

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513936
Decision Date:	12/9/2025	Hearing Date:	10/22/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearances for MassHealth:

Elizabeth Nickoson, MassHealth Taunton
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:	Disability
Decision Date:	12/9/2025	Hearing Date:	10/22/2025
MassHealth's Rep.:	Elizabeth Nickoson, Eileen Cynamon, BSN, RN	Appellant's Reps.:	Pro se
Hearing Location:	Taunton MassHealth Enrollment Center Room 2	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

Through a notice dated July 24, 2025, MassHealth notified the Appellant that the Appellant does not meet the MassHealth disability requirements. (Exhibit 1). The Appellant filed an appeal in a timely manner on September 24, 2025¹. (130 CMR 610.015(B); Exhibit 2) Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

¹ Pursuant to 130 CMR 610.015: Time Limits, "(B) Time Limitation on the Right of Appeal. The date of request for a fair hearing is the date on which BOH receives such a request in writing. BOH must receive the request for a fair hearing within the following time limits: (1) 60 days after an applicant or member receives written notice from the MassHealth agency of the intended action. Such notice must include a statement of the right of appeal and the time limit for appealing. In the absence of evidence or testimony to the contrary, it will be presumed that the notice was received on the fifth day after mailing;" In an abundance of fairness to the Appellant, and pursuant to 130 CMR 610.015(B)(1), I find that this appeal is timely, presuming "that the notice was received on the fifth day after mailing."

MassHealth notified the Appellant that the Appellant does not meet the MassHealth disability requirements.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant is not totally and permanently disabled.

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. The MassHealth representative testified that the Appellant is a person under 65 who sought MassHealth benefits. MassHealth explained that the Appellant resides in a household of two and has an income of \$1,110 biweekly, which exceeds 133% of the FPL. (Testimony) At Hearing, the Appellant provided an updated pay stub which indicated that her income exceeds the amount previously reported, and increased the amount that her income exceeds the income limit. (Testimony) The Appellant confirmed that she was not contesting the income determination, rather she was seeking appeal of the DES determination. (Testimony)

The DES Nurse testified that 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 section 416.920 (Exhibit 5, pgs. 9-11) to determine disability status. The process is driven by the applicant's medical records and disability supplement. SSA CFR §416.905 (Exhibit 5, pg. 8) 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, one must have a severe impairment(s) that makes one unable to do one's past relevant work or any other substantial gainful work that exists in the regional economy.

Per SSA CFR §416.945 (Exhibit 5, pgs. 23-25) what a person can still do despite an impairment is called his or her residual functional capacity (RFC). Unless an impairment is so severe that it is deemed to prevent one from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether one can still do your past work or, in conjunction with one's age, education and work experience, any other work. (Testimony, Exhibit 6)

The Appellant is an adult under the age of 65 who initially submitted her first MassHealth Adult Disability Supplement to DES on February 18, 2025. However, on intake screening multiple missing medical release forms were identified which required corrective action(s) 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 the Appellant via mail (Exhibit 5, pg. 42) on February 28, 2025. The letter detailed the corrective action(s) needed for DES to process the disability evaluation request. The letter directed the client to call DES with any questions and to resubmit to DES the supplement and correctly completed forms within ten business days. The Appellant returned the supplement with valid medical release forms to DES on May 20, 2025, and the disability review process was initiated. (Testimony, Exhibit 6)

The Appellant listed the following health problems on her supplement: [REDACTED] with joint pain, mouth (oral) ulcers, vaginal (genital) ulcers, arthritis in hands and knees, and attention deficit hyperactivity disorder (ADHD). The Appellant noted that when she is experiencing a flare of her symptoms, it is difficult to sit, stand, walk, bend, talk (oral ulcer), shop, go places or do activities (Exhibit 5, pgs. 50-51). DES requested and obtained current provider documentation. (Exhibit 5, pgs. 36-41) Records were received from [REDACTED] and [REDACTED] RN both of [REDACTED] Gastroenterology Associates (Exhibit 5, pgs. 98-115); [REDACTED] NP of [REDACTED] Family Medicine (Exhibit 5, pgs. 78-97) and after a second RFI fax request was sent on June 25, 2025, records were received from [REDACTED] of [REDACTED] Pediatric GI and Nutrition. (Exhibit 5, pgs. 116-120) After obtaining records from all providers identified by the appellant and confirming the records were sufficient to evaluate all impairments reported, the 5-step review process can begin.

Step 1 asks “Is the claimant engaging in substantial gainful activity (SGA)?” For Ms. Solomon’s review, Step 1 was marked, “No” (Exhibit 5, pgs. 57), however per her Supplement (Exhibit 5, pgs. 52-53) the appellant does report she is employed full-time. 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 5, pg. 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 client MDIs met the severity and duration requirements for Step 2 (Exhibit 5, pg. 57) 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 (page 57) citing the applicable adult SSA listings considered: 12.11 - Neurodevelopmental Disorders (ADHD); 14.09 – Inflammatory Arthritis (██████████ rheumatoid arthritis (RA)); this appeal review also considered 1.18 - Abnormality of a Major Joint(s) in Any Extremity (joint pains), 6.09 – Complications of Chronic Kidney Disease (hydronephrosis history).

For the rest of the review, Steps 4 & 5, both a Residual Functional Capacity (RFC) assessment along with a vocational assessment are determined. The RFC is the most an applicant can still do despite limitations. Applicant's RFC is based on all relevant evidence in the case record, see CFR §416.945 (Exhibit 5, pgs. 23-25), CFR §416.920a (Exhibit 5, pgs. 12-14) and CFR §416.967 (Exhibit 5, pg. 30), CFR §416.968. (Exhibit 5, pgs. 31-32) A Physical RFC, completed by a DES doctor on July 12, 2025, indicates that the Appellant is capable of performing Medium work activity with consideration of postural limitation for never climbing (ladders, scaffolding, etc.) and environmental limitations to fumes, odors, dust, gases, etc., hazards (machinery, heights, etc.), extreme hot or cold; considerations are related to ██████████ and arthritis. (Exhibit 5, pgs. 66-68) A Mental RFC, completed by a DES doctor on July 14, 2025, indicates that the Appellant is capable of performing basic, unskilled work activity when considering moderate limitations in her ability to sustain attention and concentration to sustain employment. (Exhibit 5, pgs. 69-70). 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 5, pgs. 56), using the educational and work history reported on the client's supplement (Exhibit 5, pgs. 52-53) and the Physical and Mental RFCs. (CFR §416.960, Exhibit 5, pgs. 26-27). The 5-step review process continued to Step 4.

Step 4 (Exhibit 5, pg. 58) asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" The Appellant's employment as a ██████████ (full-time from October 2023 to present) is ██████████ Per her description within the supplement (Exhibit 5, pg. 53) her work as a toddler teacher is medium and at minimum semi-skilled work activity and per the Dictionary of Occupational Titles (DOT) code 259.677-018 Nursery School, ██████████ is classified as light, semiskilled work activity. (Exhibit 5, pg. 72) The Appellant's previous employment as a ██████████ (30 hours/week, May 2019-

March 2020) is sedentary, semiskilled work activity per DOT code 237.367-038 [REDACTED] (Exhibit 5, pgs. 71) The DR selected “No,” the client does not retain the ability to perform her PRW; the Appellant is limited to basic, unskilled work per Mental RFC by a DES doctor. The review proceeded to Step 5.

Step 5 (Exhibit 5, pg. 58) 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 5, pgs. 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: 5400 – Receptionists and Information Clerks; 5820 – Word Processors and Typists; 5860 – Office Clerks, General (quoted jobs described on Exhibit 5, pgs. 73-74). The DR determined the Appellant as ‘Not Disabled’ using decision Code 231. (Exhibit 5, pgs. 58) The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisors (PAs) both on July 24, 2025 (Exhibit 5, pgs. 55, 75). DES mailed a Disability Determination denial letter to the Appellant (Exhibit 5, pg. 102) and transmitted the decision to MassHealth on July 3, 2025. (Exhibit 5, pg. 53)

The DES Nurse summarized the testimony, indicating that the Appellant does not meet or equal the high threshold of adult SSA disability listings. Additionally, The Appellant’s RFCs indicate she can perform work activity (medium, unskilled) 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 the Appellant can perform based on her physical and mental capabilities and her vocational qualifications. Therefore, the Appeal Review concludes the appellant is not clinically eligible for Title XVI level benefits and was correctly determined ‘Not Disabled.’ (Testimony, Exhibit 5)

In the Fair Hearing Request Form, the Appellant indicated that her prescribed medication is a preventative for her chronic auto immune disease. (Exhibit 2) The Appellant expounded on this information at Hearing. (Testimony) The Appellant explained that the out of pocket that she pays for her medication is extremely expensive, and she is in considerable debt paying for the medications out of pocket. (Testimony) The Appellant explained that she presented at Hearing well, but that the Hearing day was a good day, and some days are worse. (Testimony) The Appellant stated her concerns regarding being able to afford her medications. (Testimony) The Appellant stated that without her medications, she is unable to be the kind of mother her daughter deserves. (Testimony)

Findings of Fact

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

1. The Appellant is an adult under the age of 65 who has been diagnosed [REDACTED] with joint pain, mouth (oral) ulcers, vaginal (genital) ulcers, arthritis in hands and knees, and attention deficit hyperactivity disorder (ADHD). The Appellant noted that when she is experiencing a flare of her symptoms, it is difficult to sit, stand, walk, bend, talk (*oral ulcer*), shop, go places or do activities. (Exhibit 5, pgs. 50-51)
2. DES requested and obtained current provider documentation. (Exhibit 5, pgs. 36-41)
3. DES evaluated whether the Appellant has a 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. (Testimony, Exhibit 5, Exhibit 6)
4. At Step 1, which explores whether the applicant engaged in SGA, DES explained that this step is waived for MassHealth purposes. (Testimony, Exhibit 5, Exhibit 6)
5. At Step 2, DES determined that the Appellant has a severe impairment. (Testimony, Exhibit 5, Exhibit 6)
6. At Step 3, the DR responded no (Exhibit 5, pg. 57), citing the applicable adult SSA listings considered: 12.11 - Neurodevelopmental Disorders (ADHD); 14.09 – Inflammatory Arthritis ([REDACTED] rheumatoid arthritis (RA)); this appeal review also considered 1.18 - Abnormality of a Major Joint(s) in Any Extremity (joint pains), 6.09 – Complications of Chronic Kidney Disease (hydronephrosis history).
7. At Step 4 (Exhibit 5, pg. 58) the disability reviewer evaluated the Appellant's Past Relevant Work (PRW) and Residual Functional Capacity (RFC) and concluded that the Appellant does not retain the ability to perform her PRW; noting that the Appellant is limited to basic, unskilled work per Mental RFC by a DES doctor. The review proceeded to Step 5.
8. At Step 5, determining whether the Appellant has the ability to make an adjustment to any other work, the DR indicated affirmatively, citing three unskilled jobs available within both the regional and national economy (CFR §416.966, Exhibit 5, pgs. 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: 5400 – Receptionists and Information Clerks; 5820 – Word Processors and Typists; 5860 – Office Clerks, General (quoted jobs described on Exhibit 5, pgs. 73-74). The DR determined the Appellant as 'Not Disabled' using decision Code 231. (Exhibit 5, pgs. 58)

Analysis and Conclusions of Law

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 order for an individual to be determined eligible for MassHealth services, the Appellant must undergo an eligibility determination. During the eligibility process, an applicant has certain rights and responsibilities. For individuals under the age of 65, the duty to cooperate is codifying within 130 CMR 501.010:

501.010: Responsibilities of Applicants and Members

(A) Responsibility to Cooperate. The applicant or member must cooperate with the MassHealth agency in providing information necessary to establish and maintain eligibility and must comply with all the rules and regulations of MassHealth, including recovery and obtaining or maintaining available health insurance. The MassHealth agency may request corroborative information necessary to maintain eligibility, including obtaining or maintaining available health insurance. The applicant or member must supply such information within 30 days of the receipt of the agency's request. If the member does not cooperate, MassHealth benefits may be terminated.

(B) Responsibility to Report Changes. The applicant or member must report to the MassHealth agency, within ten days or as soon as possible, changes that may affect eligibility. Such changes include, but are not limited to, income, the availability of health insurance, and third-party liability.

(C) Cooperation with Quality Control. The Quality Control Division periodically conducts an independent review of eligibility factors in a sampling of case files. When a case file is selected for review, the member must cooperate with the representative of Quality Control. Cooperation includes, but is not limited to, a personal interview and the furnishing of requested information. If the member does not cooperate, MassHealth benefits may be terminated.

During this eligibility process, in order to be found disabled for MassHealth benefits, 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. *Id.* The Social Security Administration requirements include the responsibilities for an applicant, which is codified within Title XX § 416.912:

§ 416.912. Responsibility for evidence.

(a) Your responsibility —

(1) *General.* In general, you have to prove to us that you are blind or disabled. You must inform us about or submit all evidence known to you that relates to whether or not you are blind or disabled (see § [416.913](#)). This duty is ongoing and requires you to disclose any additional related evidence about which you become aware. This duty applies at each level of the administrative review process, including the Appeals Council level if the evidence relates to the period on or before the date of the administrative law judge hearing decision. We will consider only impairment(s) you say you have or about which we receive evidence. When you submit evidence received from another source, you must submit that evidence in its entirety, unless you previously submitted the same evidence to us or we instruct you otherwise. If we ask you, you must inform us about:

- (i) Your medical source(s);
- (ii) Your age;
- (iii) Your education and training;
- (iv) Your work experience;
- (v) Your daily activities both before and after the date you say that you became disabled;
- (vi) Your efforts to work; and
- (vii) Any other factors showing how your impairment(s) affects your ability to work, or, if you are a child, your functioning. In §§ [416.960](#) through [416.969](#), we discuss in more detail the evidence we need when we consider vocational factors.

(2) *Completeness.* The evidence in your case record must be complete and detailed enough to allow us to make a determination or decision about whether you are disabled or blind. It must allow us to determine—

- (i) The nature and severity of your impairment(s) for any period in question;
- (ii) Whether the duration requirement described in § [416.909](#) is met; and
- (iii) Your residual functional capacity to do work-related physical and mental activities, when the evaluation steps described in §§ [416.920\(e\)](#) or (f)(1) apply, or, if you are a child, how you typically function compared to children your age who do not have impairments.

(3) *Statutory blindness.* If you are applying for benefits on the basis of statutory blindness, we will require an examination by a physician skilled in diseases of the eye or by an optometrist, whichever you may select.

(b) Our responsibility —

(1) *Development.* Before we make a determination that you are not disabled, we will develop your complete medical history for at least the 12 months preceding the month in which you file your application unless there is a reason to believe that development of an earlier period is necessary or unless you say that your disability began less than 12 months before you filed your application. We will make every reasonable effort to help you get medical evidence from your own medical sources and entities that maintain your medical sources' evidence when you give us permission to request the reports.

(i) *Every reasonable effort* means that we will make an initial request for evidence from your medical source or entity that maintains your medical source's evidence, and, at any time between 10 and 20 calendar days after the initial request, if the evidence has not been received, we will make one follow-up request to obtain the medical evidence necessary to make a determination. The medical source or entity that maintains your medical source's evidence will have a minimum of 10 calendar days from the date of our follow-up request to reply, unless our experience with that source indicates that a longer period is advisable in a particular case.

(ii) *Complete medical history* means the records of your medical source(s) covering at least the 12 months preceding the month in which you file your application. If you say that your disability began less than 12 months before you filed your application, we will develop your complete medical history beginning with the month you say your disability began unless we have reason to believe your disability began earlier.

(2) *Obtaining a consultative examination.* We may ask you to attend one or more consultative examinations at our expense. See §§ [416.917](#) through [416.919t](#) for the rules governing the consultative examination process. Generally, we will not request a consultative examination until we have made every reasonable effort to obtain evidence from your own medical sources. We may order a consultative examination while awaiting receipt of medical source evidence in some instances, such as when we know a source is not productive, is uncooperative, or is unable to provide certain tests or procedures. We will not evaluate this evidence until we have made every reasonable effort to obtain evidence from your medical sources.

(3) *Other work.* In order to determine under § [416.920\(g\)](#) that you are able to adjust to other work, we must provide evidence about the existence of work in the national economy that you can do (see §§ [416.960](#) through [416.969a](#)), given your residual functional capacity

(which we have already assessed, as described in § [416.920\(e\)](#)), age, education, and work experience. [82 FR 5874, Jan. 18, 2017]

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 substantial gainful activity. This step is waived in MassHealth cases. Thus, the review proceeds to Step 2.

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 said impairment is expected to result in death, or which has lasted or is expected to last for a continuous process of not less than 12 months at that severity.

The Appellant listed multiple health problems including [REDACTED] with joint pain, mouth (oral) ulcers, vaginal (genital) ulcers, arthritis in hands and knees, and attention deficit hyperactivity disorder (ADHD). DES determined that the Appellant's impairments have lasted or expected to last 12 months. I find this determination is accurate. Accordingly, the Appellant's impairments meet Step 2, and the review process proceeds to Step 3.

Step 3 requires the reviewer to determine whether the claimant has an impairment(s) that meets an adult SSA listing or is medically equal to a listing and meets the listing level duration requirement. The pertinent adult listings are set forth in the federal Listing of Impairments that can be found at 20 CFR Ch. III, Pt. 404, Subpart P, App. 1. DES reviewed the appellant's diagnoses, and determined that the impairments do not meet the high threshold of adult SSA listings and the listing level duration requirement (Exhibit 5, pg. 57), citing the applicable adult SSA listings considered: 12.11 - Neurodevelopmental Disorders (ADHD); 14.09 - Inflammatory Arthritis ([REDACTED] rheumatoid arthritis (RA)); this appeal review also considered 1.18 - Abnormality of a Major Joint(s) in Any Extremity (joint pains), 6.09 - Complications of Chronic Kidney Disease (hydronephrosis history). I find this determination is accurate.

Accordingly, the review process proceeds to Step 4. Step 4 requires the reviewer to determine whether the claimant retains the capacity to perform any past relevant work. The reviewer selected "Yes." At Step 4 (Exhibit 5, pg. 58) the disability reviewer evaluated the applicant's Past Relevant Work (PRW) and Residual Functional Capacity (RFC) and concluded

that the Appellant does not retain the ability to perform her PRW; noting that the Appellant is limited to basic, unskilled work per Mental RFC by a DES doctor. I find this determination is accurate. The review proceeded to Step 5.

At Step 5, determining whether the Appellant has the ability to make an adjustment to any other work, the DR indicated affirmatively, citing three unskilled jobs available within both the regional and national economy (CFR §416.966, Exhibit 5, pgs. 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: 5400 – Receptionists and Information Clerks; 5820 – Word Processors and Typists; 5860 – Office Clerks, General (quoted jobs described on Exhibit 5, pgs. 73-74). The DR determined the Appellant as ‘Not Disabled’ using decision Code 231. (Exhibit 5, pgs. 58) I find this determination is accurate.

The Appellant has not met the burden, by a preponderance of evidence to show the invalidity of DES’s determination. While I find the Appellant testified credibly, the Appellant’s testimony regarding her struggles and concerns, including the cost of medication, does not invalidate DES’s determination which adheres to the MassHealth Regulations as well as the Federal Code of Regulations. Therefore, I find that DES was correct in determining that the Appellant is not disabled at this time pursuant to the Regulations supra. Accordingly, this 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.

Patrick Grogan
Hearing Officer
Board of Hearings

Cc:

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

MassHealth Representative: Justine Ferreira, Taunton MassHealth Enrollment Center, 21 Spring St., Ste. 4, Taunton, MA 02780, 508-828-4616