

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509512
Decision Date:	9/15/2025	Hearing Date:	07/29/2025
Hearing Officer:	Marc Tonaszuck		

Appearances for Appellant:



Appearances for MassHealth:

Yadira Ramos, 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:	Community Eligibility – Under 65 – Income; Disability
Decision Date:	9/15/2025	Hearing Date:	07/29/2025
MassHealth’s Reps.:	Yadira Ramos, MEC; Yvette Prayor, RN, Disability Evaluation Services	Appellant’s Rep.:	Pro se with Father
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	No

Authority

This administrative hearing was held pursuant to G.L. c. 118E, Chapter 30A and regulations thereunder.

Jurisdiction

Through a notice dated 05/13/2025, MassHealth notified Appellant that it planned to downgrade his benefits from MassHealth Standard benefits with Premium Assistance to CarePlus benefits with Premium Assistance because MassHealth determined the appellant no longer meets the MassHealth disability criteria (130 CMR 505.002; Exhibit 1). Appellant filed an appeal in a timely manner on 06/24/2025 (130 CMR 610.015; Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

Action by MassHealth

MassHealth determined that Appellant is not disabled for MassHealth eligibility purposes and is eligible for CarePlus benefits with Premium Assistance.

Issue

The appeal issue is whether MassHealth applied accurate facts to the controlling law in determining that Appellant is not disabled for MassHealth eligibility purposes and is therefore not eligible for MassHealth Standard benefits.

Summary of the Evidence

A fair hearing was held on 07/29/2025. Appellant attended with his father and the MassHealth representatives from both the MassHealth Enrollment Center (“MEC”) and Disability Evaluation Services (DES) appeared virtually. Exhibits 1-4 were admitted into the hearing record.

A representative from the Springfield MassHealth Enrollment Center testified that Appellant was formerly determined to be eligible for MassHealth Standard benefits based on a self-declaration that he was disabled. Appellant submitted a disability supplement (application) to MassHealth DES on 03/25/2025. On 05/12/2025, DES determined that the appellant is not disabled. He has not claimed to be diagnosed with breast cancer or HIV. MassHealth redetermined Appellant’s eligibility based on DES’s disability determination. For the purposes of MassHealth eligibility, Appellant, an adult living in the community, is counted as a household one person with no income. He was determined to be eligible for MassHealth CarePlus benefits with Premium Assistance.

██████████ a Registered Nurse (RN) and an Appeals Reviewer for Disability Evaluation Services (DES) appeared on behalf of DES. DES’s process is to determine, for MassHealth, if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. They use a 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 (Exhibit 4, pages 21-23) to determine disability status. The process is driven by the applicants’ medical records and disability supplement. SSA CFR §416.905 (Id., p. 20) 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. To meet this definition, an applicant must have a severe impairment(s) that makes him/her unable to do your past relevant work or any other substantial gainful work that exists in the regional economy.

Per SSA CFR §416.945 (Exhibit 4, pp. 32-34) what a person can still do despite an impairment is called his or her residual functional capacity (RFC). Unless an impairment is so severe that it is deemed to prevent you from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether an applicant can still do past work or, in conjunction with your age, education and work experience, any other work.

Appellant is a [REDACTED]-year-old male who submitted a MassHealth Adult Disability Supplement to DES on 03/25/2025 (Exhibit 4, p. 54). Appellant listed the following health problems: Autism, Anxiety, Attention-Deficit Hyperactivity Disorder (ADHD), TIC Disorder (Id., pp. 56, 61). DES requested and obtained medical documentation using the medical releases provided (Id., pp. 44 -48). Medical documentation was received from [REDACTED] from [REDACTED] and [REDACTED] from [REDACTED] (Id., pp. 75-93). The documentation for Appellant's treating sources were considered to be sufficient information to evaluate all complaints, the 5-step review process was initiated.

Step 1 asks "Is the claimant engaging in substantial gainful activity (SGA)?" Step 1 was marked, "No" (Exhibit 4, p. 63). 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.

Step 2 asks "Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (CFR §416.923, Exhibit 4, p. 29) 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)." The disability reviewer (DR) determined the client's complaints met SSA severity and duration requirements and marked, "Yes." The review continued to Step 3.

Step 3 asks "Does the claimant 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 DR citing the applicable adult SSA listings considered: 12.06 – Anxiety and Obsessive-Compulsive Disorders (TIC disorder), 12.10 – Autism Spectrum Disorder and 12.11 Neurodevelopmental Disorders (ADHD).

For the rest of the review, Steps 4 and 5, both a Residual Functional Capacity (RFC) assessment along with a vocational assessment are determined. The RFC is the most an applicant can still do despite limitations. An applicants RFC is based on all relevant evidence in the case record, see CFR §416.945 (Exhibit 4, pp. 32-34), CFR §416.920a (Id., pp. 24-26) and CFR 416.967 (Id., p. 39). A Mental RFC (Id, pp. 69-70), completed by [REDACTED] on 05/09/2025, indicates Appellant is capable of performing basic, unskilled work activity in the competitive labor market along with moderate limitations in the area of maintaining attention and concentration to sustain employment. The DR completed a vocational assessment (Id., pp. 62), using the educational and work history reported on the client's supplement (Id., pp. 58-59, 62) and the Mental RFC (CFR 416.960, Id., pp. 33-36). The 5-step review process continued to Step 4.

Step 4 (Exhibit 4, p. 64) asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" The disability reviewer answered "No" because the client's past work is unclear and will not impact the decision.

Step 5 asks, "Does the claimant 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 (CFR §416.966, CFR 416.967, CFR §416.968, 416.969a, Exhibit 4, pp. 37-43). DES referenced the Occupational Employment Quarterly (OEQ) and quoted three job categories: 5510: Couriers & Messengers, 4420: Ushers, Lobby Attendants & Ticket Takers and 4140: Dishwashers (Id., pp. 71-72).

DES determined [REDACTED] is 'Not Disabled' using decision Code 231 (Id., pp. 64, 73). The 5-step evaluation process concluded with a final review and endorsement of the disability decision by [REDACTED] (Id., pp. 61, 73). DES transmitted the decision to MassHealth and mailed a disability determination denial letter (Id., p. 81) to Appellant on 05/12/2025 (Id., p. 51).

In summary, Appellant does not meet or equal the high threshold of adult SSA disability listings. Additionally, Appellant's RFCs indicate he is capable of performing basic, unskilled work activity in the competitive labor market. Finally, there are, within the regional/ national economy, a significant number of jobs (in one or more occupations) having requirements which the client can meet based on his mental capabilities and his vocational qualifications. The client was found not disabled at Title XIV for benefits.

The appellant appeared at the fair hearing virtually with his father. Appellant testified that he is autistic. They had no other testimony.

Findings of Fact

The record shows, and I find, by a preponderance of the evidence, the following:

1. Appellant is an adult who is [REDACTED] years of age. He lives in the community with his parents and three brothers. Appellant is counted as household size of one for the purposes of MassHealth Eligibility.
2. Appellant has no income.
3. Appellant was previously approved for MassHealth Standard benefits, based on a self-declaration that he meets the disability criteria.
4. On 03/25/2025, Appellant submitted a disability supplement to MassHealth DES.
5. On 05/13/2025, MassHealth notified Appellant that it planned to downgrade his benefits from MassHealth Standard benefits with Premium Assistance to CarePlus benefits with Premium Assistance because MassHealth determined the appellant no longer meets the MassHealth

disability criteria (Exhibit 1).

6. Appellant filed a timely appeal on 06/24/2025 and a fair hearing was held on 07/29/2025 (Exhibits 2 and 3).
7. In the disability supplement, Appellant listed the following health conditions, which he alleges are disabling: Autism, Anxiety, Attention-Deficit Hyperactivity Disorder (ADHD), TIC Disorder (Testimony; Exhibit 4).
8. The UMass Disability Evaluation Services (DES), on MassHealth's behalf, conducted the evaluation of Appellant's complaint of disability (Testimony; Exhibit 4).
9. DES contacted Appellant's treating sources and received medical information regarding Appellant's medical conditions in response (Testimony; Exhibit 4).
10. At Step 1, DES asks "Is the claimant engaging in substantial gainful activity (SGA)?" For Appellant's review, Step 1 was marked, "Yes". On the federal level engaging in SGA would terminate 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 eligible for disability or not. Therefore, the MassHealth disability determination process waives this step and proceeds to Step 2 (Testimony; Exhibit 4).
11. At Step 2, DES asks "Does the claimant 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)." The reviewer marked, "Yes" at Step 2 (Testimony; Exhibit 4).
12. Step 3 asks "Does the claimant 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: 12.06 – Anxiety and Obsessive-Compulsive Disorders (TIC disorder), 12.10 – Autism Spectrum Disorder and 12.11 Neurodevelopmental Disorders (ADHD) (Testimony; Exhibit 4).
13. DES conducted a residual function capacity (RFC) along with a vocational assessment. The RFC is the most an applicant can still do despite limitations. An applicant's RFC is based on all relevant evidence in the case record. A Mental RFC, completed by [REDACTED] on 05/09/2025, indicates Appellant is capable of performing basic, unskilled work activity in the competitive labor market along with moderate limitations in the area of maintaining attention and concentration to sustain employment (Testimony; Exhibit 4).
14. Step 4 asks, "Does the claimant retain the capacity to perform any past relevant work

(PRW)?” DES answered “No” because the client’s past work is unclear and will not impact the decision (Testimony; Exhibit 4).

15. Step 5 asks, “Does the claimant have the ability to make an adjustment to any other work, considering the claimant’s RFCs, age, education, and work experience?” DES selected “Yes,” citing three unskilled jobs available within both the regional and national economy. DES referenced the Occupational Employment Quarterly (OEQ) and quoted three job categories: 5510: Couriers & Messengers, 4420: Ushers, Lobby Attendants & Ticket Takers and 4140: Dishwashers (Testimony; Exhibit 4).
16. MassHealth determined that Appellant did not meet the MassHealth disability Criteria. The 5-step evaluation process concluded with a final review and endorsement of the disability decision by [REDACTED] on 05/12/2025 (Testimony; Exhibits 1 and 4).

Analysis and Conclusions of Law

In order to be found disabled under the MassHealth rules, an individual must be permanently and totally disabled (130 CMR 501.001). The guidelines used in establishing disability under this program are the same as those used by the Social Security Administration (130 CMR 505.002).

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 Commonwealth according to 130 CMR 505.004. 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 Social Security Act establishes the eligibility standards and the 5-step sequential evaluation process used to determine disability. Appellant alleged that his complaints of Autism, Anxiety, Attention-Deficit Hyperactivity Disorder (ADHD), and TIC Disorder render him permanently and totally disabled pursuant to MassHealth standards. DES, on MassHealth’s behalf, evaluated Appellant’s impairments in light of these five steps, and concluded that he is not disabled by Social Security standards.

DES contacted Appellant’s treating sources and received medical information regarding Appellant’s medical conditions. These medical records and their contents were applied to the 5-Step process to determine whether Appellant meets the disability criteria.

As Step 1 is waived, DES began the evaluation at Step 2, which looks at whether the alleged impairments can be considered severe according to the Social Security definition. "Severity" is found only where the impairment or combination of impairments significantly limit the individual's physical or mental ability to do basic work activities and has lasted or is expected to last for a continuous period of at least 12 months (20 CFR 416.920(a)(4)(ii) and (c), 416.909). DES determined that Appellant's combination of impairments meet the criteria at Step 2.

At step 3, DES reviewed the medical records and applied them to the SSA listings of impairments: 12.06 – Anxiety and Obsessive-Compulsive Disorders (TIC disorder), 12.10 – Autism Spectrum Disorder and 12.11 Neurodevelopmental Disorders (ADHD). DES determined Appellant's impairments meet none of the criteria at Step 3. DES continued to Step 4 of the disability review. DES determined that Appellant meets none of the SSA listings.

For the rest of the review, Steps 4 and 5, both a Residual Functional Capacity (RFC) assessment along with a vocational assessment are determined. The RFC is the most an applicant can still do despite limitations. An applicants RFC is based on all relevant evidence in the case record A mental RFC was performed and DES determined that Appellant is capable of performing basic, unskilled work activity in the competitive labor market along with moderate limitations in the area of maintaining attention and concentration to sustain employment. DES completed a vocational assessment, using the available educational and work history reported on the client's supplement, Dictionary of Occupational Titles (DOT) job description/ requirements and Physical RFC. The 5-step review process continued to Step 4.

At step 4 DES determined that Appellant does not retain the capacity to perform any past relevant work (PRW). because the client's past work is unclear and will not impact the decision. DES continued to Step 5.

Step 5 asks, "Does the claimant have the ability to make an adjustment to any other work, considering the claimant's RFCs, age, education, and work experience?" DES selected "Yes," citing three unskilled jobs available within both the regional and national economy. DES referenced the Occupational Employment Quarterly (OEQ) and quoted three job categories: 5510: Couriers & Messengers, 4420: Ushers, Lobby Attendants & Ticket Takers and 4140: Dishwashers).

Appellant appeared at the fair hearing, but he offered little testimony and no documentary evidence. He stated he is autistic. There was no dispute of household size, income, or the disability process. Appellant made no reference to how his impairments are applied to the above 5-step process. MassHealth's determination that Appellant is not disabled is supported by the facts in the hearing record, and the above facts, as found herein. Accordingly, this portion of the appeal is denied.

MassHealth regulations at 130 CMR 505.001 address MassHealth coverage types as follows:

The MassHealth coverage types are the following:

- (1) **MassHealth Standard** - for people who are pregnant, 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 (DMH) members, and medically frail as such term is defined in 130 CMR 505.008(F);
- (2) MassHealth CommonHealth - for disabled adults, disabled young adults, and disabled children who are not eligible for MassHealth Standard;
- (3) MassHealth CarePlus - for adults 21 through 64 years old who are not eligible for MassHealth Standard;
- (4) MassHealth Family Assistance - for children, young adults, certain noncitizens and persons who are HIV positive who are not eligible for MassHealth Standard, MassHealth CommonHealth, or MassHealth CarePlus;
- (5) MassHealth Limited - for certain lawfully present immigrants as described in 130 CMR 504.003(A): Lawfully Present Immigrants, nonqualified PRUCOLs, and other noncitizens as described in 130 CMR 504.003: Immigrants; and
- (6) MassHealth Medicare Savings Programs (MSP, also called Senior Buy-in and Buy-in) for certain Medicare beneficiaries.

Regulations at 130 CMR 505.008 address MassHealth CarePlus, as follows:

(A) Overview.

- (1) 130 CMR 505.008 contains the categorical requirements and financial standards for MassHealth CarePlus. This coverage type provides coverage to adults 21 through 64 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 21 through 64 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.

(Emphasis added.)

MassHealth determined that Appellant is no longer eligible for MassHealth Standard benefits because DES determined that Appellant no longer meets the MassHealth disability criteria. He is

counted as household of 1 person with no income. The appellant is [REDACTED] years of age. MassHealth's determination that Appellant is eligible for MassHealth CarePlus benefits is supported by the material facts in the hearing record, as well as the relevant regulations. This appeal is denied.

Appellant can direct any inquiries concerning Health Safety Net to 877-910-2100. Additionally, if his income or household size changes, he should contact MassHealth for a new determination of benefits.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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