


**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513855
Decision Date:	12/1/2025	Hearing Date:	10/21/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearances for Appellant:

 Appellant,
Appeal Representative

Appearances for MassHealth:

Karyn Ngalimbaya, MassHealth Charlestown,
Eileen Cynamon, BSN, RN, Appeals Reviewer,
Disability Evaluation Services (DES), ForHealth
Consulting at UMass Chan Medical School

Interpreter:

N/A



*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:	DES Determination
Decision Date:	12/1/2025	Hearing Date:	10/21/2025
MassHealth's Rep.:	Karyn Ngalimbaya, Eileen Cynamon, BSN, RN	Appellant's Reps.:	[REDACTED]
Hearing Location:	Remote (Tel)	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 September 9, 2025, MassHealth informed the Appellant that MassHealth determined that the Appellant no longer meets MassHealth's disability requirements. (See 130 CMR 505.002(E) and Exhibit 1) The Appellant filed this appeal in a timely manner on September 22, 2025. (See 130 CMR 610.015(B) and Exhibit 2) Termination of assistance is valid grounds for appeal (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth notified the Appellant that the Appellant no longer meets MassHealth's disability requirements.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.002(E), in determining that the Appellant is not permanently and totally disabled, and therefore ineligible for MassHealth Standard.

Summary of Evidence

MassHealth was represented at Hearing by an eligibility representative and a registered nurse and appeals reviewer from Disability Evaluation Services (DES); both parties participated by telephone. MassHealth testified that the Appellant is a person under 65 who sought MassHealth benefits. MassHealth explained that the Appellant resides in a household of one and has an income of \$1,170/week which equates to 383.72% of the Federal Poverty Level (FPL). MassHealth testified that DES determined that the Appellant does not have a verified disability as determined by DES, and that based upon the income, the Appellant exceeds the income limit for MassHealth benefits. (Testimony) The Appellant confirmed that he was not contesting the income determination, rather he was seeking appeal of the DES determination. (Testimony)

The DES nurse explained DES's role is to determine, for MassHealth, if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. DES utilizes a 5-step process, as described by SSA regulations at Title 20 Code of Federal Regulations (CFR) Ch. III part 416.920 to determine initial disability status. The process is driven by an applicant's medical records and disability supplement. SSA CFR §416.905 (Exhibit 6, pg. 13) states the definition of disability 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 an applicant unable to do past relevant work or any other substantial gainful work that exists in the regional economy. Per CFR 416.989, (Exhibit 6, pg. 43) adult MassHealth applicants that have been previously declared disabled will periodically undergo a Continuing Disability Review (CDR) to determine if an applicant remains clinically eligible for disability. A CDR is initiated by DES at the request of MassHealth. The CDR is an 8-step evaluation process as described within CFR 416.994 (Testimony, Exhibit 6, pgs. 50-63).

Per SSA CFR 416.994, if an applicant is entitled to disability benefits as a disabled person aged eighteen or over (adult) there are factors considered to decide whether an applicant's disability continues. DES must determine if there has been any medical improvement in an applicant's impairment(s) and if so, whether this medical improvement is related to an applicant's ability to work. Even where medical improvement related to an applicant's ability to work has occurred, DES must also show that an applicant is currently able to engage in substantial gainful activity (SGA) before DES can determine that an applicant is no longer disabled. (Testimony, Exhibit 6)

To ensure that disability reviews are carried out in a uniform manner, DES follows specific steps in reviewing this question of whether an applicant's disability continues. The CDR may cease, and benefits may be continued at any point if it is determined there is sufficient

evidence to find that the applicant is still unable to engage in substantial gainful activity. The 8-step sequential review process is outlined within CFR 416.994(b)(5). (Testimony, Exhibit 6, pgs. 61-63)

The DES Nurse testified that the Appellant had been initially determined clinically disabled in June 2024 due to status-post radical left nephrectomy with ongoing adjuvant chemotherapy and radiation related to a diagnosis of [REDACTED] (nephroblastoma/kidney cancer); associated symptoms included weakness, lethargy, hand tremors/tingling, hypertension, and tachycardia. (Testimony, Exhibit 6, pgs. 183-185). The supplement also noted a history of special education (SPED) secondary to a learning disorder (LD) in reading and writing. The clinical documentation supported the disability through the 5-step process equaling SSI listing 13.21 – Kidneys, Adrenal Glands, or Ureters - Carcinoma (Exhibit 6, pg. 194) considering the combination of impairments at Step 3; an onset date of June 6, 2024, and June 6, 2025, was assigned as next recommended disability review date. (Testimony, Exhibit 6, pg. 195) This 2024 initial disability review (IDR) episode is known as the Comparison Point Determination (CPD) episode. (Testimony, Exhibit 6, pgs. 178-382)

The DES Nurse continued testimony, explaining that the Appellant is an adult under the age of 65, who submitted a complete MassHealth Adult Disability Supplement to DES on August 7, 2025. DES initiated a Continuing Disability Review (CDR) episode. The Appellant reported current and continued complaints of kidney cancer with missed time at work from surgery, chemo and radiation restrictions and weaknesses, as well as history of LD/SPED. (Testimony, Exhibit 6, pgs. 87-89) DES requested and obtained medical documentation using the medical releases the Appellant had provided. (Exhibit 6, pgs. 73-80) Information was received from the Appellant's reported providers: [REDACTED] (Exhibit 6, pgs. 130-152); [REDACTED] MD, and [REDACTED] CNP, of [REDACTED] Services- Kidney Disease and HTN Services (Exhibit 6, pgs. 153-169). Request for Information (RFI) responses were received for [REDACTED] PNP-BC, of [REDACTED] (Exhibit 6, pgs. 172-173) and [REDACTED] MD, of [REDACTED] (Exhibit 6, pgs. 176-177) both citing, "No dates of treatment at this facility for the dates of service requested." Review of the current records noted additional diagnosis of residual chronic kidney disease (CKD) related to solitary kidney status, mild HTN and low back pain included for consideration. (Testimony)

Prior to initiating the 8-step process, the question of sufficient information to make a determination must be evaluated (A). (Testimony, Exhibit 7) The review considers both the Appellant's current and prior (CPD) impairments/complaints (Exhibit 6, pg. 94), review of current medical documentation and historic (CPD) documentation, confirming sufficient information was obtained to complete the CDR process. The Disability Reviewer (DR) determined there was sufficient documentation to evaluate the medical/physical impairments reported by the Appellant, however, the DR contacted the Appellant to obtain additional information regarding the history of LD in reading and writing per the supplement to determine

if this impairment required further work-up (identify any additional treating providers and/or potential need for consultative exam (CE)). The Appellant indicated his LD did not interfere with his ability to work and instructed the DR to, “just focus on the medical,” and “it was from when I was in school.” (Testimony, Exhibit 7) The Appellant declined further evaluation of the reported LD at that time. (Exhibit 6, pg. 83, see DR progress note, Exhibit 6, pgs. 92-93) Once sufficient documentation to evaluate all active impairments was confirmed, the DR marked step (A), “Yes” (Exhibit 6, pg. 94)

The 8-step CDR process was initiated (Exhibit 6, pg. 95):

- ❖ **Step 1** asks if the claimant is engaging in substantial gainful activity (SGA). The Appellant had indicated that he was employed (Exhibit 6, pg. 89). On the federal level engaging in SGA would terminate the disability review in its entirety; this step is an 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 7)
- ❖ **Step 2** asks does any impairment(s) meet or equal a listing in the current Listing of Impairments? (Exhibit 6, pg. 95) 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. The CDR reviewer answered, “No” citing SSI listings considered: 1.15 – Disorders of the Skeletal Spine resulting in Compromise of a Nerve Root(s) for low back pain; 4.02 – Chronic Heart Failure (HTN, tachycardia); 6.09 – Complications of Chronic Kidney Disease (solitary kidney); 12.11 – Neurodevelopmental Disorders (LD); and 13.21 – Kidneys, Adrenal Glands, or Ureters – Carcinoma, (Exhibit 6, pgs. 112-121) as per SSA Appendix 1 to Subpart P of Part 404—Listing of Impairments and CFR 416.925 Exhibit 6, pg. 27-28).
- ❖ **Step 3** asks if there is Medical Improvement (MI) (Decreased Severity)? (Exhibit 6, pg. 95). The CDR reviewer answered “Yes” indicating the Appellant has had a significant decrease in medical severity in at least one of the impairments present at the time of CPD resulting in MI; the reviewer completed the MI Comparison documentation. (Exhibit 6, pg. 96)
 - CPD: [REDACTED] of [REDACTED] et al (pages 237-264):
 - 1/31/2024: Nuclear Medicine (NM) renal flow and function report (Exhibit 6, pgs. 237-238)
 - 2/9/2024: Primary Care visit for HTN, Headaches (Exhibit 6, pgs. 239-242, vital signs, and exam Exhibit 6, pgs. 241-242)

- 2/15/2024: CT angiogram of abdomen and pelvis (Exhibit 6, pgs. 243-245)
- 2/16/2024: Urology evaluation (Exhibit 6, pgs. 246-251)
- 2/26/2024: Ultrasound (US) guided left renal mass biopsy (Exhibit 6, pgs. 254-255)
- 3/1/2024: Operative Report- Left renal mass biopsy-proven [REDACTED] (Exhibit 6, pgs. 256-259)
- 4/19/2024: Surgical Pathology report (collected 3/1/2024) – Final diagnosis including confirmation of outside pathology report ([REDACTED] 4/18/2024) of left kidney and left para-aortic lymph node (LN): left kidney with confirmed [REDACTED] (nephroblastoma), COG local stage 3, no LN metastasis (Exhibit 6, pgs. 260-264)

CPD: [REDACTED] et al providers (Exhibit 6, pgs. 265-275):

- 4/8/2024: Treatment visit discussion (Exhibit 6, pgs. 265-266)
- 4/11/2024: Port-A-Cath placement for treatment (Exhibit 6, pgs. 268-269)
- 4/12/2024: Chemotherapy treatment regimen (Exhibit 6, pgs. 270-272)
- 4/22/2024: Chemotherapy Initiation note by [REDACTED] CPNP-AC (Exhibit 6, pg. 275)

CPD: [REDACTED] of DFCI/BWH [REDACTED] Center (Exhibit 6, pgs. 276-296)

- 4/8/2024: Radiation Oncology Consultation note by [REDACTED] (Exhibit 6, pgs. 289-296)
- 5/9/2024: Radiation completion note (Exhibit 6, pgs. 277-280); chemotherapy ongoing.

CPD: [REDACTED] - [REDACTED] Services/ Urology Professional Services et al providers (Exhibit 6, pgs. 196-236)

- 3/2/2024: Discharge Summary (Exhibit 6, pgs. 204-207)
- 3/22/2024: Urology visit s/p nephrectomy by [REDACTED] (Exhibit 6, pgs. 199-203)

Current Evidence: [REDACTED] PA, of [REDACTED] Health Center (Exhibit 6, pgs. 130-152)

- 6/26/2025: Routine health Maintenance/ annual physical exam note (Exhibit 6, pgs. 132-141)- history of nephroblastoma, -s/p radical L nephrectomy, -s/p chemo and radiation, -residual CKD from solitary kidney status and mild HTN, exam (Exhibit 6, pgs. 138, 135). No indication of recurrence of [REDACTED].

Current Evidence: [REDACTED] MD, and [REDACTED] CNP, of [REDACTED] - Kidney Disease and HTN Service (Exhibit 6, pgs. 153-169)

- 3/4/2024 Renal visit s/p nephrectomy for consultation and management of solitary kidney function and elevated blood pressure (post-op day 4)

- 10/31/2024: Renal visit for CKD stage 2 secondary to left radical nephrectomy for nephroblastoma. Creatinine has stabilized ~ 1.3, GFR 78, no electrolyte imbalances, no metabolic acidosis, hypertension in acceptable control, follows with nephrologist in [REDACTED]. Feeling well today, no shortness of breath, no edema, appetite is fair, no nausea or vomiting, no urinary concerns, creatinine trend from 1.63 (3/2/2024) to 1.34 (10/31/2024), exam benign (Exhibit 6, pgs. 161-164)
- 4/28/2025: Renal visit 6-month follow-up of solitary kidney function. Monitoring slight increase in creatinine from 1.3 to 1.5 over last two readings to determine if slight variations in creatinine levels or representing a decline in kidney function – will repeat chem panel asap, blood pressure well controlled, will await repeat lab results to determine if medication changes are needed, if all is well, we will see him in one year. HPI, labs from 3/20/2025, exam benign (Exhibit 6, pgs. 154-158)
- 4/28/2025: lab results creatinine 1.44, GFR >60 (pages 159-160)

For the remainder of the review Residual Functional Capacity (RFCs) assessments are necessary. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are needed to complete Steps 7 & 8. (DES determined step 4b is not applicable in this Appellant's review)

A CDR All- Impairments Physical RFC evaluation (considering all impairments supported by current data as of September 4, 2025, no new impairments), completed by a physician advisor on September 4, 2025, indicated the client is capable of performing the full range of light work activity. Considerations of never climbing (ladders, scaffolding, etc.) and occasional stooping and crouching and limiting environmental hazards (machinery, heights, etc.) related to back pain were assigned. (Exhibit 6, pgs. 122-124).

Physician Advisor summary (Exhibit 6, pg. 124): [patient] cites kidney cancer. Nephroblastoma- (found on w/u of HTN and tachycardia)- s/p radical L nephrectomy chemo and radiation- no notation of recurrence, no residual symptoms. Slightly elevated Cr, normal GFR. BPs controlled on B blocker, also advised on low sodium diet. Exam BMI 34, abdomen- NT ND no masses, no edema. Low back pain- prescribed Flexeril. BMI 34, normal gait, no tenderness to palpation. Advised on PT, home stretching. RFC reflects back pain. h/o [REDACTED] [REDACTED]/HTN/CKD- no additional limits

- ❖ **Step 4** asks if there is Medical Improvement (MI) related to ability to work? (Exhibit 6, pg. 98) The 2024 CPD determination was based on the impairment(s) meeting or equaling a listing therefore the current review proceeds to Step 4a.
 - **Step 4a** asks if the prior listing(s) currently met or equaled (as that listing appeared at CPD)? See SSI listing 1.11 as it appeared in 2024 (Exhibit 6, pgs. 113,

194). The CDR reviewer marked 'No,' indicating that the medical improvement relates to the ability to work. Continue to STEP 6.

- ❖ **Step 6** asks is there a current impairment(s) or a combination of impairments that is severe? (Exhibit 6, pg. 100). The CDR reviewer selected, "Yes" and the review proceeds to Step 7.
- ❖ **Step 7** asks does the claimant retain the capacity to perform Past Relevant Work (PRW)? (Exhibit 6, pg. 101). The Appellant is an adult, able to communicate and is literate, with a high school education and auto mechanic training. According to the supplement, the Appellant indicates he is currently employed (since March 2021) as a mechanic, working 40+ hours/week which was considered SGA. The Appellant indicates he completes paperwork, operates machines, serves people, uses a phone, drives a car/truck, moves items, cleans, utilizes power and hand tools to perform his work. He indicates he typically walks/stands eight hours/workday, sits zero hours/workday, and reaches eight hours/workday, lifts and carries 25-50 lbs. most often and may need to lift 100 lbs. with help. (Exhibit 6, pg. 89-90) While the Appellant described his work as heavy to very heavy activity, a survey of similar jobs using the Dictionary of Occupational Titles (DOT) more consistently describes this work as medium work activity. (DOT 620.261-010, 620.261-030 – Exhibit 6, pgs. 125-126) Both the heavy-very heavy description given by the Appellant and the medium description found in the DOT exceed the Physical RFC guidance provided by the physician advisor for light work activity. The CDR reviewer selected, "No" indicating the client current/past work exceeds his current capabilities (cannot perform PRW). The review proceeds to the last step.
- ❖ **Step 8** asks does the claimant have the ability to make an adjustment to any other work, considering the claimant's RFC, age, education, and work experience? (Exhibit 6, pg. 101). The CDR reviewer selected, "Yes." The Appellant is an adult, able to communicate and is literate, with a 12th grade education. His Physical RFC supports the ability to perform the full range of light work activities. Using the Medical-Vocational Guidelines (commonly referred to as the GRID) located within the POMS (Program Operations Manual System) D125025.035 C 203.00 Maximum Sustained Work Capability Limited to Sedentary Work As A Result Of Severe Medically Determinable Impairment(s) - Table No.1 finding the client as Not Disabled per GRID ruling 201.28 (Exhibit 6, pg. 68). Although the DR incorrectly referenced Table No. 1 for sedentary work resulting in the previous GRID ruling (more beneficial to the Appellant overall), referencing the appropriate Table No. 2 (Limited to light work) with resulting GRID ruling 202.21 (Exhibit 6, pg. 71) also renders a Not Disabled determination. The CDR disability process concluded with a final review and endorsement of the disability decision by Medical Physician Advisors (PA) on September 9, 2025, (Exhibit 6, pgs. 92, 127). A UMass Chan DES Disability

Determination denial letter dated September 9, 2025 (Exhibit 6, pg. 128) was sent to the Appellant and DES transmitted the decision to MassHealth on September 10, 2025 (Exhibit 6, pg. 83).

The DES Nurse concluded testimony, summarizing that the Appellant does not meet or equal the Adult SSI listings either individually or considering a combination of complaints. Additionally, the Appellant has had a significant decrease in medical severity in at least one of his impairments (renal cancer) present at the time of the 2024 CPD resulting in Medical Improvement which is related to his ability to work. The Appellant's RFC indicates that he is capable of performing light work in the competitive labor market. Considering the Appellant's age, education, and residual functional capacity, the ruling of 'Not Disabled' is unaffected by the application of the Sedentary or Light GRID. The appeals review concludes that the Appellant was correctly determined 'Not Disabled' for Title XVI benefits under the 8-step CDR process. (Testimony, Exhibit 7)

The Appellant, along with the appeal representative, appeared at Hearing via telephone. Within the Fair Hearing Request, the Appellant indicated that his cancer status is in remission but requires 3-month follow-ups with scans. (Exhibit 2) The Appellant indicated that MassHealth disability covered the deductibles for these appointments and scans. (Exhibit 2) The Appellant indicated that the providers he sees are out of network since no one locally would follow him due to the type of cancer with which he had been diagnosed. (Exhibit 2) At Hearing, the Appellant and the Appeal Representative expounded on this information. (Testimony). The Appeal Representative stated that they did not understand how the disability determination worked, and appreciated the information provided at Hearing. (Testimony) The Appeal Representative indicated that they were seeking MassHealth as a secondary insurance to help defray the cost of out-of-pocket medical expenses related to the Appellant's diagnoses. (Testimony)

Findings of Fact

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

1. Through a notice dated September 9, 2025, MassHealth found the Appellant no longer satisfied the necessary requirements to qualify as permanently and totally disabled. (Testimony, Exhibit 1)
2. The Appellant is an adult under the age of 65, who seeks an appeal of the DES determination that he is not disabled. (Exhibit 2)
3. The Appellant is an adult under the age of 65, living in a household of one and reporting a weekly income of \$1,170. (Testimony)

4. The Appellant had been initially determined clinically disabled in June 2024 due to status-post radical left nephrectomy with ongoing adjuvant chemotherapy and radiation related to a diagnosis of [REDACTED] (nephroblastoma/kidney cancer); associated symptoms included weakness, lethargy, hand tremors/tingling, hypertension, and tachycardia. (Testimony, Exhibit 6, pgs. 183-185).
5. Per CFR 416.989 (Exhibit 6, pg. 43) adult MassHealth applicants that have been previously declared disabled will periodically undergo a Continuing Disability Review (CDR) to determine if an applicant remains clinically eligible for disability. A CDR is initiated by DES at the request of MassHealth. The CDR is an 8-step evaluation process as described within CFR 416.994 (Testimony, Exhibit 6, pgs. 50-63).
6. In the present case, DES determined that the Appellant no longer qualifies as disabled. Regarding Step 1, the MassHealth disability determination process waives this step and proceeds to Step 2. (Testimony, Exhibit 7)
7. Regarding Step 2 (Exhibit 6, pg. 95), the CDR reviewer determined that there is no SSI listing and cited SSI listings considered: 1.15 – Disorders of the Skeletal Spine resulting in Compromise of a Nerve Root(s) for low back pain; 4.02 – Chronic Heart Failure (HTN, tachycardia); 6.09 – Complications of Chronic Kidney Disease (solitary kidney); 12.11 – Neurodevelopmental Disorders (LD); and 13.21 – Kidneys, Adrenal Glands, or Ureters – Carcinoma, (Exhibit 6, pgs. 112-121) as per SSA Appendix 1 to Subpart P of Part 404— Listing of Impairments and CFR 416.925 Exhibit 6, pg. 27-28).
8. Regarding Step 3, the CDR reviewer answered “Yes” indicating the Appellant has had a significant decrease in medical severity in at least one of the impairments present at the time of CPD resulting in MI; the reviewer completed the MI Comparison documentation (Exhibit 6, pg. 96) and reviewed both CPD and current evaluations in the determinations. (Testimony, Exhibit 6, Exhibit 7)
9. Regarding Step 4, the 2024 CPD determination was based on the impairment(s) meeting or equaling a list and the current review proceeds to Step 4a. Regarding Step 4a, the CDR reviewer determined that the prior listing does not currently meet or equal the listing as it appeared at CPD. (Exhibit 6, pgs. 113, 194). The CDR reviewer marked ‘No,’ indicating that the medical improvement relates to the ability to work. (Testimony, Exhibit 6, Exhibit 7)
10. Regarding Step 5, the CDR review found current impairment(s) or a combination of impairments that qualify as severe. (Exhibit 6, pg. 100). The CDR reviewer selected, “Yes” and the review proceeds to Step 7. (Testimony, Exhibit 6, Exhibit 7)
11. Regarding Step 7, the CDR review found that the Appellant is an adult, able to communicate and is literate, with a high school education and auto mechanic training.

Reviewing the supplement, the Appellant indicated he is currently employed (since March 2021) as a mechanic, working 40+ hours/week. The Appellant indicated he completes paperwork, operates machines, serves people, uses a phone, drives a car or truck, moves things, cleans, uses power and hand tools to perform his work. He indicates he typically walks/stands eight hours/workday, sits zero hours/workday, and reaches eight hours/workday, lifts and carries 25-50 lbs. most often and may need to lift 100 lbs. with help (Exhibit 6, pg. 89-90). While the Appellant described his work as heavy to very heavy activity, a survey of similar jobs using the Dictionary of Occupational Titles (DOT) more consistently describes this work as medium work activity (DOT 620.261-010, 620.261-030 – Exhibit 6, pgs. 125-126). Both the heavy-very heavy description given by the Appellant and the medium description found in the DOT exceed the Physical RFC guidance provided by Physician Advisor of Light work activity. The CDR reviewer selected, “No” indicating the Appellant’s current/past work exceeds his current capabilities (cannot perform PRW). The review proceeded to the last step.

12. Regarding Step 8, the CDR review found that the Appellant does have the ability to make an adjustment to other work, considering the Appellant’s RFC, age, education, and work experience. (Exhibit 6, pg. 101) The Appellant is an adult, able to communicate and is literate, with a 12th grade education. His Physical RFC supports the ability to perform the full range of Light work activities. Using the Medical-Vocational Guidelines (commonly referred to as the GRID) located within the POMS (Program Operations Manual System) D125025.035 C 203.00 Maximum Sustained Work Capability Limited to Sedentary Work As A Result Of Severe Medically Determinable Impairment(s) - Table No.1 finding the client as Not Disabled per GRID ruling 201.28 (Exhibit 6, pg. 68). Although the DR incorrectly used Table No. 1 for sedentary work resulting in the above GRID ruling (more beneficial to client overall), referencing the appropriate Table No. 2 (Limited to Light Work) with resulting GRID ruling 202.21 (Exhibit 6, pg. 71) also renders a Not Disabled determination. The CDR disability process concluded with a final review and endorsement of the disability decision by Medical Physician Advisors (PA) on September 9, 2025, (Exhibit 6, pgs. 92, 127).

Analysis and Conclusions of Law

In order to be found disabled for MassHealth Standard benefits, an individual adult must be “*permanently and totally disabled.*” See 130 CMR 501.001. The guidelines used in establishing disability under the MassHealth program are very similar to those used by the Social Security Administration. See *id.* Individuals who meet the SSA’s definition of disability may establish eligibility for MassHealth Standard according to 130 CMR 505.002(E), or for CommonHealth according to 130 CMR 505.004. Per 20 CFR 416.905, the Social Security Administration defines disability as “the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which

has lasted or can be expected to last for a continuous period of not less than 12 months.”

The federal Social Security Act establishes the eligibility standards and 8-step evaluation tool used to conduct the Continuing Disability Review (CDR) reevaluations. The Continuing Disability Review reevaluations are periodically required by federal law, for those who have already previously been found disabled at some point under the 5-step test. *See* 20 CFR 416.994(b)(5). If a determination of disability can be made at any step of the process, the specific evaluation process stops at that point.

The purpose of the CDR evaluation is to determine if there has been any medical improvement in the Appellant’s impairments, and, if so, whether this medical improvement is related to their ability to work. If the appellant’s impairment(s) has not so medically improved, the reviewer must consider whether one or more of the exceptions to medical improvement applies. If medical improvement related to the appellant’s ability to work has not occurred and no exception applies, the appellant’s benefits will continue. Even where medical improvement related to the appellant’s ability to work has occurred or an exception applies, in most cases, (see paragraph (b)(4) of this section for exceptions), the reviewer must also show that the appellant is currently able to engage in substantial gainful activity before the reviewer can find that the appellant is no longer disabled.

The 8-Step Method for Continuing Disability Review

The 8-step method is the sequential evaluation process established by the Social Security Act and described in 20 CFR 416.994(b)(5) for the purpose of determining continuing eligibility for Medicaid benefits such as MassHealth:

At Step 1, it is determined as to whether the disability applicant is currently engaged in substantial gainful activity? If an applicant is engaged in such work with such income, the applicant may be found to be not disabled. Otherwise, the process continues on to Step 2. This step is waived in an applicant’s favor during a MassHealth disability review and MassHealth thus essentially begins its review at Step 2.

At Step 2, a decision is made as to whether the applicant’s impairments meet or equal a listing in the current Listing of Impairments. The review then proceeds to Step 3.

At Step 3, it is asked whether there has been medical improvement or decreased severity of the ailment(s), which is determined by the Residual Functional Capacity (RFC) assessment. The review proceeds to Step 4.

At Step 4, address the question of whether there is Medical Improvement related to the ability to work. In order to determine the Medical Improvement, the CDR reviewer is directed to Step 4b and compares the record at the initial determination of disability with the current record, including the physical and mental RFCs and the MIRS RFC.

At Step 6 the CDR determines whether the if there are current impairments or a combination of impairments that are severe? If this step is answered “Yes,” the review proceeds to Step 7.

At Step 7, a determination is made as to the applicant’s residual functional capacity (“RFC”), and whether the applicant can perform some prior work based on his or her capacity. If the applicant can perform his or her prior work, the review ends, and Appellant is found to be “not disabled.” Otherwise, the review proceeds to the final step at Step 8.

At the final step at Step 8, it is asked whether the applicant is able to perform any other work that is available in sufficient quantities in the national economy. If so, the applicant is found to be “not disabled.” If the applicant is not found able to do other work, the applicant will be determined to be a “disabled” adult.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

In the present case, DES determined that the Appellant no longer qualifies as disabled. Regarding Step 1, the MassHealth disability determination process waives this step and proceeds to Step 2. (Testimony, Exhibit 7)

Regarding Step 2 (Exhibit 6, pg. 95), the CDR reviewer determined that there is no SSI listing and cited SSI listings considered: 1.15 – Disorders of the Skeletal Spine resulting in Compromise of a Nerve Root(s) for low back pain; 4.02 – Chronic Heart Failure (HTN, tachycardia); 6.09 – Complications of Chronic Kidney Disease (solitary kidney); 12.11 – Neurodevelopmental Disorders (LD); and 13.21 – Kidneys, Adrenal Glands, or Ureters – Carcinoma, (Exhibit 6, pgs. 112-121) as per SSA Appendix 1 to Subpart P of Part 404—Listing of Impairments and CFR 416.925 Exhibit 6, pg. 27-28). I find this determination is accurate.

Regarding Step 3, the CDR reviewer answered “Yes” indicating the Appellant has had a significant decrease in medical severity in at least one of the impairments present at the time of CPD resulting in MI; the reviewer completed the MI Comparison documentation (Exhibit 6, pg. 96) and reviewed both CPD and current evaluations in the determinations.

For the remainder of the review Residual Functional Capacity (RFCs) assessments are necessary. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are needed to complete Steps 7 & 8. (Step 4b is not applicable in this Appellant’s review)

A CDR All- Impairments Physical RFC evaluation (considering all impairments supported

by current data as of September 4, 2025, no new impairments), completed by a physician advisor on September 4, 2025, indicated the Appellant is capable of performing the full range of Light work activity. Considerations of never climbing (ladders, scaffolding, etc.) and occasional stooping and crouching and limiting environmental hazards (machinery, heights, etc.) related to back pain were assigned. (Exhibit 6, pgs. 122-124).

Regarding Step 4, the 2024 CPD determination was based on the impairment(s) meeting or equaling a list and the current review proceeds to Step 4a. Regarding Step 4a, the CDR reviewer determined that the prior listing does not currently meet or equal the listing as it appeared at CPD. (Exhibit 6, pgs. 113, 194). The CDR reviewer marked 'No,' indicating that the medical improvement relates to the ability to work. I find this determination is accurate.

Regarding Step 5, the CDR review found current impairment(s) or a combination of impairments that qualify as severe. (Exhibit 6, pg. 100). The CDR reviewer selected, "Yes" and the review proceeds to Step 7. I find this determination is accurate.

Regarding Step 7, the CDR review found that the Appellant is an adult, English communicating and literate, with a high school education and auto mechanic training. Reviewing the supplement, the Appellant indicated he is currently employed (since March 2021) as a mechanic, working 40+ hours/week which considered SGA. The Appellant indicated he completes paperwork, operates machines, serves people, uses a phone, drives a car or truck, moves things, cleans, uses power and hand tools to perform his work. He indicates he typically walks/stands eight hours/workday, sits zero hours/workday, and reaches eight hours/workday, lifts and carries 25-50 lbs. most often and may need to lift 100 lbs. with help (Exhibit 6, pg. 89-90). While the Appellant described his work as heavy to very heavy activity, a survey of similar jobs using the Dictionary of Occupational Titles (DOT) more consistently describes this work as medium work activity (DOT 620.261-010, 620.261-030 – Exhibit 6, pgs. 125-126). Both the heavy- very heavy description given by the Appellant and the medium description found in the DOT exceed the Physical RFC guidance provided by Physician Advisor of light work activity. The CDR reviewer selected, "No" indicating the Appellant's current/past work exceeds his current capabilities (cannot perform PRW). I find this determination is accurate. The review proceeded to the last step.

Regarding Step 8, the CDR review found that the Appellant does have the ability to make an adjustment to other work, considering the Appellant's RFC, age, education, and work experience. (Exhibit 6, pg. 101) The Appellant is an adult, able to communicate and is literate with a 12th grade education. His Physical RFC supports the ability to perform the full range of light work activities. Using the Medical-Vocational Guidelines (commonly referred to as the GRID) located within the POMS (Program Operations Manual System) D125025.035 C 203.00 Maximum Sustained Work Capability Limited to Sedentary Work As A Result Of Severe Medically Determinable Impairment(s) - Table No.1 finding the client as Not Disabled per GRID ruling 201.28 (Exhibit 6, pg. 68). Although the DR incorrectly used Table No. 1 for sedentary

work resulting in the above GRID ruling (more beneficial to client overall); referencing the appropriate Table No. 2 (Limited to Light Work) with resulting GRID ruling 202.21 (Exhibit 6, pg. 71) also renders a Not Disabled determination. The CDR disability process concluded with a final review and endorsement of the disability decision by Medical Physician Advisors (PA) on September 9, 2025. (Exhibit 6, pgs. 92, 127) I find this determination is accurate.

Although the Appellant raised legitimate concerns regarding out-of-pocket expenses, this is insufficient to warrant reversal of DES's decision. Furthermore, the testimony supported the fact that the Appellant could safely engage in some forms of employment. In consideration of the record as a whole, including the testimony, medical records, and supporting documentation, I find that the Appellant has not met the burden, by a preponderance of evidence, to show that DES' administrative determination is invalid. The Appellant has not established that the Appellant is permanently and totally disabled from performing all employment. Accordingly, this appeal is DENIED.

Order for MassHealth

End 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.

Patrick Grogan,

Hearing Officer
Board of Hearings

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

cc:



MassHealth Representative: Monica Ramirez, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

Disability Evaluation Services: DES Appeals Unit, 333 South Street, Shrewsbury, MA 01545