

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514408
<b>Decision Date:</b>	12/11/2025	<b>Hearing Date:</b>	11/03/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Kay Omokoya, Charlestown MEC  
Yvette Prayor, Disability Evaluation Services



*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
<b>Decision Date:</b>	12/11/2025	<b>Hearing Date:</b>	11/03/2025
<b>MassHealth's Reps.:</b>	Kay Omokoya, Yvette Prayor	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 October 2, 2025, MassHealth determined that Appellant does not meet disability criteria and is not otherwise eligible for MassHealth coverage (130 CMR 505.001, 505.002, 505.004 and Exhibit 1). Appellant filed this appeal in a timely manner on October 2, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth determined that Appellant does not meet disability criteria and is not otherwise MassHealth eligible.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 505.001, 505.002, 505.004 in determining that Appellant does not meet disability criteria and is not otherwise MassHealth eligible.

### Summary of Evidence

The MassHealth representative testified that Appellant was receiving MassHealth CommonHealth which ended on July 31, 2025. Appellant's CommonHealth eligibility was based on self-attestation of a disability in effect during the Public Health Emergency; however, self-attestation of a disability was no longer allowed after April 1, 2023. Appellant lives in a household size of 3 with his spouse and minor child. Appellant files taxes jointly with his spouse and claims one tax dependent. Appellant is employed with \$2,751 bi-weekly earned income which equates to \$5,961 monthly income, and 263.43% of the federal poverty level. MassHealth testified that Appellant is eligible to enroll in a Connector Care Plan Type 3B by January 1, 2026.

A Registered Nurse and appeals reviewer testified for Disability Evaluation Services (DES). The DES representative testified that Appellant was determined disabled on March 25, 2015, under a 3-step evaluation process when he was [REDACTED]. Appellant was determined to meet disability criteria due to [REDACTED] through the 3-Step disability evaluation process (Exhibit 4, p. 43). DES added that a 3-Step evaluation is based on a lower disability threshold than the adult 5-Step process. The DES representative testified to the 5-step disability determination process under SSA code of federal regulations (CFR) 416.920<sup>1</sup> to determine disability status for adult applicants, which is driven by an applicants' medical records and disability supplement.<sup>2</sup> SSA code of federal regulations (CFR) 416.905 state 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 severe impairment(s) that make the applicant unable to do past relevant work or any other substantial gainful work that exists in the regional economy. Per SSA CFR 416.945 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 the applicant from doing substantial gainful activity, it is this residual functional capacity that is used to determine whether the applicant can still do past work or, in conjunction with age, education and work experience, any other work.

Appellant is a [REDACTED] who submitted a MassHealth Adult Disability Supplement to DES on July 10, 2025 (Exhibit 4, p. 47). Appellant listed the following health problems: [REDACTED] [REDACTED] (CML) (Id., pp. 49, 54). DES requested and obtained medical documentation using the medical releases the client provided for [REDACTED] [REDACTED] (Id., pp. 38-41). During the initial review performed on August 12, 2025, the disability reviewer (DR) indicated that no additional information was received. A call was placed to this treating source and the client both on August 12, 2025, to follow up on the status of this request for information. The DR still did not receive any clinical information, therefore a Dear Client Letter (DCL) was drafted and sent to the Appellant on August 20, 2025 (Exhibit 4, p. 41), along with a second call to [REDACTED] office. On August 25, 2025, Appellant and his wife called in response

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<sup>1</sup> See Title 20 CFR Ch. III sections 416.905-416.968 at Exhibit 4, pp. 9-11.

<sup>2</sup> See Exhibits 4, 5.

to the DCL letter and stated they were in contact with [REDACTED] office and that the clinical documentation will be sent to DES. On September 8, 2025 and September 15, 2025, DES received a call from Appellant and his wife to inquire if [REDACTED] office sent medical records. At that time, no information was received. The DR again placed a call to Appellant regarding missing medical records on September 16, 2025. On September 17, 2025, DES received clinical information from [REDACTED]. Information was reviewed and found to be sufficient to support Appellant's medical complaints. The disability reviewer (DR) proceeded with the 5-step evaluation.

Step 1 (Exhibit 4, p. 56) asks "Is the claimant engaging in substantial gainful activity (SGA)?" Step 1 was marked, "Yes." This step is waived by MassHealth regardless of the claimant engaging in SGA, while on the federal level engaging in SGA stops the disability review in its entirety.

Step 2 asks "Does the claimant have a medically determinable impairment (MDI) or combination of MDIs (See CFR §416.923, Id., p. 17) that is both severe and meets the duration requirement (once again impairment(s) that 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 DR determined the available provider documentation was sufficient to evaluate the client's complaints and meet the severity/duration requirements. The DR marked, "Yes" continuing to Step 3.

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?" Step 3 was marked, "No" by the DR, citing the applicable adult SSA listings considered: 13.06 - [REDACTED]. DES testified that medical records submitted by Appellant's medical provider from an office visit on August 28, 2024 confirm a [REDACTED] diagnosis that is in remission (Exhibit 4, pp 64-81). Appellant has had no hospitalizations or lung infections and has been stable for a 12-month period. DES reviewed Listing requirements and testified that Appellant has not received bone marrow or stem cell transplants. Medical records dated June 25, 2025 are unremarkable and show normal kidney function, and platelet counts, and describe Appellant's [REDACTED] as "in complete hematologic and near complete molecular remission" (Id., pp. 72-72). The DES representative testified that the disability determination process does not factor in ongoing medications to treat a condition in determining whether disability criteria are met.

For the remainder of the review at Steps 4 and 5, a Residual Functional Capacity (RFC) assessment and a vocational assessment were completed. The RFC represents the most an applicant can still do despite their limitations. An applicant's RFC is based on all relevant evidence in the case record (See 20 CFR § 416.945, Id., pp. 23-25, and § 416.920b, Id., pp. 15-16). The physical RFC was completed by [REDACTED] on September 18, 2025 (Id., pp. 59-61), and indicates that Appellant is capable of performing the full range of light work activity. The DR completed a vocational assessment, using the educational and work history reported on Appellant's supplement (Id, p. 55). The process continued to Step 4 (Id., p. 57), which asks, "Does the claimant

retain the capacity to perform any past relevant work (PRW)?” The DR marked ‘No.’ The review continued to Step 5(a) which 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?” The DR marked ‘Yes, Not Disabled/Deny.’ Decision Code 231. The Medical-Vocational guidelines (commonly referred to as the GRID) are located within the POMS (Program Operations Manual System) D1 25025.035B: 202.00 Maximum Sustained Work Capability Limited to Light Work as a Result of Severe Medically Determinable Impairment(s), Table No. 2 (Id., pp. 35-37). The DR indicated the client is ‘Not Disabled’ per GRID ruling(s) 202.21 given the client’s age, education and regardless of their previous work experience (Id., p. 37). The 5-step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED] on September 18, 2025 (Id., pp. 54, 62). DES transmitted the decision to MassHealth and mailed a Disability Determination Denial letter to Appellant on September 19, 2025 (Id., p. 44). DES determined that Appellant does not meet or equal the high threshold of adult SSA disability listings. Additionally, his RFC indicates that he can perform the full range of light work activity. Finally, there are, within the regional/national economy, a significant number of jobs (in one or more occupations) having requirements which Appellant can meet based on his mental capabilities and his vocational qualifications. DES maintained that Appellant was correctly found not disabled.

Appellant appeared with his spouse and testified that he was diagnosed with [REDACTED] as a child and that his condition is in remission only because he is prescribed and takes the medication [REDACTED] which keeps his blood work stable. Although Appellant has health insurance through his employer, [REDACTED] would increase to \$600 per month without MassHealth coverage. Appellant and his spouse testified that Appellant should continue to meet disability criteria because without the medication, his condition will no longer be in remission.

## **Findings of Fact**

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

1. Appellant was receiving MassHealth CommonHealth which ended on July 31, 2025.
2. Appellant’s CommonHealth eligibility was based on self-attestation of a disability in effect during the Public Health Emergency.
3. Self-attestation of a disability was no longer recognized by MassHealth after April 1, 2023.
4. Appellant lives in a household size of 3 with his spouse and minor child, and files taxes jointly with his spouse and claims one tax dependent.
5. Appellant is employed with \$2,751 bi-weekly income which equates to \$5,961 monthly

income, and 263.43% of the federal poverty level.

6. 133% of the federal poverty level for a household size of 3 is \$2,954.
7. Appellant is eligible to enroll in a Connector Care Plan Type 3B by January 1, 2026.
8. Appellant was determined disabled due to [REDACTED] on March 25, 2015 under a 3-step evaluation process when Appellant was [REDACTED]
9. A 3-Step evaluation is based on a lower disability threshold than the adult 5-Step process.
10. Appellant is a [REDACTED] who submitted a MassHealth Adult Disability Supplement to DES on July 10, 2025. Appellant listed the following health problems: [REDACTED]  
[REDACTED]
11. DES requested and obtained medical documentation using the medical releases the client provided.
12. DES completed a 5-Step Adult Disability Review.
13. Step 1 asks “Is the claimant engaging in substantial gainful activity (SGA)?” Step 1 was marked, “Yes”. This step is waived by MassHealth regardless of the claimant engaging in SGA, while on the federal level engaging in SGA stops the disability review in its entirety.
14. Step 2 asks “Does the claimant have a medically determinable impairment (MDI) or combination of MDIs that is both severe and meets the duration requirement (once again impairment(s) that is expected to result in death or has lasted or is expected to last for a continuous period of not less than 12 months).” DES determined the available provider documentation was sufficient to evaluate the client’s complaints and meet the severity/duration requirements.
15. Step 3 asks “Does the claimant have an impairment(s) that meets an adult SSA listing, or is medically equal to a listing, and meets the listing level duration requirement?” Step 3 was marked, “No” by DES, citing the applicable adult SSA listings considered: 13.06 - Leukemia.
16. Medical records submitted by Appellant’s medical provider include an office visit on August 28, 2024 which confirms a [REDACTED] diagnosis that is in remission.
17. Appellant has had no hospitalizations or lung infections and has been stable for a 12-month period.

18. Appellant has not received bone marrow or stem cell transplants in the past 12 months.
19. Medical records dated June 25, 2025 are unremarkable and show normal kidney function, and platelet counts, and describe Appellant's Leukemia as "in complete hematologic and near complete molecular remission."
20. Appellant was diagnosed with [REDACTED] as a child for which he is prescribed and takes the medication [REDACTED] which keeps his blood work stable.
21. For the remainder of the review at Steps 4 and 5, a Residual Functional Capacity (RFC) assessment and a vocational assessment were completed. The RFC represents the most an applicant can still do despite their limitations and is based on all relevant evidence in the case record. The physical RFC was completed by [REDACTED] on September 18, 2025, and indicates that Appellant is capable of performing the full range of light work activity.
22. DES completed a vocational assessment, using the educational and work history reported on Appellant's supplement.
23. Appellant completed high school, and has a bachelor's degree in mechanical engineering.
24. Appellant is employed as an Operations Engineer.
25. The 5-Step process continued to Step 4 which asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" The DR marked 'No.'
26. The review continued to Step 5(a) which 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?" The DR marked 'Yes Not Disabled/Deny.' Decision Code 231. Under the Medical-Vocational guidelines (the GRID) located within the POMS (Program Operations Manual System) D1 25025.035 B. 202.00 Maximum Sustained Work Capability is Limited to Light Work as a Result of Severe Medically Determinable Impairment(s) at Table No. 2.
27. The DR indicated Appellant is 'Not Disabled' per GRID ruling(s) 202.21 given the client's age, education and regardless of their previous work experience.
28. The 5- step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED] on September 18, 2025.
29. DES transmitted the decision to MassHealth and mailed a Disability Determination Denial letter to Appellant on September 19, 2025.

## Analysis and Conclusions of Law

Appellant has the burden to demonstrate by a preponderance of the evidence the invalidity of the MassHealth action.<sup>3</sup> To be found disabled for MassHealth Standard or CommonHealth, an individual must be *permanently and totally disabled* (130 CMR 501.001).<sup>4</sup> The guidelines used in establishing disability under this program are the same as those used by the Social Security Administration (130 CMR 501.001). Disability is established by (a) certification of legal blindness by the Massachusetts Commission for the Blind (MCB); (b) a determination of disability by the SSA; or (c) a determination of disability by the Disability Evaluation Services (DES) (130 CMR 505.002(E)(2)).<sup>5</sup> Individuals who meet the Social Security Administration's definition of disability may establish eligibility for MassHealth Standard according to 130 CMR 505.002(E) or CommonHealth according to 130 CMR 505.004.<sup>6</sup>

Appellant is a [REDACTED] who submitted a MassHealth Adult Disability Supplement to DES on July 10, 2025. Appellant listed the following health problems: [REDACTED] (CML). DES requested and received medical documentation using the medical releases Appellant provided. Once medical documentation was received at DES, the 5-step review process was undertaken.

Step 1 asks “Is the claimant engaging in substantial gainful activity (SGA)? For Appellant’s review, Step 1 was marked, “Yes.” This step was correctly waived.

Step 2 asks “Does the claimant have a medically determinable impairment (MDI) or combination of MDIs that is both severe and meets the duration requirement (impairment(s) is expected to

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<sup>3</sup> See 130 CMR 610.082(B); *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228; *Fisch v. Board of Registration in Med.*, 437 Mass. 128 (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).

<sup>4</sup> Social Security Administration regulations at Title 20 CFR Ch. III, section 416.905 define 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 period of not less than 12 months. To meet this definition, you must have a severe impairment(s) that makes you unable to do your past relevant work (see § 416.960(b)) or any other substantial gainful work that exists in the national economy. If your severe impairment(s) does not meet or medically equal a listing in appendix 1 to subpart P of part 404 of this chapter, we will assess your residual functional capacity as provided in §§ 416.920(e) and 416.945 (See § 416.920(g)(2) and 416.962 for an exception to this rule.) We will use this residual functional capacity assessment to determine if you can do your past relevant work. If we find that you cannot do your past relevant work, we will use the same residual functional capacity assessment and your vocational factors of age, education, and work experience to determine if you can do other work.”

<sup>5</sup> Self-attestation of eligibility factors ended in April 2023. See Eligibility Operations Memo 23-11, April 2023.

<sup>6</sup> Appellant is also categorically eligible for MassHealth Standard as a parent of a minor child; however, monthly income for a household of 3 cannot exceed \$2,954 (130 CMR 505.002(C)).

result in death or has lasted or is expected to last for a continuous period of not less than 12 months). DES correctly determined severity and duration requirements based on records from Appellant's medical providers.

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? Step 3 was correctly marked, "No" by the DES reviewer citing the applicable adult SSA listings considered: 13.06 - Leukemia. Medical records submitted by Appellant's medical records include an office visit on August 28, 2024 that confirms a diagnosis of [REDACTED] that is in remission (Exhibit 4, pp 64-81). Appellant has had no hospitalizations or lung infections and has been stable for a 12-month period. Appellant has not received recent bone marrow or stem cell transplants. Medical records dated June 25, 2025 are unremarkable and show normal kidney function, and platelet counts, and describe Appellant's Leukemia as "in complete hematologic and near complete molecular remission" (Id., pp. 72-72). Therefore, DES correctly determined that Step 3 is not met, and continued the 5-Step review.

For the remainder of the review at Steps 4 and 5, DES correctly completed a Residual Functional Capacity (RFC) assessment and a vocational assessment that represents the most an applicant can still do despite their limitations based on all relevant evidence in the case record. The physical RFC was completed by [REDACTED] on September 18, 2025, and indicates that Appellant is capable of performing the full range of light work activity. DES correctly continued the 5-Step process to Step 4 which asks, "Does the claimant retain the capacity to perform any past relevant work (PRW)?" The DR marked 'No.' The review continued to Step 5(a) which 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?" The DR marked 'Yes, Not Disabled/Deny.' DES also applied the Medical-Vocational guidelines (commonly referred to as the GRID) located within the POMS (Program Operations Manual System) D1 25025.035 B. 202.00 Maximum Sustained Work Capability Limited to Light Work as a Result of Severe Medically Determinable Impairment(s), Table No. 2. The DR correctly indicated the client is 'Not Disabled' per GRID ruling(s) 202.21 given the client's age, education and regardless of their previous work experience.<sup>7</sup> The 5- step evaluation process concluded with a final review and endorsement of the disability decision by Physician Advisor (PA) [REDACTED] on September 18, 2025.

The DES 5-Step Adult determination is consistent with the medical evidence in the hearing record; and DES/MassHealth correctly determined that Appellant does not meet adult disability criteria based on the clinical evidence in the hearing record. Appellant's testimony that he will be unable to afford the medication [REDACTED] which keeps his blood work stable is understandably concerning given the anticipated cost of the medication; however, DES correctly determined that medication to treat a condition is not a determinative factor in the Adult 5-Step disability analysis.

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<sup>7</sup> Social Security Grid Rulings can be found at: [https://www.ssa.gov/OP\\_Home/cfr20/404/404-app-p02.htm](https://www.ssa.gov/OP_Home/cfr20/404/404-app-p02.htm).

The appeal is DENIED.

Appellant can direct questions about Health Connector plans to 1-877-MA-ENROLL (1-877-623-6765).

## 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

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

Disability Evaluation Services