

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511299
Decision Date:	12/05/2025	Hearing Date:	10/16/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Lashaun Kelley, Quincy MassHealth Enrollment Center;
Eileen Cynamon, BSN, RN, Appeals Reviewer, Appeals & Regulatory Compliance, 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
Decision Date:	12/05/2025	Hearing Date:	10/16/2025
MassHealth's Rep.:	Lashaun Kelley; Eileen Cynamon, BSN, RN	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South (In Person)	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 6/25/25, Disability Evaluation Services (DES), acting on behalf of MassHealth, informed Appellant that he was found "not disabled" under federal and state law. *See* Exh. 1. On 7/19/25, MassHealth issued a termination notice advising that Appellant that he no longer qualified for MassHealth benefits and that his CommonHealth coverage would end effective 8/2/25. *See* Exh. 2. On 8/1/25, Appellant filed a timely request for a fair hearing with the Board of Hearings (BOH). *See* Exh. 3. A hearing was initially scheduled for 9/10/25. *See* Exh. 4. However, Appellant requested the matter be rescheduled to a later date; BOH granted the request and moved the hearing to 10/16/25. *See* Exhs. 5 and 6. A challenge to the scope of assistance is valid ground for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth, through DES, determined that Appellant did not meet the criteria to be deemed disabled as defined under Federal and State law, thereby preventing Appellant from obtaining MassHealth benefits on the basis of disability; and subsequently determined he was ineligible for any MassHealth coverage types on the basis of income.

Issue

The issue on appeal is whether MassHealth erred in finding that Appellant is not permanently and totally disabled as defined under 130 CMR 501.001 and 130 CMR 505.002(F), and whether Appellant is eligible for any income-based coverage types.

Summary of Evidence

A MassHealth eligibility representative appeared and testified that Appellant is an [REDACTED] male who has been enrolled in MassHealth CommonHealth since 2016 based on his verified disability status. On 6/26/25, MassHealth received a transmittal notice from UMASS Medical School's Disability Evaluation Services (DES) – the unit that contracts with MassHealth to render disability determinations - indicating that Appellant was no longer considered disabled, prompting MassHealth to remove his disability status from the case and re-evaluate eligibility based solely on household income.

The representative testified that Appellant resides in a household of three (3), with his parents receiving a gross monthly income of approximately \$6,694, placing the household at approximately 296% of the federal poverty level (FPL). For a non-disabled individual to be eligible for MassHealth benefits based on income alone, the maximum modified adjusted gross income (MAGI) must not exceed 133% of the federal poverty level (FPL). For a household size of three, that limit corresponds to a monthly maximum household MAGI of \$2,954. As Appellant's income exceeds the allowable limit for income-based coverage, and without a verified disability, he is currently ineligible for coverage. Through a termination notice dated 7/19/25, MassHealth informed Appellant that his CommonHealth coverage, which had been maintained during the continuous coverage period, would end effective 8/2/25. (Exh. 2). The MassHealth representative also noted that prior to hearing, Appellant's parents submitted updated paystubs which had been processed and continued to render their household above the income limit for benefits. (Exh. 8).

During the hearing, the MassHealth representative testified that if the parents no longer claimed Appellant as a tax dependent, Appellant's eligibility would be assessed using solely his income. Because Appellant currently had zero income, he would potentially be eligible for Standard under the young adult category, despite not having a verified disability. Because the parents responded that they were not claiming him as a dependent, there was discussion of whether they wanted to update their case during the hearing, which would result in an upgrade in benefit type. Because the parents declined to make updates during the hearing, they were advised to make any necessary changes to their case following the hearing so that correct income-based eligibility could be determined.

Next, a representative from MassHealth's DES unit appeared at the hearing and testified that

Appellant was originally found disabled in [REDACTED] a child under SSI Listing 112.10 – *Autistic and Other Pervasive Developmental Disorders*, which carried a seven-year approval period. DES explained that upon turning 18, disability must be re-evaluated under the adult disability standard, which requires a different and more stringent analysis than the child SSI criteria. For background, the representative explained that DES conducts disability reviews using the Social Security Administration’s (SSA) definition of disability, and MassHealth adopts the SSA’s five-step sequential evaluation process, as outlined in 20 C.F.R. § 416.920. Under the federal law, disability is defined as “*the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months.*” (20 CFR §§ 416.905; Exh.10, p. 8). To meet this definition, the impairment(s) must be severe enough that the individual is not only unable to perform past relevant work but also cannot, *considering age, education, and work experience*, perform any other substantial gainful work that exists in the regional economy. (*Id.*)

The representative explained that MassHealth, through DES, uses SSA’s 5-step sequential evaluation process, codified at 20 CFR § 416.920(a)(4), which consists of the following:

1. Step 1 – whether the claimant has engaged in substantial gainful activity since the alleged onset.
2. Step 2 – whether the claimant has a medically determinable impairment (MDI) that is severe and meets the duration requirement.
3. Step 3 – whether the impairment(s) meet or equal an adult SSA Listing.
4. Step 4 – whether the claimant retains the residual functional capacity (RFC) to perform any past relevant work (PRW).
5. Step 5 – whether the claimant has the capacity to adjust to other work, considering age, education, work experience, and RFC.

Disability determinations are driven by the information provided in the Adult Disability Supplement, medical and educational records, and any consultative examinations (CEs) DES deems necessary. The representative emphasized that DES evaluates impairments based on the adult clinical criteria, and that childhood disability standards no longer apply once a claimant turns 18.

With respect to this case, DES received Appellant’s Adult Disability Supplement on [REDACTED], in which he reported impairments of autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), executive functioning deficits, self-regulation impairments, and a learning disability in writing. (Exh. 10, p. 55). Following the submission, DES requested, and received, medical releases from Appellant’s treating providers. As a result, DES collected Appellant’s medical records from his pediatric primary care physician, licensed mental health counselor, and a dermatology practice (*id.* at 84-204). which, in summary, indicate the following:

- Pediatric PCP notes: Notes from his PCP confirm Appellant’s diagnoses of ASD, ADHD, and an executive function deficit and indicate that he receives care through an autism clinic through Tufts, that he was seeing an educational specialist and had an active IEP (*id.* at 88-89); an encounter note dated [REDACTED] Appellant’s physician found no concerns pursuant to developmental screening results, a PHQ-9 score showed minimal depression, no behavioral issues, and no social determinants of health concerns. (*id.* at 100). Records show no current psychiatric medications, though he previously trialed risperidone. Additional medical history includes prior Lyme disease, chronic acne (managed by dermatology), pronation of the feet, and plantar fasciitis. (*id.* at 99-101).
- Therapy notes starting [REDACTED] document the initiation of counseling sessions focused on difficulty managing anxiety, limited motivation to pursue employment, and rigidity in coping with stressors at home and in work-related contexts. (*id.* at 143-159). The counselor noted that Appellant is intelligent and capable, has supportive parents, but reports few friendships and that his insight may sometimes inhibit behavioral change. (*id.* at 143). Treatment plans emphasize bi-weekly individual cognitive behavioral therapy, with sessions addressing anxiety responses, building momentum toward functional goals, widening the job search, communication skills, and increasing activity. (*id.*).
- Medical records from the dermatology practice were reviewed but pertained primarily to Appellant’s treatment for acne and did not provide information related to Appellant’s noted impairments. (*id.* at 150-154).

Appellant also submitted IEP (Individualized Education Program) documents (*id.* at 157-184), independent neuropsychological assessment results from July of 2023 (*id.* at 185-204) and a DDS Chapter 688 Referral Form dated 1/9/25, as well as subsequent determinations from DDS on 6/18/25, indicating that Appellant was eligible for community developmental disability supports on the basis of his ASD diagnosis (*id.* at 206), as well as MassAbility on 8/18/25 deeming Appellant was eligible for vocational rehabilitation services (*id.* at 208). The DES representative explained that the education documentation indicated that Appellant attended public school with an IEP and was later placed out-of-district in a specialized program supporting social, emotional, and behavioral needs. Records also noted that Appellant was attending community college and working toward completion of his GED. (*id.* at 51). The DES representative testified that although the medical and educational records were relevant, the provider and educational records did not contain sufficient current objective documentation of Appellant’s functioning. Accordingly, on 4/14/25 DES ordered a Psychological Consultative Examination (CE) to supplement the record.

The CE was conducted in person on 6/16/26, by [REDACTED] with the written report submitted to DES on 6/23/25. (*id.* at 69–75). According to the written summary, Appellant reported longstanding ASD and ADHD diagnoses; early intervention; prior therapies; persistent difficulties with auditory learning, noisy environments, forming friendships, organization, transitions, and requiring frequent reminders. He was not taking psychiatric medication, reported no current stressors or safety concerns, and was participating in bi-weekly therapy since [REDACTED] Appellant also reported completing community college coursework, being enrolled

for the fall semester to study computer science, and prior work as a lifeguard. His mother, who attended the CE, reported limited social supports, largely online friendships, and that Appellant continues to require significant prompting and oversight in daily functioning. Pursuant to a mental status examination, the examiner noted that Appellant was appropriately dressed and cooperative, with euthymic behavior and intermittent frustration toward his mother. Appellant maintained steady eye contact, demonstrated a clear sensorium, and had fair concentration. The examiner assessed Appellant's knowledge and intelligence as average, with fair insight, judgment, and reliability. In summary, the examiner concluded that Appellant retained the ability to manage hygiene, personal affairs, household chores, and work-like activities, though his ASD affected social functioning and ADHD impacted organization, concentration, and his need for repeated reminders. Appellant appeared motivated to pursue work and education and was able to budget and manage money. (*Id.*).

Once the CE was completed, the DES disability reviewer (DR) confirmed that the provider and educational records, and the CE report, were sufficient to evaluate Appellant's impairments using the 5-step review process. The DR began the review as follows:

1. Step 1 - Substantial Gainful Activity

According to the adult disability supplement, Appellant was unemployed. Although the DR marked "no" at Step-1, the DES representative explained that, regardless of the outcome, MassHealth waives Step 1 and automatically proceed to Step 2. (*Id.* at 64).

2. Step 2 – MDI Severity and Duration

DES found that Appellant's impairments constituted severe medically determinable impairments meeting the 12-month duration requirement. (*Id.*).

3. Step 3 – SSA Listings

At Step 3, the DR evaluated whether Appellant's impairments met or medically equaled any applicable adult SSA Listing, as required under 20 C.F.R. § 416.925. The representative testified that DES reviewed Listings 12.10 - *Autism Spectrum Disorder* and 12.11 - *Neurodevelopmental Disorders*, which are the Listings most applicable to Appellant's alleged impairments of ASD, ADHD, executive functioning deficits, and learning disability. The DES representative explained that the Listings involve two parts. Part A, as it pertains to documented clinical symptoms, and Part B regarding functional domains. Copies of each listing were submitted into evidence. (*Id.* at 66-67).

For Listing 12.10 – *Autism Spectrum Disorder*, Part A requires medical documentation of (1) qualitative deficits in communication, (2) deficits in social interaction, and (3) significantly restricted or repetitive patterns of behavior, **and**, for Part B: evidence of either an extreme limitation in one, or marked limitation in two, areas of mental functioning: (a)

understanding/remembering/applying information; (b) interacting with others; (c) concentrating, persisting, or maintaining pace; or (d) adapting or managing oneself.

For Listing 12.11 – *Neurodevelopmental Disorders*, Part A requires medical documentation of one of the following: (1) attention-deficit/hyperactivity disorder, (2) a learning disorder, or (3) a developmental disorder affecting executive functioning or cognitive processing, **and**, Part B requires the same requirement of an extreme or marked limitation in the four functional domains described above.

The DES representative testified that although Appellant’s records document longstanding neurodevelopmental conditions, the medical and educational records, together with the psychological CE, did not establish the requisite level of marked or extreme functional limitations in the domains required by either Listing 12.10 or 12.11. DES therefore concluded that Appellant’s impairments did not meet or medically equal an adult SSA Listing. Step 3 was marked “No” and the reviewer proceeded to Step 4. (*Id.* at 64).

4. Step 4 – Past Relevant Work (PRW)

To complete the remaining two steps, the DES representative testified that it was necessary to conduct a mental residual functional capacity (RFC) assessment. On 6/24/25 a mental RFC, was completed by [REDACTED]. According to the assessment, [REDACTED] found that Appellant was “slightly limited” in the domains of understanding, remembering, carrying out detailed instructions; learning tasks and adapting to new work settings with ordinary training; sustaining familiar tasks with ordinary supervision; working at a consistent pace; working near others without distraction; responding appropriately to criticism; interacting with the public; maintaining socially appropriate behavior/hygiene; responding appropriately to workplace changes; recognizing hazards and taking precautions; and traveling outside the home. (*Id.* at 76-77). In addition, Appellant was found to be “moderately limited” in the domains of maintaining attention/concentration, as well as interacting, and cooperating appropriately with co-workers. (*Id.*) Appellant was found “not limited” in his ability to understand, remember, or carry out short and simple instructions; the ability to make simple work-related decisions; and the ability to ask simple questions or request assistance. (*Id.*)

In summarizing the RFC findings, [REDACTED] cited Appellant’s neuropsychiatric testing results from July 2023, noting that Appellant’s documented cognitive scores showed verbal intelligence in the 75th percentile, nonverbal reasoning in the 84th percentile, reading comprehension in the 92nd percentile, and adaptive skills two standard deviations below the mean, with noted executive functioning deficits. (*Id.*) The reviewer also Appellant’s longstanding history of ADHD and ASD diagnoses, and that Appellant has graduated high school, holds a lifesaving certification, and worked full-time in summer and part-time during the school year as a lifeguard, reporting he generally “gets along with others” at work. The reviewer concluded these findings support the slight and moderate limitations outlined in the RFC.

At Step 4 the DR found Appellant had no past relevant work (PRW), noting that Appellant is [REDACTED] English-literate, and currently completing GED coursework at community college; his past employment consisted of seasonal or part-time work as a camp counselor, store clerk/cashier, and lifeguard; however none of these met SGA requirements. Accordingly, Step 4 was marked “No” and the review proceeded to Step 5. (*Id.* at 65)

At Step 5, the DR determined Appellant was “not disabled” because he retained the capacity to adjust to other work based on his RFC, age, education, and experience. (*Id.*). Using the *Occupational Employment Quarterly (OEQ)* and vocational criteria outlined in 20 C.F.R. §§ 416.966–416.969a (*id.* at 26–33), DES identified multiple unskilled jobs existing in significant numbers in the regional and national economy, including: (1) 8740 – *Inspectors, Testers, Sorters, Samplers & Weighers*; (2) 8965 – *Other Production Workers*; (3) 9640 – *Packers & Packagers, Hand*, and also considered (4) 5320 – *Library Assistants, Clerical*. (*Id.*).

The evaluation was reviewed and endorsed by a DES physician advisor [REDACTED] on 6/25/25. (*Id.* at 62, 82). DES mailed the Disability Determination denial letter to Appellant on 6/25/25 and transmitted the determination to MassHealth on 6/26/25. (*Id.* at 83; 48). The DES representative concluded that Appellant does not meet or equal the threshold of any applicable adult SSA Listings; his RFC indicates the ability to perform work in the competitive labor market; and a significant number of occupations exist with requirements compatible with his functional and vocational profile. The DES representative testified that, based on these reasons, the determination of “not disabled” was supported by the evidence in the record.

Appellant appeared at the hearing accompanied by his parents, who assisted him in presenting his case. Appellant’s parents testified that, due to his diagnoses, Appellant has had longstanding challenges with attention, task initiation, and maintaining any sort of employment. According to their testimony, Appellant is unable independently manage everyday tasks and responsibilities such as sorting and responding to mail, making appointments, meeting deadlines, staying organized, and completing household tasks. Appellant’s parents testified that even basic self-care activities, such as brushing teeth or showering, require repeated reminders and prompts. Prior to hearing, she submitted a photograph demonstrating missed doses of one of Appellant’s prescribed medications. (Exh. 9). The photograph, she asserted, is an example of what occurs without direct oversight.

Appellant’s parents disagreed with DES’s conclusion that Appellant is capable of maintaining full-time employment. Although he has had part-time or seasonal employment in the past, he has either been terminated from these positions or left abruptly without securing other work. They attributed their son’s unstable employment history to medical condition and impairments, which include lack of focus or interest, as well as easily becoming frustrated or overly anxious in social situations.

Appellant's parents testified that the medical documentation and evaluations do not accurately reflect Appellant's current level of functioning. Because Appellant lives with them, he has a built-in support system, which not only helps him with financial costs but also managing his everyday activities. They felt that the amount of support he requires was not fully captured in the records, leading to a false impression that his functional capabilities are greater than what they observe firsthand. In addition, Appellant's parents testified that during medical appointments, Appellant tends to minimize, or fails to articulate, the severity of his symptoms. Appellant's mother testified that she noticed this occurring during the consultative evaluation; only when a parent accompanies him, are they able to provide more insight on his challenges. Appellant's mother testified that she initiated the referral to DDS, because, given the level of assistance he needs, she wants to ensure he has another source of support besides his parents.

Finally, Appellant's parents testified that, although Appellant may qualify financially for MassHealth benefits based on income – depending on household composition - he would risk losing coverage subject to any fluctuation in income without a verified disability on file. For this reason, they felt it necessary to appeal the disability determination to ensure he would be entitled to receive benefits regardless of income status.

Findings of Fact

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

1. Appellant is [REDACTED] and resides in a household size of three with his parents.
2. In [REDACTED], DES determined that Appellant was disabled as a child under Listing 112.10 – *Autistic and Other Pervasive Developmental Disorders*, which carried a seven-year approval period.
3. On [REDACTED] DES received Appellant's Adult Disability Supplement in which he reported impairments of ASD, ADHD, executive functioning deficits, self-regulation impairments, and a learning disability in writing.
4. Appellant is literate in English, is pursuing completion of his GED at community college; and his past employment consisted of seasonal or part-time work as a camp counselor, store clerk/cashier, and lifeguard.
5. Upon receipt of the Supplement, DES collected Appellant's medical records from his treating providers, including his pediatric primary care physician, licensed mental health counselor, and a dermatology practice; as well as educational documents, including his IEP, neuropsychological assessment results from July of 2023, and a DDS Chapter 688 Referral Form

6. Appellant attended public school with an IEP and was later placed out-of-district in a specialized program supporting social, emotional, and behavioral needs; and, as of the hearing date, was enrolled in community college.
7. After Appellant underwent a psychological consultative evaluation on [REDACTED], DES initiated its disability review using the 5-step evaluation process, waiving Step 1 and beginning at Step 2.
8. At Step 2, DES found that Appellant's impairments constituted severe medically determinable impairments meeting the 12-month duration requirement.
9. At Step 3, DES found that the documentation did not establish that Appellant exhibited the requisite level of marked or extreme functional limitations to meet any applicable SSA Listing, which, included Listing 12.10 - *Autism Spectrum Disorder* and Listing 12.11 - *Neurodevelopmental Disorders*.
10. In advance of proceeding to Steps 4 and 5, a mental RFC was ordered, and pursuant to the assessment, Appellant was found "*slightly limited*" in the domains of understanding, remembering, carrying out detailed instructions; learning tasks and adapting to new work settings with ordinary training; sustaining familiar tasks with ordinary supervision; working at a consistent pace; working near others without distraction; responding appropriately to criticism; interacting with the public; maintaining socially appropriate behavior/hygiene; responding appropriately to workplace changes; recognizing hazards and taking precautions; and traveling outside the home. Appellant was found to be "*moderately limited*" in the domains of maintaining attention/concentration, as well as interacting, and cooperating appropriately with co-workers. Appellant was found "*not limited*" in his ability to understand, remember, or carry out short and simple instructions; to make simple work-related decisions; and to ask simple questions or request assistance.
11. At Step 4, DES found that none of Appellant's past work experience met SGA requirements and therefore proceeded to Step 5.
12. At Step 5, DES determined Appellant was "not disabled" because he retained the capacity to adjust to other work based on his RFC, age, education, and experience; and using the OED and applicable regulatory vocational criteria, identified multiple unskilled jobs that Appellant could perform existing in significant numbers in the regional and national economy.
13. The DES evaluation and determination was reviewed and endorsed by a DES physician advisor [REDACTED]

14. DES mailed the Disability Determination denial letter to Appellant on 6/25/25 and transmitted the determination to MassHealth on 6/26/25.
15. Upon removing Appellant's disability status after receiving the 6/25/25 DES determination, MassHealth redetermined Appellant's eligibility based on current household showing he resides in a household of three, with his parents receiving a gross monthly income of approximately \$6,694.
16. Through a termination notice dated 7/19/25, MassHealth informed Appellant that his CommonHealth coverage, which had been maintained during the continuous coverage period, would end effective 8/2/25.

Analysis and Conclusions of Law

To be deemed disabled for purposes of MassHealth eligibility, an individual must be found "permanently and totally disabled" under Title XVI of the Social Security Act. *See* 130 CMR 501.001. MassHealth only recognizes disability determinations issued by the Social Security Administration (SSA), the Massachusetts Commission for the Blind, or Disability Evaluation Services (DES). *See* 130 CMR 505.002(E)(2). Once an individual is deemed disabled by one of these entities, the individual may qualify for MassHealth Standard or CommonHealth, depending on income. *See* 130 CMR 505.002(F) and 505.004.

Under Title XVI of the Social Security Act, disability is defined 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.

See 20 CFR § 416.905, 130 CMR 501.001.

To meet this definition, the impairment(s) must be of such severity that the individual is not only unable to do past relevant work, but cannot—considering age, education, and work experience—engage in any other work that exists in significant numbers in the national economy. *See* 20 CFR § 416.920(a)(4). As an agent of MassHealth, DES determines disability is required to apply the five-step sequential evaluation process established in federal regulations. *See* 20 CFR § 416.920.

Under this process, DES must determine the following:

- (1) whether the claimant is working at substantial gainful activity (SGA);
- (2) whether the claimant has a severe medically determinable impairment;

- (3) whether the impairment meets or equals an SSA Listing;
- (4) whether the claimant can perform past relevant work; and
- (5) whether the claimant can adjust to other work.

In evaluating whether Appellant was disabled under the applicable federal and state criteria, DES first determined at Step 1 that Appellant had not engaged in SGA. Step 1 is automatically waived for MassHealth disability determinations, and therefore the review proceeded to Step 2.

At Step 2, DES found that Appellant's diagnoses, including ASD, ADHD, and documented executive functioning deficits, constitute severe medically determinable impairments (MDIs) expected to last more than twelve months. This finding was consistent with the medical records, and therefore the review appropriately proceeded to Step 3.

At Step 3, DES evaluated whether Appellant's impairments met or medically equaled the adult SSA Listings for *Autism Spectrum Disorder* (12.10) or *Neurodevelopmental Disorders* (12.11). To meet either Listing, both require, under Part A, clinical documentation of specified features of the disorder **and**, under Part B, at least one extreme limitation or two marked limitations within the functional domains of: (1) understanding and applying information; (2) interacting with others; (3) concentrating and maintaining pace; or (4) adapting or managing oneself. The operative question at this step of the evaluation is whether the claimant's impairments are of such a severity that they either meet or equal all requisite listing criteria to automatically be deemed disabled. *See Bowen v. Yuckert*, 482 US 137, 153 (1987) (Step 3 "streamlines the decision process by identifying those claimants whose medical impairments are so severe that it is likely they would be found disabled regardless of their vocational background.").

Applying this standard, DES appropriately concluded that Appellant did not meet or medically equal the criteria for an adult SSA Listing at Step 3. It is undisputed that Appellant has longstanding diagnoses of ASD, ADHD, executive function challenges, and a learning disability - conditions for which he has required, and still requires, extensive support. Appellant's parents credibly described their son's need for continuous prompting and oversight to help manage his everyday activities. Without undermining the weight of this evidence, SSA disability determinations also require objective and clinical evidence demonstrating *marked* or *extreme* functional limitations across multiple settings. A "marked limitation" means that the individual's ability to function independently, appropriately, and effectively, on a sustained basis, is "seriously limited." *See* 20 CFR Ch. III, Pt. 404, Subpt. P. App. 1, § 12.00F. While the clinical documentation, including the CE, provider records, and educational plan reflect limitations with executive and social functioning, it does not sufficiently reflect the severity of such impairments to meet either of the applicable Listings for Step 3. Therefore, DES appropriately answered "no" at Step 3 and proceeded to Steps 4 and 5.

At Step 4, DES determined that Appellant's prior jobs did not reach SGA levels necessary to evaluate whether he could perform past relevant work (PRW), therefore; DES answered "no" at

Step 4 and proceeded to Step 5.

At Step 5, DES determined—based on Appellant’s RFC, age, education, and work experience—that he could adjust to other work existing in significant numbers in the national and regional economy. DES identified multiple unskilled occupations consistent with SSA vocational criteria. As a result of this finding, DES determined Appellant was “not disabled” under SSA criteria.

DES’s conclusion at Step 5 is supported by the evidence in the record. Although the RFC showed that Appellant had moderate limitations in maintaining attention/concentration and interacting/cooperating with co-workers, he was identified as either “slightly limited” or “not limited” in all other mental functioning categories. The RFC revealed no impairments of mental functioning at either marked or extreme levels. These findings were based on available documentation, including cognitive assessment scores showing Appellant fell in the 75th-92nd percentiles, his successful completion of community college coursework without accommodations for writing, his prior work history as a full-time and part-time lifeguard, the CE, education records, and medical documentation received from Appellant’s providers. The underlying materials are consistent with these findings. *See* Exh. 10, p. 77. Encounter notes indicate that Appellant had no developmental or behavioral concerns, minimal depression, and no episodes of psychiatric instability or hospitalizations. *Id.* at 96-100. In examining Appellant’s mental status for the CE, the evaluating clinician described Appellant’s concentration, insight, judgment, and reliability as fair; and noted that he displayed age-appropriate knowledge with estimated average intelligence and learning ability based on prior academic and work performance. The examiner concluded that while his diagnoses impact his social functioning and ability to concentrate, organize, and multitask – he retained the ability to “function in areas such as hygiene, managing personal affairs, completing household chores, and going to work.” *Id.* at 69-73. While Appellant clearly benefits from family support, the clinical documentation and assessment findings, did not sufficiently indicate that Appellant’s limitations are of such a severity that he would be prevented from performing sustained unskilled work in the competitive labor market.

In challenging the DES determination, Appellant’s parents offered credible and detailed testimony describing the high degree of support they provide for Appellant’s daily functioning. They expressed that Appellant tends to underreport symptoms to providers and evaluators, which understates the severity of his impairments. While federal disability regulations permit consideration of non-medical sources of evidence, including reported levels of functioning from family, it must be weighed against the objective medical evidence in the record. In the absence of clinical documentation or functional assessments that reflect severity of impairment expressed by the parents, Appellant has not sufficiently demonstrated that DES erred in finding him “not disabled” under Title XVI of the Social Security Act, as adopted by MassHealth under 130 CMR 501.001.

Because Appellant does not have a verified disability and his household income exceeds the limit

for income-based coverage, MassHealth properly determined that he is not eligible for benefits at this time.

Based on the foregoing, the appeal is DENIED with respect to both the 6/25/25 disability determination notice and the 7/19/25 MassHealth termination notice.


Order for MassHealth

Remove aid pending.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings


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