

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2513058
Decision Date:	1/7/2026	Hearing Date:	10/24/2025
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Eileen Cynamon, RN



*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:	Adult Disability
Decision Date:	1/7/2026	Hearing Date:	10/24/2025
MassHealth's Rep.:	Eileen Cynamon	Appellant's Rep.:	Pro se
Hearing Location:	Quincy		

Authority

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

Jurisdiction

Through notices dated August 18, 2025, MassHealth determined that Appellant was not disabled for the purposes of establishing MassHealth eligibility (Exhibit A). Appellant filed this appeal in a timely manner on September 8, 2025 (see 130 CMR 610.015(B) and Exhibit A). A negative disability determination constitutes valid grounds for appeal (see 130 CMR 610.032).

Action by MassHealth

MassHealth determined that Appellant is not permanently and totally disabled for MassHealth eligibility purposes.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it determined that Appellant is not permanently and totally disabled for MassHealth eligibility purposes.

Summary of Evidence

Both parties appeared by telephone. MassHealth submitted a packet of documents including copies of Appellant's Adult Disability Supplement, Social Security (SSA) listings, a DES determination worksheet, mental and physical RFC reports and medical records furnished by Appellant's medical providers (collectively, Exhibit B). Appellant made no filing other than her Fair Hearing Request (Exhibit A).

MassHealth was represented by an Appeals Reviewer for Disability Evaluation Services (DES) who is a Registered Nurse (RN). She explained that DES is charged with determining for MassHealth, whether an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. DES uses the 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III section 416.920 (Exhibit B, page 9-11) to determine disability status. The process is driven by the applicant's medical records and disability supplement. SSA CFR §416.905 (Exhibit B, page 8) states the definition of disability for SSA purposes is the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, an applicant must have a severe impairment(s) that makes them unable to do their past relevant work or any other substantial gainful work that exists in the regional economy.

Per SSA CFR §416.945 (Exhibit B, page 23-25) what a person can still do despite an impairment is called his/her residual functional capacity (RFC). Unless an impairment is so severe that it is deemed to prevent the applicant from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether the applicant can still do her past work or, together with consideration of her age, education and work experience, any other work.

Appellant is a woman in her [REDACTED] who submitted her first MassHealth Adult Disability Supplement to DES in March 2020, and was administratively approved for MassHealth Adult Disability (May 2022) in response to the COVID Pandemic Public Health Emergency (PHE) - consistent with the federal continuous coverage requirements and MassHealth coverage protections which were in effect (no member could be denied/ disenrolled during this period).

Upon conclusion of the federal continuous coverage requirements (end of PHE), MassHealth returned to standard annual eligibility renewal processes on April 1, 2023 requiring all current MassHealth members to renew their health coverage to ensure they still qualify for their current benefits (Exhibit B, page 35). After the PHE, Appellant submitted a disability

supplement and underwent a full disability determination in September -October 2023 which concluded with a finding of not disabled (clinical ineligible at Title XVI level). More recently, Appellant submitted a MassHealth Adult Disability Supplement to DES on June 17, 2025. However, on intake screening missing and incomplete medical release forms were identified which required corrective actions for the disability evaluation to proceed. DES returned the Supplement documents with a Dear Client Letter (DCL) 501 Return (501RL), relevant blank forms and a postage paid DES return envelope to Appellant via mail (Exhibit B, page 44) on June 25, 2025. The letter details the corrective action(s) needed for DES to process the disability evaluation request. The letter directs the applicant to call DES with any questions and to resubmit to DES the supplement and correctly completed forms within ten business days. Appellant returned a complete supplement with valid medical release forms to DES on July 9, 2025, and the disability review process was initiated.

Appellant listed the following health problems on her Supplement: Attention Deficit Hyperactivity Disorder (ADHD, previously aka ADD) with symptoms described as distracted, trouble focusing and remembering, difficulty with task completion, motivation, home maintenance, budgeting and supporting needs of her son (“on the spectrum”); anxiety with symptoms including struggling to go to work, participate in activities and socialize, advocate and pursue supports for herself and son, use public transit, overwhelmed (overstimulated); leg pain with history of blood clot/ deep vein thrombosis (DVT) which she states limit her ability to sit or stand for long periods, dress and exercise at times; surveillance status post (s/p) goiter surgery 2008; partial thyroidectomy; hand eczema with itchiness and weeping which impacts her ability to prep meals at work; body weight impacts ability to reach at times (Exhibit B, pages 52-54).

DES requested current provider documentation for all reported providers (Exhibit B, pages 38-43). DES received records from: [REDACTED] (Exhibit B, pages 89-92); [REDACTED] (Exhibit B, pages 93-99); [REDACTED] (Exhibit B, pages 100-111). The 5-step review process can begin upon receipt of all available provider records and the DR concludes there is sufficient documentation to evaluate all claimant impairments.

Step 1 asks “Is the claimant engaging in substantial gainful activity (SGA)?” For Appellant’s review, Step 1 was marked, “Yes” (Exhibit B, page 59), per her Supplement (Exhibit B, pages 54-55). 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.

Step 2 asks “Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (CFR §416.923, Exhibit B, page 17) 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 provider information was sufficient to establish the applicant MDIs met the severity and duration requirements for Step 2 (Exhibit B, page 59) and the DR selected, “Yes.”

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?” When a specific impairment or diagnosis does not have its own listing under the SSI criteria, the evaluation will consider the listing that most closely matches the impairment, or the findings related to the impairment(s) will be evaluated to confirm they are at least of equal medical significance to those of a listed impairment. Step 3 was marked, “No” by the reviewer (Exhibit B, page 59) citing the applicable adult SSA listings considered: 1.18 - Abnormality of a Major Joint(s) in Any Extremity (leg pain, hands, body weight); 8.09 - Chronic Conditions of the Skin or Mucous Membranes (eczema); 12.06 - Anxiety and Obsessive-Compulsive Disorders; 12.11 - Neurodevelopmental Disorders (ADHD). This appeal reviewer (AR), also considered and referenced the following additional listings: 1.21 - Soft Tissue Injury or Abnormality Under Continuing Surgical Management (history (hx) of goiter s/p partial thyroidectomy, eczema, hemorrhoids); 3.03 - Asthma (allergies); 3.09 - Chronic Pulmonary Hypertension due to any Cause (OSA/ obstructive sleep apnea); 7.08 - Disorders of Thrombosis and Hemostasis (history of blood clot/ DVT); 11.14 - Peripheral Neuropathy (pain, body weight, hx goiter s/p partial thyroidectomy). The MassHealth representative included copies of the relevant DES listing worksheets (Exhibit B, pages 61-75). These DES worksheets are structured according to the Social Security Administration's Listing of Impairments (Appendix 1 to Subpart P of Part 404) and in accordance with CFR §416.925 (Exhibit B, pages 18-19).

For the rest of the review, Steps 4 & 5, assessments of both the applicant’s Residual Functional Capacity (RFC) and vocational capacity were made. 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, (see CFR §416.945 (Exhibit B, pages 23-25), CFR §416.920a (Exhibit B, pages 12-14) and CFR §416.967 (Exhibit B, page 30), CFR §416.968 (Exhibit B, pages 31-32)).

A Physical RFC, completed by [REDACTED] on August 15, 2025, indicates Appellant has no exertional limitations to work activity, however, consideration of postural limitation for never climbing (ladders, scaffolding, etc.) and environmental limitations to hazards (machinery,

heights, etc.) were secondary to body habitus and sleepiness/presumed OSA (Exhibit B, pages 76-78).

A Mental RFC, completed by [REDACTED] on August 17, 2025, indicates that Appellant is capable of performing basic, unskilled work activity when considering moderate limitations in her ability to: sustain attention and concentration to sustain employment; work at a consistent pace; and respond appropriately to changes in the work setting (Exhibit B, pages 79-80). *Limitations of slight or none across the functional domains do not significantly impact an individual's ability to perform work in the competitive labor market.*

The DR completed a vocational assessment (Exhibit B, page 58), using the educational and work history reported on the applicant's supplement (Exhibit B, pages 54-55) and the Physical and Mental RFCs (CFR §416.960, Exhibit B, pages 26-27). The 5-step review process continued to Step 4.

Step 4 (Exhibit B, page 60) asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" Appellant's employment as a Program Assistant (from October 2018 to present) is SGA/ PRW. Per her own description within the supplement (Exhibit B, page 55) of her work is light and at minimum semi-skilled work activity. Her previous employment as a jewelry salesperson (2011-2018) was not considered for PRW purpose because it occurred greater than 5 years ago. Appellant's PRW (semi-skilled or higher level) exceeds the basic, unskilled Mental RFC established by [REDACTED]; the DR selected "No," indicating the applicant does not retain the ability to perform her PRW as a Program Assistant. The review proceeded to Step 5.

Step 5 (Exhibit B, page 60) 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, Exhibit B, pages 28-29, as well as CFR §416.967, CFR §416.968, CFR §416.969a). The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 4140 – Dishwashers; 8746 – Inspectors, Testers, Sorters, Samplers, and Weighers; 9640- Packers and Packagers, Hand. This AR has also included alternate OEQ sample jobs appropriate for Appellant: 5320 – Library Assistants, Clerical; 4420 – Ushers, Lobby Attendants and Ticket Takers; 4740 – Counter and Rental Clerks (quoted jobs described on Exhibit B, pages 81-85). The DR determined Appellant as 'Not Disabled' using decision Code 231 (Exhibit B, page 60). The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisors (PAs) [REDACTED] both on August 18, 2025 (Exhibit B, pages 57, 86). DES mailed a Disability

Determination denial letter to the applicant (Exhibit B, page 87) and transmitted the decision to MassHealth on August 20, 2025 (Exhibit B, page 47).

The MassHealth representative summarized that Appellant does not meet or equal the high threshold of any applicable adult SSA disability listing. Additionally, Appellant's RFCs indicate she can perform work activity in the competitive labor market. Finally, there are, within the regional/ national economy, a sizable number of jobs (in one or more occupations) having requirements which Appellant can perform based on her physical and mental capabilities and her vocational qualifications. Therefore, the Appeal Review concluded that Appellant is not clinically eligible for Title XVI level benefits and was determined 'Not Disabled' for MassHealth eligibility purposes.

Appellant appeared on her own behalf. She disagreed with MassHealth's conclusion that she could perform the jobs that MassHealth identified. Appellant asserted that these jobs are all low-paying and would afford her with less income than she currently earns. Appellant also testified that because of her obesity, she would not be able to reach and lift to perform the duties of a packager. She also asserted that she could not perform the duties of a dishwasher because of her eczema. In response, the MassHealth representative noted that she agreed with Appellant about her eczema and agreed that working as a dishwasher would not be appropriate for her.

Appellant testified that because she currently works at a non-profit, her educational loans are in forbearance. She would have to start repaying these loans if she left the non-profit sector and took one of the jobs cited by MassHealth.

Appellant explained that she is trying to maintain her health so that she can provide for herself and her son. She expressed considerable concern that if she continued without health insurance she would decompensate and not be able to provide for herself and her son. Appellant noted that she has not had health insurance since May 2025. Upon questioning by the hearing officer, Appellant discussed her eligibility for a Connector Plan through the Health Connector. Appellant acknowledged that she is eligible for such a plan, but testified she is not able to afford the \$200 monthly premium. Appellant also explained that the Connector plans come with high deductibles and co-pays which she would also not be able to afford. Appellant explained that she just wanted to be on Masshealth, even if she had to pay for it, because Masshealth covers everything without co-pays and deductibles.

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. Appellant is a woman in her late [REDACTED] who submitted her first MassHealth Adult Disability Supplement to DES in March 2020.
2. Appellant was administratively approved for MassHealth Adult Disability (May 2022) pursuant to the temporary federal and state COVID Pandemic Public Health Emergency (PHE) which provided that applicants/members could be not be denied or disenrolled during the PHE period.
3. After the PHE ended, MassHealth returned to standard annual eligibility renewal processes on April 1, 2022 requiring all current MassHealth members to renew their eligibility status (Exhibit B, page 35).
4. Appellant submitted a disability supplement and underwent her first substantive disability determination in September-October 2023 which concluded that she was not disabled for MassHealth eligibility purposes.
5. Appellant submitted another MassHealth Adult Disability Supplement to DES on June 17, 2025 with missing and incomplete medical release forms.
6. Appellant returned a complete supplement with valid medical release forms to DES on July 9, 2025, and the disability review process was initiated.
7. Appellant listed the following health problems on her Supplement: Attention Deficit Hyperactivity Disorder (ADHD, previously aka ADD) with symptoms described as distracted, trouble focusing and remembering, difficulty with task completion, motivation, home maintenance, budgeting and supporting needs of her son (“on the spectrum”); anxiety with symptoms including struggling to go to work, participate in activities and socialize, advocate and pursue supports for herself and son, use public transit, overwhelmed (overstimulated); leg pain with history of blood clot/ deep vein thrombosis (DVT) which she states limit her ability to sit or stand for long periods, dress and exercise at times; surveillance status post (s/p) goiter surgery (2008; partial thyroidectomy; hand eczema with itchiness and weeping which impacts her ability to prep meals at work; body weight impacts ability to reach at times (Exhibit B, pages 52-54).

8. DES requested current provider documentation for all reported providers (Exhibit B, pages 38-43).
9. DES received records from: [REDACTED]
[REDACTED]
[REDACTED] (Exhibit B, pages 100-111).
10. DES concluded that the clinical records received were sufficient to proceed to a determination.
11. DES applied the five-step sequential evaluation process established by Title XVI of the Social Security Act for the purpose of determining eligibility for Medical Assistance.
12. **Step 1** asks “Is the claimant engaging in substantial gainful activity (SGA)?” For Appellant’s review, Step 1 was marked, “Yes” (Exhibit B, page 59), per her Supplement (Exhibit B, pages 54-55); the MassHealth disability determination process waives this step and proceeds to Step 2.
13. **Step 2** asks “Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (CFR §416.923, Exhibit B, page 17) 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).”
14. The provider information was sufficient to establish the applicant MDIs met the severity and duration requirements for Step 2 (Exhibit B, page 59) and the DR selected, “Yes.”
15. **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?”
16. When a specific impairment or diagnosis does not have its own listing under the SSI criteria, the evaluation considers the listing that most closely matches the impairment, or the findings related to the impairment(s) will be evaluated to confirm they are at least of equal medical significance to those of a listed impairment.
17. Step 3 was marked, “No” by the reviewer (Exhibit B, page 59) citing the applicable adult SSA listings considered: 1.18 - Abnormality of a Major Joint(s) in Any Extremity (leg pain,

hands, body weight); 8.09 - Chronic Conditions of the Skin or Mucous Membranes (eczema); 12.06 - Anxiety and Obsessive-Compulsive Disorders; 12.11 - Neurodevelopmental Disorders (ADHD).

18. This appeal reviewer (AR) (the MassHealth representative), also considered and referenced the following additional listings: 1.21 - Soft Tissue Injury or Abnormality Under Continuing Surgical Management (history (hx) of goiter s/p partial thyroidectomy, eczema, hemorrhoids); 3.03 - Asthma (allergies); 3.09 - Chronic Pulmonary Hypertension due to any Cause (OSA/ obstructive sleep apnea); 7.08 - Disorders of Thrombosis and Hemostasis (history of blood clot/ DVT); 11.14 - Peripheral Neuropathy (pain, body weight, hx goiter s/p partial thyroidectomy).
19. Steps 4 and 5 rely on assessments of both the applicant's Residual Functional Capacity (RFC) and vocational capacity were made.
20. The RFC is the most an applicant can still do despite limitations.
21. An applicant's RFC is based on all relevant evidence in the case record, (see CFR §416.945 (Exhibit B, pages 23-25), CFR §416.920a (Exhibit B, pages 12-14) and CFR §416.967 (Exhibit B, page 30), CFR §416.968 (Exhibit B, pages 31-32)).
22. A Physical RFC, completed by [REDACTED] on August 15, 2025, indicates Appellant has no exertional limitations to work activity, however, consideration of postural limitation for never climbing (ladders, scaffolding, etc.) and environmental limitations to hazards (machinery, heights, etc.) were secondary to body habitus and sleepiness/presumed OSA (Exhibit B, pages 76-78).
23. A Mental RFC, completed by [REDACTED] on August 17, 2025, indicates that Appellant is capable of performing basic, unskilled work activity when considering moderate limitations in her ability to: sustain attention and concentration to sustain employment; work at a consistent pace; and respond appropriately to changes in the work setting (Exhibit B, pages 79-80). Limitations of slight or none across the functional domains do not significantly impact an individual's ability to perform work in the competitive labor market.
24. The DR completed a vocational assessment (Exhibit B, page 58), using the educational and work history reported on the applicant's supplement (Exhibit B, pages 54-55) and

the Physical and Mental RFCs (CFR §416.960, Exhibit B, pages 26-27). The 5-step review process continued to Step 4.

25. **Step 4** (Exhibit B, page 60) asks, “Does the claimant retain the capacity to perform any past relevant work (PRW)?”
26. Appellant’s employment as a Program Assistant (from October 2018 to present) is SGA/PRW and per her own description provided in the supplement (Exhibit B, page 55) this work is considered light and at minimum semi-skilled work activity.
27. Appellant’s previous employment as a jewelry salesperson (2011-2018) was not considered for PRW purpose because it occurred greater than 5 years ago.
28. Appellant’s PRW (semi-skilled or higher level) exceeds the basic, unskilled Mental RFC established by ██████████ the DR selected “No,” indicating the applicant does not retain the ability to perform her PRW as a Program Assistant.
29. **Step 5** (Exhibit B, page 60) 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?”
30. At Step 5, the reviewer selected “Yes” citing three unskilled jobs available within both the regional and national economy (CFR §416.966, Exhibit B, pages 28-29, as well as CFR §416.967, CFR §416.968, CFR §416.969a).
31. The DR referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs: 4140 – Dishwashers; 8746 – Inspectors, Testers, Sorters, Samplers, and Weighers; 9640- Packers and Packagers, Hand.
32. The MassHealth representative also included alternate OEQ sample jobs appropriate for Appellant: 5320 – Library Assistants, Clerical; 4420 – Ushers, Lobby Attendants and Ticket Takers; 4740 – Counter and Rental Clerks (quoted jobs described on Exhibit B, pages 81-85).
33. The DR determined Appellant as ‘Not Disabled’ using decision Code 231 (Exhibit B, page 60). The 5-step evaluation process concluded with a final review and endorsement of

the disability decision by Physician Advisors (PAs) [REDACTED]
[REDACTED], both on August 18, 2025 (Exhibit B, pages 57, 86).

34. DES mailed a Disability Determination denial letter to the applicant (Exhibit A and Exhibit B, page 87) and transmitted the decision to MassHealth on August 20, 2025 (Exhibit B, page 47).
35. Appellant would not be able to perform the duties of a dishwasher because of her eczema.
36. Because Appellant currently works at a non-profit, her educational loans are in forbearance.
37. Appellant would have to start repaying these loans if she left the non-profit sector and took one of the jobs cited by MassHealth.
38. Appellant is trying to maintain her health so that she can provide for herself and her son.
39. Appellant is worried that if she continued without health insurance that she would decompensate and not be able to provide for herself and her son.
40. Appellant has not had health insurance since May 2025.
41. Appellant is eligible for a Connector Plan through the Health Connector.
42. The Connector plan would require the payment of a monthly premium as well as deductibles and co-pays.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

In order to be found disabled under the Medical Assistance Program, an individual must be ***permanently and totally disabled*** (see 130 CMR 501.001). The guidelines used in establishing

disability under this program are the same as those used by the Social Security Administration (see 130 CMR 501.001).

Individuals who meet the Social Security Administration's definition of disability may establish eligibility for Medical Assistance according to 130 CMR 501.001. 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.*

Title XVI of the Social Security Act establishes the eligibility standards and the five-step sequential evaluation process for the Medical Assistance Program. If a determination of disability can be made at any step, the evaluation process stops at that point.

This appeal is a review of what MassHealth did in reaching its decision. It is a review of whether or not MassHealth reviewed and considered sufficient medical evidence and applied the appropriate standards, procedures and regulations to facts established by such medical evidence to reach its conclusion that Appellant is not currently disabled for MassHealth eligibility purposes.

After considering the complete record, including the medical records, the Social Security Listings, the RFC reports and the testimony and evidence proffered by MassHealth and Appellant at hearing, this record supports that MassHealth has accurately applied the findings, conclusions and observations of Appellant's treating physicians to the proper five-step analysis.

MassHealth recognizes that Appellant has severe conditions which are expected to last for more than 12 months; however, the objective information taken from Appellant's medical records and is consistent with MassHealth's determination that Appellant does not meet any of the applicable Social Security Listings. Each listing requires a greater degree of severity than that currently evidenced in Appellant's clinical record. The objective findings from Appellant's clinical record also support MassHealth's conclusion that Appellant's residual functioning capacities are not reduced to a level that would render her **incapable** of performing basic, unskilled work activity (with some postural limitations) for jobs that are available in the national and regional economy.

At hearing Appellant mainly discussed how taking any of the jobs cited by DES would worsen her economic situation. She also asserted the same relative to using her eligibility to enroll in a Connector Care Plan. These assertions are not in question because they are not determinative to the matter of whether or not Appellant currently possesses the physical and mental capacity to perform the cited jobs. It is not relevant to a determination about capacity that such jobs would either improve or worsen her financial situation. The determinative fact is whether or not Appellant presently has the capacity to perform work that is available in the national/regional

economy, not whether such work will improve or worsen her current economic situation.

Other than the determination that Appellant had the capacity to work as a dishwasher (which DES agreed to withdraw) Appellant failed to specifically challenge MassHealth's particular conclusions relative to the SSA listings or her physical or mental residual functioning capacities. Appellant failed to proffer any medical documentation to undermine MassHealth's determinations regarding any of these particular determinations. Consequently, this record contains no basis to alter MassHealth's conclusions and findings and its ultimate determination that Appellant is currently not totally and permanently disabled for MassHealth eligibility purposes.

For the foregoing reasons, the 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

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