

**Office of Medicaid  
BOARD OF HEARINGS**

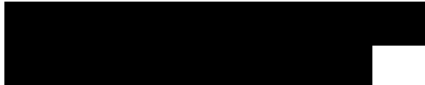
**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514123
<b>Decision Date:</b>	01/30/2026	<b>Hearing Date:</b>	10/27/2025
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	12/10/2025

**Appearances for Appellant:**

*Pro se via telephone*



**Appearances for MassHealth:**


Ernetta Finch-Reeves (Charlestown MEC) *via* telephone

Yvette Prayor, RN (Disability Evaluation Service) *via* telephone



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Disability; Community Eligibility Under 65/Income
<b>Decision Date:</b>	01/30/2026	<b>Hearing Date:</b>	10/27/2025
<b>MassHealth's Reps.:</b>	Ernetta Finch-Reeves; Yvette Prayor, RN	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center	<b>Aid Pending:</b>	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 11, 2025, MassHealth determined that the appellant no longer met the disability requirement for MassHealth CommonHealth and was over the income limit for other types of MassHealth coverage, but was eligible for Health Safety Net (HSN). (See 130 CMR 505.002; 505.004; and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on September 26, 2025. (See 130 CMR 610.015(B) and Ex. 2). A negative disability determination and denial of assistance are valid grounds for appeal. (See 130 CMR 610.032).

Following the hearing, the record remained open until December 10, 2025, to allow the appellant to submit additional documentation for the DES representative to consider and for the DES representative to respond. (See 130 CMR 610.071; and Ex. 9).

### Action Taken by MassHealth

MassHealth determined that the appellant no longer met the disability requirement for MassHealth CommonHealth and was financially ineligible for other MassHealth coverage.

## Issues

The issues on appeal are whether Disability Evaluation Services (DES) correctly determined that the appellant no longer met the disability standard required for continued eligibility for MassHealth CommonHealth, and whether MassHealth correctly determined that the appellant was financially ineligible for other MassHealth coverage based on household composition and countable income under the modified adjusted gross income (MAGI) rules.

## Summary of Evidence

MassHealth was represented by a benefits eligibility representative from the Tewksbury MassHealth Enrollment Center (MEC) (the MassHealth representative) and by a registered nurse from the Disability Evaluation Services (DES) (the DES representative). The appellant represented herself and was assisted by her clinical counselor and her mother. All individuals attended the hearing by telephone.

The MassHealth representative testified first concerning the actions taken by MassHealth after receipt of the DES disability determination. Following the DES determination, the appellant's eligibility was reevaluated based on household size and income. (Testimony). The appellant resides in a household with one dependent child and has earned income from employment. (Testimony; Ex. 1). MassHealth determined that the appellant's countable income equals 233.32% of the federal poverty level (FPL), which exceeds the applicable income limit for MassHealth eligibility. (Testimony; Ex. 1). As a result, the appellant was determined ineligible for MassHealth Standard, although her child remained eligible for MassHealth Family Assistance, and the appellant was transitioned to Health Safety Net (HSN) coverage and Connector eligibility. (Testimony; Ex. 1; Ex. 3). MassHealth then issued the eligibility determination at issue. (Id.).

The DES representative testified concerning the disability evaluation process and explained how DES conducted a Continuing Disability Review (CDR) to determine whether the appellant remained clinically disabled. For adult MassHealth members who have previously been found disabled, and when requested by MassHealth, DES periodically performs a CDR to assess whether disability continues under the Social Security Administration (SSA) standard. (Testimony). The DES representative testified that the CDR is an eight-step sequential evaluation process used to determine whether there has been medical improvement, whether any medical improvement is related to the ability to work, and whether the individual is able to engage in substantial gainful activity or adjust to other work. (Testimony; Ex. 8, pp. 1–2).

The DES representative testified that the eight-step CDR process addresses the following:

Step 1 asks whether the claimant is engaging in substantial gainful activity.

Step 2 asks whether the claimant has any impairment or combination of impairments that

meets or medically equals a listing in the current Listing of Impairments.

Step 3 asks whether there has been medical improvement, defined as a decrease in medical severity.

Step 4 asks whether any medical improvement is related to the claimant's ability to work.

Step 4A asks whether the prior listing is currently met or equaled as that listing appeared at the comparison point determination.

Step 4B asks whether comparison of the comparison point determination residual functional capacity with the medical improvement review standard residual functional capacity shows improvement.

Step 5 asks whether any exceptions to medical improvement apply.

Step 6 asks whether the claimant has a current impairment or combination of impairments that is severe.

Step 7 asks whether the claimant retains the capacity to perform past relevant work.

Step 8 asks whether the claimant has the ability to make an adjustment to other work, considering residual functional capacity, age, education, and work experience.

(See Ex. 8, pp. 1–5).

DES reviewed the MassHealth Adult Disability Supplement completed by the appellant in April 2025 as part of the eight-step (CDR) process. (Testimony; Ex. 7, pp. 48–56; Ex. 8, pp. 2–3). In June, July, and August 2025, DES obtained medical records from the appellant's treating sources using signed medical releases. (Testimony; Ex. 7, p. 63; Ex. 8, pp. 2–3). The DES representative testified that the documentation obtained was sufficient to evaluate the appellant's impairments. (Testimony; Ex. 7, pp. 48–56, 63; Ex. 8, pp. 2–3).

The DES representative testified that DES conducted a Continuing Disability Review using the eight-step sequential evaluation process. (Testimony; Ex. 8, pp. 1–2). At Step 1, DES considered whether the appellant was engaging in substantial gainful activity, a step waived for MassHealth purposes. (Testimony; Ex. 8, p. 1). At Step 2, DES determined that the appellant's impairments did not meet or medically equal any listing in the current Listing of Impairments. (Testimony; Ex. 7, pp. 69–72; Ex. 8, pp. 2–3). At Step 3, DES found medical improvement when comparing the appellant's current medical evidence to the comparison point determination. (Testimony; Ex. 8, p. 3). At Steps 4, 4A, and 4B, DES determined that the medical improvement was related to the appellant's ability to work, that the prior listing was no longer met or equaled, and that comparison of residual functional capacities showed medical improvement. (Testimony; Ex. 8, p. 4). At Step 5, DES determined that no exceptions to medical improvement applied. (Testimony; Ex. 8, p. 4). At Step 6,

DES determined that the appellant had a current impairment or combination of impairments that was severe. (Testimony; Ex. 7, p. 78; Ex. 8, p. 4). At Step 7, DES determined that the appellant could not perform past relevant work. (Testimony; Ex. 7, p. 79; Ex. 8, p. 5). At Step 8, DES determined that the appellant retained the ability to adjust to other work existing in significant numbers in the regional and national economy, and therefore concluded that the appellant's disability had ceased. (Testimony; Ex. 7, pp. 72–79, 93–94, 140–318; Ex. 8, pp. 4–5).

The appellant testified that she disagreed with the DES determination and asserted that DES did not adequately consider records from her long-term treating clinical counselor when evaluating her continued disability status. (Testimony). The appellant testified that she has participated in ongoing mental health treatment over an extended period and believes that her treating provider's longitudinal perspective was not sufficiently reflected in the disability review. (Testimony). The appellant further testified that she continues to experience significant mental health symptoms, including anxiety, panic attacks, and difficulty with concentration and persistence. (Testimony). She testified that these symptoms interfere with her ability to function consistently in a work setting and, in her view, prevent her from maintaining employment on a sustained basis. (Testimony). The appellant also testified that some DES correspondence and records were sent to an outdated address, which limited her ability to review the materials in advance of the hearing and contributed to her feeling unprepared and anxious during the proceedings. (Testimony).

The appellant's clinical counselor testified regarding the appellant's long-standing history of mental health treatment and the nature of the services provided. (Testimony). The clinical counselor testified that the appellant has a documented history of anxiety-related disorders and has received ongoing therapeutic support to address these conditions. (Testimony). The clinical counselor further testified that, based on her clinical observations, the appellant experiences functional limitations related to stress tolerance, emotional regulation, and sustained attention. (Testimony). The clinical counselor testified that these limitations affect the appellant's ability to maintain focus, adapt to workplace demands, and sustain consistent work performance over time. (Testimony).

The appellant's mother testified regarding her personal observations of the appellant's daily functioning and mental health challenges. (Testimony). The appellant's mother testified that she has provided ongoing support to the appellant and is familiar with the appellant's mental health history and treatment. (Testimony). She testified that the appellant experiences significant anxiety and difficulty regulating emotions, which affect her ability to manage daily responsibilities and maintain stability. (Testimony). The appellant's mother further testified that these challenges have persisted over time and have impacted the appellant's ability to function independently and consistently. (Testimony).

At the conclusion of the hearing, the appellant requested that the hearing record remain open in order for her to submit additional evidence. (Testimony). The appellant stated that she intended to submit documentation from her long-term treating clinical counselor, including records and/or a

written statement addressing her ongoing mental health symptoms and functional limitations. (Testimony). The appellant also indicated that she wished to supplement the record to ensure that her treating provider's longitudinal perspective was fully considered. (Testimony). The record was held open by agreement of the parties, with the appellant afforded through November 26, 2025 to submit additional evidence and MassHealth afforded through December 17, 2025 to review the submission and respond, if necessary. (Testimony). Absent further requests, the record was to close on December 17, 2025, after which the matter would proceed to decision. (Testimony). These terms were memorialized in a Record Open form transmitted via email to the appellant, the DES representative, and the MassHealth representative later on the date of the hearing. (Ex. 9).

On November 26, 2025, the appellant submitted a packet of documents by email, which consisted of a written narrative statement prepared by the appellant and treatment records from a substance use disorder treatment program. (Ex. 10, p. 1). In her written submission, the appellant disputed the disability cessation determination and asserted that she continues to experience multiple mental health conditions, including anxiety-related disorders, attention-deficit/hyperactivity disorder, depression, obsessive-compulsive symptoms, and substance use disorder in sustained remission. (Ex. 10, pp. 1–3). The appellant described longstanding functional limitations affecting concentration, stress tolerance, emotional regulation, and the ability to sustain work activity on a consistent basis. (Ex. 10, pp. 2–4). She further asserted that her employment history and functional limitations have not materially changed since she was previously found disabled and contended that her impairments, considered individually and in combination, continue to support a finding of disability. (Ex. 10, pp. 3–4).

The medical records included in the submission consist of documentation from a substance use disorder treatment program reflecting the appellant's ongoing participation in medication-assisted treatment and counseling. (Ex. 10, pp. 5–12). Progress notes and assessment forms completed by treating clinical staff document diagnoses of opioid use disorder in sustained remission, continued maintenance therapy with methadone, regular attendance at treatment appointments, and compliance with program requirements. (Ex. 10, pp. 6–10). The records further reflect that clinical staff consider continued treatment medically necessary to support the appellant's stability and daily functioning and recommend ongoing medication management and counseling services. (Ex. 10, pp. 10–12). These documents were then forwarded to the DES representative for her consideration. (Ex. 11).

The DES representative responded to the documents on December 10, 2025, and stated the following. The DES representative reported that DES received and reviewed additional materials submitted by the appellant during the record-open period, including a written statement from the appellant, a medical statement from a clinician at a substance use disorder treatment program, and treatment records from that program. (Ex. 12, p. 19). The DES representative stated that all record-open submissions were reviewed in conjunction with the original documentation contained in the DES appeal packet. (*Id.*). The DES representative acknowledged that the appellant continues to experience ongoing limitations related to her impairments, but concluded that the additional

documentation did not demonstrate the level of severity or functional impact required to meet or medically equal an adult Social Security disability listing. (*Id.*). The DES representative further stated that, after full review of the original and supplemental evidence, DES maintained its determination that the appellant was not disabled for purposes of MassHealth eligibility. (Ex. 12, pp. 19–20).

## Findings of Fact

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

1. DES assists MassHealth by determining whether an applicant meets the SSA standard of disability from a clinical standpoint. (Testimony).
2. For adults previously found disabled, DES conducts a CDR using an eight-step sequential evaluation process. (Testimony; Ex. 8, pp. 1–2).
3. The appellant was initially found disabled in 2019 under a SSA mental health listing, and the current review used the most recent comparison point determination. (Testimony).
4. As part of the CDR, DES reviewed the MassHealth Adult Disability Supplement completed by the appellant in April 2025. (Testimony; Ex. 7, pp. 48–56; Ex. 8, pp. 2–3).
5. During June, July, and August 2025, DES obtained medical records from the appellant's treating sources using signed medical releases. (Testimony; Ex. 7, p. 63; Ex. 8, pp. 2–3).
6. The documentation obtained by DES was sufficient to evaluate the appellant's impairments. (Testimony; Ex. 7, pp. 48–56, 63; Ex. 8, pp. 2–3).
7. At Step 1 of the eight-step review, DES considered whether the appellant was engaging in substantial gainful activity, a step waived for MassHealth purposes. (Testimony; Ex. 8, p. 1).
8. At Step 2, DES determined that the appellant's impairments did not meet or medically equal any impairment in the current Listing of Impairments. (Testimony; Ex. 7, pp. 69–72; Ex. 8, pp. 2–3).
9. At Step 3, DES found medical improvement when comparing the appellant's current medical evidence to the comparison point determination. (Testimony; Ex. 8, p. 3).
10. At Steps 4, 4A, and 4B, DES determined that the medical improvement was related to the appellant's ability to work, that the prior listing was no longer met or equaled, and that comparison of RFCs showed improvement. (Testimony; Ex. 8, p. 4).
11. At Step 5, DES determined that no exceptions to medical improvement applied.

(Testimony; Ex. 8, p. 4).

12. At Step 6, DES determined that the appellant had a current impairment or combination of impairments that was severe. (Testimony; Ex. 7, p. 78; Ex. 8, p. 4).
13. At Step 7, DES determined that the appellant could not perform past relevant work. (Testimony; Ex. 7, p. 79; Ex. 8, p. 5).
14. At Step 8, DES determined that the appellant retained the ability to adjust to other work existing in significant numbers in the regional and national economy. (Testimony; Ex. 7, pp. 72–79, 93–94, 140–318; Ex. 8, pp. 4–5).
15. Based on the eight-step sequential evaluation process, DES concluded that the appellant’s disability had ceased. (Testimony; Ex. 7, pp. 72–79; Ex. 8, pp. 4–5).
16. Following the DES determination that the appellant was no longer clinically disabled, MassHealth reevaluated the appellant’s eligibility based on household size and income. (Testimony).
17. The appellant resides in a household with one dependent child and has earned income from employment. (Testimony; Ex. 1).
18. MassHealth determined that the appellant’s countable income equals 233.32% of the FPL, which exceeds the applicable income limit for MassHealth eligibility. (Testimony; Ex. 1).
19. As a result of this reevaluation, MassHealth determined the appellant ineligible for MassHealth Standard, transitioned the appellant to HSN coverage and Health Connector eligibility, and issued the eligibility determination at issue. (Testimony; Ex. 1; Ex. 3).
20. By agreement of the parties, the record was held open through November 26, 2025 to permit the appellant to submit additional evidence, and through December 17, 2025, to give the DES representative and opportunity to review any evidence the appellant submitted. (Testimony; Ex. 9).
21. On November 26, 2025, the appellant submitted an additional statement she wrote and treatment records from a substance use disorder treatment program documenting her ongoing participation in medication-assisted treatment and counseling. (Ex. 10, pp. 1–12).
22. On December 10, 2025, after reviewing the appellant’s record-open submissions together with the existing evidence, the DES representative responded by email stating that DES maintained its determination that the appellant was not disabled for purposes of MassHealth eligibility. (Ex. 12, pp. 19–20).

## Analysis and Conclusions of Law

An individual must be permanently and totally disabled in order to be eligible for MassHealth CommonHealth, as well as certain other types of MassHealth coverage. (130 CMR 505.004(H); 130 CMR 501.001). The Social Security Administration (SSA), or Disability Evaluation Services (DES) acting on MassHealth's behalf, establishes disability by applying the SSA's disability standards. (130 CMR 505.004(H); 130 CMR 501.001; 20 C.F.R. Part 416, Subpart I (§§ 416.901 to § 416.999d)).

For adults previously found disabled, SSA standards require that the individual remain disabled in order for disability status to continue, and those standards mandate periodic Continuing Disability Reviews (CDRs). (20 C.F.R. §§ 416.989, 416.990). Through a CDR, the SSA or DES evaluates whether medical improvement has occurred and, if so, whether any medical improvement is related to the individual's ability to work. (20 C.F.R. § 416.994(a)).

When conducting a CDR for adults, the SSA requires DES to apply an eight-step sequential evaluation process to determine whether disability continues. (20 C.F.R. § 416.994(b)(5)). At Step 1, the SSA or DES determines whether the individual is engaging in substantial gainful activity, which may result in a finding that disability has ceased. (20 C.F.R. § 416.994(b)(5)(i)). At Step 2, the SSA or DES determines whether the individual's current impairment or combination of impairments meets or medically equals a listed impairment in the current Listing of Impairments. (20 C.F.R. § 416.994(b)(5)(ii)).

If the impairment does not meet or medically equal a listed impairment, the SSA or DES determines at Step 3 whether medical improvement has occurred, defined as any decrease in the medical severity of the impairment or impairments present at the comparison point determination. (20 C.F.R. § 416.994(b)(1)(i)). At Step 4, the SSA or DES determines whether any medical improvement is related to the individual's ability to work, including whether the impairment no longer meets or equals the listing previously met or whether functional capacity has increased. (20 C.F.R. § 416.994(b)(2)).

If the SSA or DES finds medical improvement related to the ability to work, the agency evaluates at Step 5 whether any regulatory exceptions to medical improvement apply. (20 C.F.R. § 416.994(b)(3)). At Step 6, the SSA or DES determines whether the individual has a current severe impairment or combination of impairments that significantly limits basic work activities. (20 C.F.R. § 416.994(b)(5)(vi)). At Step 7, the SSA or DES determines whether the individual retains the residual functional capacity to perform past relevant work. (20 C.F.R. § 416.994(b)(5)(vii)).

At Step 8, the SSA or DES determines whether the individual can make an adjustment to other work that exists in significant numbers in the national economy, considering residual functional capacity, age, education, and work experience. (20 C.F.R. §§ 416.994(b)(5)(viii), 416.966–416.969). Disability ceases only when the evidence establishes both medical improvement related to the ability to work and the capacity to engage in substantial gainful activity. (20 C.F.R. § 416.994(a)).

Applying these standards, the issue in this appeal is whether DES correctly determined, through the eight-step CDR process, that the appellant no longer met the SSA disability standard required for continued eligibility for MassHealth CommonHealth. Under the governing regulations, DES must determine whether the appellant remains disabled by applying the eight-step CDR framework to the evidentiary record. The findings establish that DES conducted the required CDR using the proper sequential framework, relied on the most recent comparison point determination from the appellant's 2019 approval, and reviewed a complete evidentiary record, including the MassHealth Adult Disability Supplement and medical records obtained from treating sources using signed medical releases. The findings demonstrate that DES applied the required procedural framework and based its determination on an adequate evidentiary record.

At Step 2, DES determined that the appellant's current impairments did not meet or medically equal any impairment in the current Listing of Impairments. At Step 3, DES found medical improvement when comparing the appellant's current medical evidence to the comparison point determination. The regulations require that a finding of medical improvement be based on a decrease in medical severity, and the findings establish that DES performed the required comparison and reached that conclusion. The appellant's continued symptoms, as described in testimony, do not preclude a finding of medical improvement under the regulations, which focus on changes in severity relative to the comparison point determination rather than the mere presence of ongoing impairment.

At Steps 4, 4A, and 4B, DES determined that the medical improvement was related to the appellant's ability to work, that the prior listing was no longer met or equaled, and that comparison of residual functional capacities demonstrated improvement. These determinations are required under the regulatory framework, as disability may cease only if medical improvement is related to work capacity. The findings establish that DES made these determinations explicitly and in the sequence prescribed by regulation.

DES then proceeded through Steps 5 through 8. DES determined that no exceptions to medical improvement applied, that the appellant continued to have a severe impairment, and that she could not perform past relevant work. Despite these limitations, DES determined at Step 8 that the appellant retained the ability to adjust to other work existing in significant numbers in the regional and national economy. Under the regulations, a finding at Step 8 that an individual can adjust to other work supports a conclusion that disability has ceased, provided the earlier steps are satisfied. The findings establish that DES reached this conclusion based on residual functional capacity assessments and vocational considerations consistent with the regulatory standard.

The testimony of the appellant, her clinical counselor, and her mother establishes that the appellant has a long-standing history of anxiety-related disorders with ongoing symptoms and functional limitations. However, the regulatory framework does not require the absence of symptoms or functional limitations in order to find that disability has ceased. Instead, the regulations require a showing of medical improvement related to the ability to work and the capacity to adjust to other work. The findings demonstrate that DES considered the appellant's

impairments, found them severe, but nevertheless determined—consistent with the eight-step process—that the appellant no longer met the SSA disability standard.

The record further reflects that DES reviewed the additional evidence submitted during the record-open period, including treatment records documenting ongoing participation in medication-assisted treatment and counseling, and reaffirmed its determination after considering that evidence. The regulations do not require DES to reach a different conclusion upon the submission of additional evidence unless that evidence demonstrates listing-level severity, negates medical improvement, or establishes an inability to adjust to other work. The findings establish that DES considered the supplemental evidence and concluded that it did not alter the disability determination. Accordingly, the preponderance of the evidence supports DES's determination that the appellant's disability ceased under the SSA standard applicable to MassHealth CommonHealth eligibility.

Following DES's determination that the appellant's disability had ceased, MassHealth then reevaluated the appellant's eligibility under the MAGI-based financial eligibility rules. For coverage types determined under the MassHealth MAGI household rules, MassHealth determines financial eligibility by comparing the household's countable income, after allowable deductions, to the applicable income standard for the specific coverage type. (130 CMR 506.007(A)). MassHealth constructs a household for each individual applying for or renewing coverage based on familial and tax relationships, and different households may exist within the same family for different individuals. (130 CMR 506.007(A)(1)).

Once MassHealth establishes the individual's household, it determines financial eligibility by calculating the total countable monthly income of all individuals included in that household. (130 CMR 506.007(A)(2)). Countable income includes earned income received for work or services performed, less allowable deductions. (130 CMR 506.007(A)(2)(b); 130 CMR 506.003(A)(1)). After determining monthly countable income, MassHealth calculates what percentage of the federal poverty level (FPL) that income represents and applies the required five-percentage-point disregard. (130 CMR 506.007(A)(3)).

Following the DES determination that the appellant was no longer clinically disabled, MassHealth reevaluated the appellant's eligibility for other income-based MassHealth coverage types based on household size and income. The appellant resides in a household with one dependent child and has earned income from employment. MassHealth determined that the appellant's countable income equals 233.32% of the FPL, which exceeds the applicable income limits for income-based MassHealth coverage determined under the MAGI rules.

For adults under age 65 whose eligibility is determined under the MAGI rules, income-based MassHealth coverage requires household income at or below the applicable percentage of the FPL, after application of the five-percentage-point disregard. (130 CMR 505.002(C), (E); 130 CMR 506.007(A)(3)). Because the appellant's countable income exceeds the applicable income standards, MassHealth correctly determined that she was financially ineligible for such coverage.

For the above reasons, the appeal is DENIED with respect to both the determination that the appellant is no longer disabled and the resulting MassHealth financial eligibility determination.

The appellant can direct any questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765), or inquiries concerning Health Safety Net to 877-910-2100.

## **Order for MassHealth**

Remove aid pending.

## **Notification of Your Right to Appeal to Court**

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: Thelma Lizano, Charlestown MassHealth Enrollment Center, 529 Main Street, Suite 1M, Charlestown, MA 02129

cc: DES Appeals, UMMS/Disability Evaluation Services, 333 South Street, Shrewsbury, MA 01545