

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512093
Decision Date:	11/21/2025	Hearing Date:	October 6, 2025
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:



MassHealth Representatives:

Liz Nickoson, Taunton MEC
DES: Eileen Cynamon, RN



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Disability
Decision Date:	11/21/2025	Hearing Date:	October 6, 2025
MassHealth Reps.:	Elieen Cynamon; Liz Nickoson	Appellant Rep.:	██████
Hearing Location:	Telephonic	Aid Pending:	No

Authority

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

Jurisdiction

The appellant received a notice dated July 31, 2025 from Disability Evaluation Services (DES) stating that she is not disabled per Federal and State laws and regulations (Exhibit 1). The appellant filed this appeal timely on August 14, 2025 (See 130 CMR 610.015(B) and Exhibit 2). A determination of not being disabled is valid grounds for appeal (130 CMR 610.032).

On September 8, 2025, a hearing notice was sent to the parties (Exhibit 3).

Action Taken by MassHealth

The appellant was determined to be not disabled per Federal and State laws and regulations.

Issue

Is the appellant permanently and totally disabled and therefore eligible for MassHealth benefits?

Summary of Evidence

A MassHealth representative testified that the appellant, an adult over 19 years of age, has a household of two with annual income of \$84,000.00. The appellant had been on MassHealth CommonHealth, but these benefits stopped on April 28, 2025 for not returning her review form. The appellant is currently receiving Medicare but is not disabled according to the Social Security Administration. Subsequent to her CommonHealth termination, the appellant was denied MassHealth for being over the income guidelines. Her appeal was also denied.

The MassHealth Appeals Reviewer for DES submitted into evidence the appellant's medical review and stated the appellant submitted a MassHealth Adult Disability Supplement to DES on May 21, 2025. The appellant provided sufficient information for her listed physical impairments, [REDACTED], heart surgery, eye problems, lower back pain, restless leg syndrome, and asthma. Regarding her complaint of anxiety, the available mental health information was deemed insufficient, and the appellant underwent a psychological consultative exam on July 8, 2025 (Exhibit 4).

The DES representative testified that MassHealth uses the Social Security Administration (SSA) 5-step process, as described by SSA regulations in 20 Code of Federal Regulations (CFR) Ch. III section 416.920 to determine an applicant's disability status. SSA 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. To meet this definition, an individual must have a severe impairment(s) that makes them unable to perform their past relevant work or any other substantial gainful work that exists in the regional economy. What a person can still do despite their impairment is called their residual functional capacity (RFC). This is used to determine whether the individual can still perform their past work or, in conjunction with their age, education and work experience, any other work, unless an impairment is so severe that it is deemed to prevent them from doing SGA.

DES explained that a review of the appellant's medical records was undertaken using a five-step sequential evaluation process established by Title XVI of the Social Security Act to determine eligibility for MassHealth.

- Step 1: Is the applicant engaged in substantial gainful activity? (waived for MassHealth purposes).
- Step 2: Is the applicant's impairment severe?
- Step 3: Does the impairment meet or equal criteria listing?
- Step 4: What is the applicant's residual functional capacity?
- Step 5: Is the applicant able to perform other work?

DES testified that Step 1 is waived for MassHealth purposes.

Under Step 2, DES reviewed the medical information obtained to determine whether the appellant's impairments are severe. To be determined severe, a medically determinable physical or mental impairment must:

1. be expected to result in death or have lasted or be expected to last for a continuous period of not less than 12 months; and
2. render an individual aged 18 or over unable to engage in any substantial gainful activity or render a child under the age of 18 unable to engage in age-appropriate activities.

DES determined that that appellant's mental and physical complaints met the severity/duration requirements at Step 2.

At Step 3, DES evaluated the appellant's impairments and compared them to the Social Security listings found in the federal *Listing of Impairments* at 20 CFR Ch. III, Pt. 404, Subpt. P, App.1.to see if the appellant met such criteria. The appellant's complaint of anxiety/depression did not meet a *Listing of Impairment* because she does not have marked limitations of mental functioning. Her [REDACTED] Syndrome does not meet a *Listing of Impairment* because there was no aneurysm present. Her complaint of asthma did not meet because there was no recent hospitalizations for this condition. Her complaint of vision problems does not meet because her condition is sufficiently corrected with eyeglasses/contacts. Her back and leg issues did not meet a *Listing of Impairment* because she did not have muscle weakness, nerve root involvement, or loss of the use of upper extremities (Exhibit 4).

At Step 4, DES completed an RFC assessment along with a vocational assessment. The appellant was determined to be able to perform sedentary work with postural limitations and visual limitations. Her mental health impairments indicated a limitation responding to changes in the work setting. It was determined that she could do basic unskilled work. The appellant had a relevant work history of a billing specialist which is light semi-skilled work. The DES therefore concluded that the appellant's prior work was not within her current RFC capabilities. The review continued to Step 5. It was determined at Step 5 that the appellant's RFC of the unskilled activity allowed her to work at jobs such as a protective service worker, office clerk, and courier. She was therefore determined to be not disabled (Exhibit 4).

The appellant testified that she cannot afford to go without MassHealth. She stated that because she is receiving Medicare she still should be deemed as being disabled. The appellant testified that that she has heart issues and has had recent heart surgery due to her [REDACTED] Syndrome, and that she also has vision and mobility problems. She stated that her Marfan Syndrome puts her at risk for dying at any time.

Findings of Fact

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

1. On July 31, 2025 the appellant was determined to not qualify for MassHealth CommonHealth because she is not disabled (Exhibit 1).
2. The appellant had been on CommonHealth, but these benefits stopped on April 28, 2025 for not returning her review form (testimony).
3. The appellant is currently receiving Medicare but is not disabled according to the Social Security Administration due to her being employed in substantial gainful activity (testimony).
4. The appellant submitted a MassHealth Adult Disability Supplement to DES on May 21, 2025 which indicated a medical history of ██████ Syndrome, heart surgery, eye problems, lower back pain, restless leg syndrome and asthma (Exhibit 4).
5. DES requested and received the appellant's medical records from the previous 12 months (Exhibit 4).
6. DES evaluated the appellant's disability using a 5-step sequential evaluation process as described within the SSA regulations at Title XX of the Code of Federal Regulations, or CFR, Chapter III, § 416. (Exhibit 4).
7. Step 1 is waived for MassHealth purposes (Exhibit 4).
8. At Step 2, the DES determined the appellant has a severe impairment (Exhibit 4).
9. At Step 3, DES determined that the appellant does not meet the *Listing of Impairment* of anxiety/depression because she does not have marked limitations of mental functioning. Her ██████ Syndrome does not meet a *Listing of Impairment* because there was no aneurysm present. Her complaint of asthma did not meet because there was no recent hospitalizations for this condition. Her complaint of vision problems does not meet because her condition is sufficiently corrected with eyeglasses/contacts. Her back and leg issues did not meet a *Listing of Impairment* because she did not have muscle weakness, nerve root involvement, or loss of the use of upper extremities (Exhibit 4).
10. At Step 4, DES completed an RFC assessment along with a vocational assessment. The appellant was determined to be able to do basic unskilled work (Exhibit 4).

11. The appellant's relevant work history of a billing specialist is not within her current RFC capabilities (Exhibit 4).
12. At Step 5, the appellant's RFC of unskilled activity allows her to work at jobs such as a protective service worker, office clerk, and courier (Exhibit 4).

Analysis and Conclusions of Law

I have found that the appellant was determined to not qualify for MassHealth CommonHealth because she is not disabled. The appellant had been on CommonHealth, but these benefits stopped on April 28, 2025 for not returning her review form. It was determined that she was over the income limits for MassHealth and this decision was upheld on appeal. The appellant is currently receiving Medicare but is not disabled according to the Social Security Administration due to her being employed in substantial gainful activity earning \$84,000.00 yearly.

The issue in the instant appeal was over whether or not the appellant currently meets MassHealth disability guidelines.

To be found disabled for MassHealth Standard or CommonHealth, 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 that are used by the Social Security Administration. Individuals who meet the Social Security Administration's definition of disability may establish eligibility for MassHealth Standard, in accordance with 130 CMR 505.002(E). Pursuant to Title XX, § 416.905, the Social Security Administration defines 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 process of not less than 12 months.

Title XX of the Social Security Act establishes standards and the five-step sequential evaluation process. If a determination of disability can be made at any step, the evaluation process stops at that point. Step 1 considers whether an applicant is engaged in SGA. This step is waived for MassHealth eligibility.

Step 2 determines whether a claimant has a medically determinable impairment (MDI) or a combination of MDIs that is both severe and meets the duration requirement. To be determined severe, a medically determinable impairment means that the impairment has lasted or is expected to last for a continuous process of not less than 12 months at that severity.

The appellant was reviewed for disability due to a history of [REDACTED] Syndrome, heart surgery, eye problems, lower back pain, restless leg syndrome and asthma. It was determined that the appellant has impairments that have lasted or are expected to last 12 months.

At Step 3, DES evaluated the appellant's severe impairments and compared them to the Social Security listings found in the federal *Listing of Impairments* at 20 CFR Ch. III, Pt. 404, Subpt. P, App.1. to see if the appellant met such criteria.

DES determined, and I agree, that the appellant does not meet the *Listing of Impairment* of anxiety/depression because she does not have marked limitations of mental functioning. Her [REDACTED] Syndrome does not meet a *Listing of Impairment* because there was no aneurysm present. Her complaint of asthma did not meet because there was no recent hospitalizations for this condition. Her complaint of vision problems does not meet because her condition is sufficiently corrected with eyeglasses/contacts. Her back and leg issues did not meet a *Listing of Impairment* because she did not have muscle weakness, nerve root involvement, or loss of the use of upper extremities.

At Step 4 MassHealth DES determined that the appellant does not retain the capacity to perform her past relevant work, but at Step 5, it determined that, based upon her RFC of unskilled work, she can work at other jobs such as a protective service worker, office clerk, and courier.

Given that there was no dispute over the DES's analysis of the appellant's impairments the DES determination that she is not "permanently and totally disabled" is upheld.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

Taunton MEC

UMASS/DES, UMMS/ Disability Evaluation Services
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