

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509202
Decision Date:	9/24/2025	Hearing Date:	08/08/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:



Appearances for MassHealth:

Yvette Prayor, DES; Darcy Chapdelaine,
MassHealth Springfield; Odilia Ruiz, Premium
Assistance



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Eligibility, Under 65; Disability Requirements
Decision Date:	9/24/2025	Hearing Date:	08/08/2025
MassHealth's Reps.:	Yvette Prayor, DES; Darcy Chapdelaine, MassHealth Springfield; Odilia Ruiz, Premium Assistance	Appellant's Rep.:	Pro se with parent
Hearing Location:	Springfield MassHealth Enrollment Center Telephonic		

Authority

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

Jurisdiction

Through a notice dated 6/10/25, MassHealth's Disability Evaluation Services (DES) informed the appellant that she was not disabled because DES determined that the appellant did not meet MassHealth's disability requirements (130 CMR 505.002(E) and Exhibit 1). The appellant filed this appeal in a timely manner on 6/18/25 (130 CMR 610.015(B) and Exhibit 3). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

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

Summary of Evidence

A representative from Disability Evaluation Services (DES) testified that DES use a 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 to determine disability status. (Exhibit 5, pages 9-11). The DES representative testified that the process is driven by the applicant's medical records and disability supplement. The DES representative testified that 20 CFR §416.905 states the definition of disability is the inability to do any substantial gainful activity (SGA) 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. (Exhibit 5, page 8). The DES representative testified that to meet this definition, the appellant must have a severe impairment(s) that makes her unable to do her past relevant work or any other substantial gainful work that exists in the regional economy.

The DES representative testified to the following: per 20 CFR §416.945, what a person can still do despite an impairment is called his or her residual functional capacity (RFC). (Exhibit 5, pages 20-22) Unless an impairment is so severe that it is deemed to prevent a member from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether the member can still do his or her past work or, in conjunction with his or her age, education, and work experience, any other work.

The appellant, a [REDACTED] female, submitted a MassHealth Adult Disability Supplement to DES on May 29, 2025 (Exhibit 5, pages 49, 50-55). The appellant listed the following health problems: [REDACTED] (Exhibit 5, pages 51, 57). DES requested and obtained medical documentation using the medical releases the appellant provided (Exhibit 5, pages 32-40).

Notifications were received from the appellant's treating providers, [REDACTED] and [REDACTED] indicating that the appellant was not seen within the requested timeframe, so no clinical information was obtained. However, DES did receive clinical information from [REDACTED] (Exhibit 5, pages 72-126).

The Disability Reviewer (DR) determined that the available information was sufficient to

proceed with the 5-step evaluation. During the review, the alleged impairment of [REDACTED] was not pursued, as the claimant reported the following: adherence to a gluten-free diet without resulting functional limitations, no use of medication, no related medical appointments or complaints within the past 12 months, and no evidence indicating the condition causes any current limitations.

Step 1 asks “Is the member engaging in substantial gainful activity (SGA)?” Step 1 was marked “No” (Exhibit 5, page 59). This step is waived by MassHealth regardless of the member engaging in SGA, while on the federal level engaging in SGA stops the disability review in its entirety.

Step 2 asks “Does the member have a medically determinable impairment (MDI) or combination of MDIs that is both severe and meets the duration requirement (impairment(s) is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months)” (20 CFR §416.923, Exhibit 5, page 17). The Disability Reviewer (DR) determined that the available provider documentation was both sufficient to evaluate the clients’ complaints and met the severity/duration requirements. The DR marked “Yes” continuing to Step 3.

Step 3 asks “Does the member have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the listing level duration requirement?” Step 3 was marked “No” by the reviewer, citing the applicable adult SSA listings considered: 2.10 – [REDACTED]

For the rest of the review, Steps 4 & 5, both a Residual Functional Capacity (RFC) assessment and a vocational assessment were determined. The RFC is the most that an applicant can still do despite limitations. An applicant's RFC is based on all relevant evidence in the case record, see 20 CFR §416.945 (pages 20-22), 20 CFR §416.920a (Exhibit 5, pages 12-14) and 20 CFR 416.967 (Exhibit 5, page 27).

A Physical RFC, completed by [REDACTED] on June 10, 2025, indicates that the appellant does not have any exertional limitations that would interfere with the ability to perform basic work activity in the competitive labor market. The client has communicative and environmental limitations for consideration. (Exhibit 5, pages 63-65).

The DR completed a vocational assessment (Exhibit 5, page 58), using the educational and work history reported on the client’s supplement (Exhibit 5, pages 50-55) and the Physical RFC (CFR 416.960, Exhibit 5, pages 23-24). The 5-step review process continued to Step 4.

Step 4 asks, “Does the member retain the capacity to perform any past relevant work (PRW)?” (Exhibit 5, page 60). The appellant self-reported on the MassHealth Adult Disability Supplement that she stopped working in 2017; therefore, there is no work activity to evaluate (Exhibit 5, pages 51-52).

Step 5 asks, “Does the member have the ability to make an adjustment to any other work, considering the claimant’s RFCs, age, education, and work experience?” The reviewer selected “Yes,” citing three unskilled jobs available within both the regional and national economy (20 CFR §416.966, 20 CFR 416.967, 20 CFR §416.968, 20 CFR 416.969a, Exhibit 5, pages 25-31).

The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 4030: Food Preparation Workers; 4230: Maids and Housekeeping Cleaners; and 5510: Couriers & Messengers (Exhibit 5, pages 66-68). The DR determined the appellant is “Not Disabled” using decision Code 231. The 5-step evaluation process concluded with a final review and endorsement of the disability decision by DES Physician Advisors (PA), on June 10, 2025 (Exhibit 5, pages 57, 69). DES transmitted the decision to MassHealth and mailed a Disability Determination denial letter (Exhibit 5, page 70) to the appellant on June 11, 2025.

In summary, the appellant does not meet or equal the high threshold of adult SSA disability listings. Additionally, the appellant’s RFCs indicate that she does not have any exertional limitations; however, the appellant does have communicative and environmental limitations for consideration. Finally, there are, within the regional/national economy, a significant number of jobs (in one or more occupations) having requirements which the appellant can meet based on her physical and mental capabilities and her vocational qualifications. The appellant was found Not Disabled at Title XIV for benefits.

The appellant testified that she currently works as a [REDACTED] and her hearing loss gets in the way of how she would like to present herself. The appellant testified that it is embarrassing that she has difficulty understanding people. The appellant testified that she would like to take a sign language class, and would like help paying for hearing aids.

Findings of Fact

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

1. DES uses a 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 to determine disability status. (Exhibit 5, pages 9-11).
2. The process is driven by an applicant’s medical records and disability supplement.
3. SSA 20 CFR §416.905 states the definition of disability is the inability to do any substantial gainful activity (SGA) 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. (Exhibit 5, page

- 8).
4. To meet this definition, the appellant must have a severe impairment(s) that makes her unable to do her past relevant work or any other substantial gainful work that exists in the regional economy.
 5. Per SSA CFR §416.945, what a person can still do despite an impairment is called his or her residual functional capacity (RFC) (Exhibit 5, pages 20-22). Unless an impairment is so severe that it is deemed to prevent a member from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether the member can still do his or her past work or, in conjunction with his or her age, education, and work experience, any other work.
 6. The appellant, a [REDACTED] female, submitted a MassHealth Adult Disability Supplement to DES on May 29, 2025 (Exhibit 5, pages 49, 50-55). The appellant listed the following health problems: [REDACTED] (Exhibit 5, pages 51, 57).
 7. DES requested and obtained medical documentation using the medical releases the appellant provided (Exhibit 5, pages 32-40).
 8. Notifications were received from the appellant's treating providers, [REDACTED] and [REDACTED] indicating that the appellant was not seen within the requested timeframe, so no clinical information was obtained. However, DES did receive clinical information from [REDACTED] (Exhibit 5, pages 72-126).
 9. The DR determined that the available information was sufficient to proceed with the 5-step evaluation. During the review, the alleged impairment of Celiac disease was not pursued, as the claimant reported the following: adherence to a gluten-free diet without resulting functional limitations, no use of medication, no related medical appointments or complaints within the past 12 months, and no evidence indicating the condition causes any current limitations.
 10. **Step 1** asks "Is the member engaging in SGA?" Step 1 was marked "No" (Exhibit 5, page 59). 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.
 11. **Step 2** asks "Does the member have an MDI or combination of MDIs that is both severe and meets the duration requirement (impairment(s) is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months)." (CFR §416.923, Exhibit 5, page 17). The DR determined that the available provider

documentation was both sufficient to evaluate the appellant's complaints and met the severity/duration requirements. The DR marked "Yes" continuing to Step 3.

12. **Step 3** asks "Does the member have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the listing level duration requirement?" Step 3 was marked "No" by the reviewer, citing the applicable adult SSA listings considered: 2.10 – Hearing Loss Not Treated with [REDACTED] (this listing was utilized for complaint of [REDACTED]).
13. For the rest of the review, **Steps 4 & 5**, both a Residual Functional Capacity (RFC) assessment and a vocational assessment are determined. The RFC is the most that an applicant can still do despite limitations. An applicant's RFC is based on all relevant evidence in the case record, see 20 CFR §416.945 (pages 20-22), 20 CFR §416.920a (Exhibit 5, pages 12-14) and 20 CFR 416.967 Exhibit 5 (page 27).
14. A Physical RFC, completed by [REDACTED] on June 10, 2025, indicates that the appellant does not have any exertional limitations that would interfere with the ability to perform basic work activity in the competitive labor market. The appellant has communicative and environmental limitations for consideration. (Exhibit 5, pages 63-65).
15. The DR completed a vocational assessment (Exhibit 5, page 58), using the educational and work history reported on the appellant's supplement (Exhibit 5, pages 50-55) and the Physical RFC (20 CFR 416.960, Exhibit 5, pages 23-24). The 5-step review process continued to Step 4.
16. **Step 4** asks, "Does the appellant retain the capacity to perform any past relevant work (PRW)?" (Exhibit 5, page 60). The appellant self-reported on the MassHealth Adult Disability Supplement that she stopped working in 2017; therefore, there is no work activity to evaluate (Exhibit 5, pages 51-52).
17. **Step 5** asks, "Does the appellant have the ability to make an adjustment to any other work, considering the claimant's RFCs, age, education, and work experience?" The reviewer selected "Yes", citing three unskilled jobs available within both the regional and national economy (20 CFR §416.966, 20 CFR 416.967, 20 CFR §416.968, 20 CFR 416.969a, Exhibit 5, pages 25-31).
18. The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 4030: Food Preparation Workers; 4230: Maids and Housekeeping Cleaners; and 5510: Couriers & Messengers (Exhibit 5, pages 66-68). The DR determined [the appellant] is "Not Disabled" using decision Code 231. The 5-step evaluation process

concluded with a final review and endorsement of the disability decision by DES Physician Advisors (PA), on June 10, 2025 (Exhibit 5, pages 57, 69). DES transmitted the decision to MassHealth and mailed a Disability Determination denial letter (Exhibit 5, page 70) to the appellant on June 11, 2025.

19. The appellant does not meet or equal the high threshold of adult SSA disability listings. Additionally, the appellant's RFCs indicate that she does not have any exertional limitations; however, the appellant does have communicative and environmental limitations for consideration. Finally, there are, within the regional/national economy, a significant number of jobs (in one or more occupations) having requirements which the appellant can meet based on her physical and mental capabilities and her vocational qualifications. The appellant was found Not Disabled at Title XIV for benefits.

20. The appellant is currently working as a [REDACTED]

Analysis and Conclusions of Law

In order to be found disabled for MassHealth Standard benefits, an individual adult must be "*permanently and totally disabled.*" See, 130 CMR 501.001. The guidelines used in establishing disability under the MassHealth program are 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 the 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 criterion 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 the applicant 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.

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 SSA listings for 2.10 – Hearing Loss Not Treated with [REDACTED] and 6.03 – [REDACTED] pursuant to Step 3. The medical records supplied by the appellant's own treating physicians noted that the appellant "does not have any exertional limitations that would interfere with the ability to perform basic work activity in the competitive labor market." Further, the appellant has communicative and environmental limitations for consideration," according to her physician, 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 available in the local economy. The appellant's own testimony is that she is currently employed.

MassHealth's decision that the appellant is not permanently and totally disabled was correct.

Therefore, this appeal is DENIED.


Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Christine Therrien
Hearing Officer
Board of Hearings


cc: MassHealth Representative: Dori Mathieu, Springfield MassHealth Enrollment Center, 88 Industry Avenue, Springfield, MA 01104

cc: Disability Evaluation Services, U.Mass. Chan Medical School