.00F):

- 1. Understand, remember, or apply information (see 12.00E1).
- 2. Interact with others (see 12.00E2).
- 3. Concentrate, persist, or maintain pace (see 12.00E3).
- 4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of **at least 2 years**, and there is evidence of **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 (see 12.00G2b); **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 (see 12.00G2c).

12.06 ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

Anxiety and obsessive-compulsive disorders (see 12.00B5), satisfied by **A and B, or A and C:**

A. Medical documentation of the requirements of paragraph **1, 2, or 3:**

1. Anxiety disorder, characterized by **three or more** of the following;
 - a. Restlessness;
 - b. Easily fatigued;
 - c. Difficulty concentrating;
 - d. Irritability;
 - e. Muscle tension; or
 - f. Sleep disturbance.
2. Panic disorder or agoraphobia, characterized by **one or both:**
 - a. Panic attacks followed by a persistent concern or worry about additional panic attacks or their consequences; **or**
 - b. Disproportionate fear or anxiety about **at least two** different situations (for example, using public transportation, being in a crowd, being in a line, being outside of your home, being in open spaces).
3. Obsessive-compulsive disorder, characterized by **one or both:**
 - a. Involuntary, time-consuming preoccupation with intrusive, unwanted thoughts; **or**
 - b. Repetitive behaviors aimed at reducing anxiety.

AND

12.06 ANXIETY AND OBSESSIVE-COMPULSIVE DISORDERS

B. **Extreme limitation of one, or marked limitation of two**, of the following areas of mental functioning (see 12.00F):

1. Understand, remember, or apply information (see 12.00E1).
2. Interact with others (see 12.00E2).
3. Concentrate, persist, or maintain pace (see 12.00E3).
4. Adapt or manage oneself (see 12.00E4).

OR

C. Your mental disorder in this listing category is “serious and persistent;” that is, you have a medically documented history of the existence of the disorder over a period of **at least 2 years**, and there is evidence of **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 (see 12.00G2b); **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 (see 12.00G2c).

The CDR review process continued to STEP 3 which asks ‘is there Medical Improvement (MI) (Decreased Severity)?’ This step notes that a significant decrease in medical severity of any one of the impairments present at the time of the CPD shows medical improvement. The CDR reviewer answered “Yes” and completed the MI Comparison. Here, review of the current medical information submitted by Appellant’s medical providers/therapist from [REDACTED] through [REDACTED] supports the DES determination that a Listing is not met, and that there is evidence of medical improvement in comparison to medical records submitted in [REDACTED] (See Exhibit 4, pp. 105-142 and pp. 159-198). Throughout the current medical records, Appellant is described as generally feeling well with no voiced psychiatric complaints; presentation is congruent; exercising regularly at the gym 4 days per week; alert and oriented x3, mood euthymic/full affect, memory, concentration within normal limits; thoughts and speech clear, engaging cooperatively; no suicidal ideation, homicidal ideation, self-abuse thoughts, or aggressive thoughts. Sleep and appetite are within normal limits, with no reported changes in health. Some work-related stress related to a new boss is reported. The current medical records contradict the therapist’s letter dated [REDACTED] in that the symptoms of excessive worry, sleep disturbances, fatigue, intrusive thoughts hypervigilance, and periods of profound sadness that are recorded in the medical records from [REDACTED] are not documented in the current medical records which show medical improvement (Exhibit 4, p. 144).

Thus, the review correctly continued to STEP 4 which asks if there ‘is Medical Improvement (MI) related to ability to work?’ As the CPD determination was based on the medical-vocational factors using an RFC assessment, the review is directed to go to step 4b which asks ‘Does comparison of the CPD RFC(s) with a MIRS RFC(s) show improvement?’ The CDR reviewer correctly answered ‘Yes,’ indicating that Medical Improvement (MI) relates to the ability to work which again is evident in the current medical records and a comparison of the RFC at the CPD in 2017 and the current RFC (See Exhibit 4, pp. 88-89). The review correctly continued to STEP 6 which asks ‘is there a current impairment(s) or combination of impairments that are severe?’ The CDR reviewer selected, “Yes,” and the review continued to STEP 7 (Id., p. 90) which asks ‘does the claimant retain the capacity to perform Past Relevant Work (PRW) (Id., p. 91). The CDR reviewer selected, “No” and proceeded with the review, which is more favorable to Appellant in

that his work-related abilities were measured against job titles that fall under medium unskilled work compared to his current light, semi-skilled employment as a [REDACTED]. The review correctly continued to Step 8 which 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 CDR reviewer answered 'Yes.' The CDR reviewer utilized the Occupational Employment Quarterly (OEQ) citing three job categories that Appellant would be capable of performing: 4030: Food Preparation Workers, 5510: Couriers & Messengers and 9640: Packers and Packagers (Id., pp. 61-64). The CDR disability process correctly concluded with a final review and endorsement of the disability determination by [REDACTED] with a finding that Appellant is capable of basic unskilled work activity (Id., pp. 82-83). DES correctly determined that Appellant no longer meets disability criteria.

The MassHealth coverage types are set forth at 130 CMR 505.001(A) as follows:

- (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] years 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.

The financial standards referred to in 130 CMR 505.000 et. seq. use MassHealth modified adjusted gross income (MAGI) household or MassHealth Disabled Adult household, as defined in 130 CMR 506.002: *Household Composition* (130 CMR 505.001(B)). Appellant is a household of one

non-disabled individual for MassHealth eligibility purposes. Pursuant to 130 CMR 506.003, countable household income includes earned income described in 130 CMR 506.003(A) and unearned income described in 130 CMR 506.003(B) less deductions described in 130 CMR 506.003. ⁴ Appellant did not testify to or document any of the allowable expenses under 506.003(D); however, Appellant can update changes in income and applicable expenses to MassHealth at any time. In determining monthly income for MassHealth purposes, the MassHealth agency multiplies average weekly income by 4.333. Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)). Five percentage points of the current federal poverty level (FPL) is subtracted from the applicable household total countable income to determine the eligibility of the individual under the coverage type with the highest income standard (130 CMR 506.007(A)). Appellant is employed with bi-weekly earnings of \$1,240, which equates to \$2,687 monthly and places household income at 201% of the federal poverty level [$\$2,687 - \$65.25^5 = \$2,621.75$] [$\$2,621.75 \div \$1,305 = 201\%$]. MassHealth correctly determined that Appellant's countable income exceeds 133% of the federal poverty level for a household size of one [$\$1,735$] making Appellant ineligible for MassHealth CarePlus (130 CMR 505.008(A)). ⁶ Because Appellant is not otherwise categorically eligible for a MassHealth coverage type, MassHealth correctly denied coverage by notice dated May 2, 2025. Appellant can direct any questions about the Health Connector to 1-877-623-6765 and Health Safety Net to 877-910-2100.

The appeal is DENIED.

⁴ MassHealth allows the following deductions from countable income when determining MAGI: educator expenses; reservist/performance artist/fee-based government official expenses; health savings account; moving expenses; self-employment tax; self-employment retirement account; penalty on early withdrawal of savings; alimony paid to a former spouse; individual retirement account (IRA); student loan interest; and higher education tuition and fees. 130 CMR 506.003(D).

⁵ 5% of \$1,305.

⁶ 130 CMR 505.008(A) Overview.

(1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults [REDACTED] years old.

(2) Persons eligible for MassHealth CarePlus Direct Coverage are eligible for medical benefits, as described in 130 CMR 450.105(B): *MassHealth CarePlus* and 130 CMR 508.000: *MassHealth: Managed Care Requirements* and must meet the following conditions.

(a) The individual is an adult [REDACTED] years old.

(b) The individual is a citizen, as described in 130 CMR 504.002: *U.S. Citizens*, or a qualified noncitizen, as described in 130 CMR 504.003(A)(1): *Qualified Noncitizens*.

(c) The individual's modified adjusted gross income of the MassHealth MAGI household is less than or equal to 133% of the federal poverty level.

(d) The individual is ineligible for MassHealth Standard.

(e) The adult complies with 130 CMR 505.008(C).

(f) The individual is not enrolled in or eligible for Medicare Parts A or B.

Order for MassHealth

None, other than rescind aid pending protection.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: Quincy MEC, Appeals Coordinator, 100 Hancock Street, 6th Floor, Quincy, MA 02171
Disability Evaluation Services