

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516049
<b>Decision Date:</b>	01/30/2026	<b>Hearing Date:</b>	12/10/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Eileen Cynamon, RN, BSN, Appeals Reviewer,  
Disability Evaluation Services  
Sherri Paiva, Taunton MEC



*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>	01/30/2026	<b>Hearing Date:</b>	12/10/2025
<b>MassHealth's Rep.:</b>	Eileen Cynamon, RN, BSN Sherrie Paiva	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<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 20, 2025, MassHealth informed appellant that she no longer meets MassHealth's disability requirements. (See 130 CMR 505.002(E); Ex. 1, p. 2). Appellant filed this appeal in a timely manner on October 29, 2025. (See 130 CMR 610.015(B); Ex. 2). Termination of assistance is valid grounds for appeal (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth notified appellant that she 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 appellant is not permanently and totally disabled.

## Summary of Evidence

MassHealth was represented at hearing by an eligibility representative (worker) and a registered nurse and appeals reviewer from Disability Evaluation Services (DES); both parties participated by telephone. Appellant is a person under the age of 65 (Ex. 6). The worker testified appellant resides in a household of two and has an income of \$3,258.42 a month, which equates to 179.87% of the Federal Poverty Level (FPL). The worker stated that based upon her income, appellant exceeds the income limit for MassHealth benefits. (Testimony).

The DES nurse testified as follows: the role of DES is to determine, for MassHealth, if an applicant meets the Social Security Administration (SSA) level of disability from a clinical standpoint. They use 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 the applicant's medical records and disability supplement. SSA CFR §416.905 (Ex 5, p. 9) 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, you must have a severe impairment(s) that makes you unable to do your past relevant work or any other substantial gainful work that exists in the regional economy. Per CFR 416.989, (Ex. 5, p. 40), 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 20 CFR 416.994 (Ex. 5, pp. 47-60).

Per 20 CFR 416.994, if you are entitled to disability benefits as a disabled person aged eighteen or over (adult) there are a few factors considered in deciding whether disability continues. DES must determine if there has been any medical improvement in your impairment(s) and if so, whether this medical improvement is related to your ability to work. Even where medical improvement related to your ability to work has occurred, we must also show that you are currently able to engage in substantial gainful activity (SGA) before we can find that you are no longer disabled.

To assure that disability reviews are carried out in a uniform manner, that a decision of continuing disability can be made in the most expeditious and administratively efficient way, and that any decisions to stop disability benefits are made objectively, neutrally, and are fully documented, DES will follow specific steps in reviewing the question of whether the 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 you are still unable to engage in substantial gainful activity. The 8-step sequential review process is listed within 20 CFR 416.994(b)(5). (Ex. 5, pp. 58-59).

The DES nurse testified appellant is a female who was initially determined disabled in August 2024; at that time the clinical documentation supported her vocational disability approval through the 5-step process at step 5b. The term Comparison Point Determination (CPD) episode, as used in the current CDR, specifically refers to the 2024 initial disability review (IDR), (Ex. 5, pp. 220-373).

The DES nurse stated appellant submitted her most recent Disability Supplement to DES on September 18, 2025, and the CDR episode was initiated. Appellant reported current and continued complaints (Ex. 5, pp. 77-79) of asthma/allergies, bipolar depression/major depressive disorder (MDD), and anxiety/generalized anxiety disorder (GAD). DES requested and obtained medical documentation using the medical releases appellant provided (Ex. 5, pp. 63-70). Information was received from the client's reported providers: [REDACTED], CNP et al of Community Counseling of Bristol County (CCBC), (Ex. 5, pp. 111-167); [REDACTED], LMHC et al of CCBC (Ex. 5, pp. 168-197; and [REDACTED], FNP-C of Prima CARE PC (Ex. 5, pp. 198-216). An RFI response from Prima CARE PC (via Sharecare) for records from [REDACTED] MD, indicated, 'no records exist for dates of service (DOS) within date range requested' (no records in 12 months or more). (Ex. 5, p. 219).

Prior to initiating the 8-step process, the question of sufficient information to make a determination must be evaluated. (Ex. 5, p. 84.). The review considers both the appellant's current and prior (CPD) impairments/complaints (Ex. 5, p. 82), review of current medical documentation and historic (CPD) documentation, confirming sufficient information was obtained to complete the CDR process. In the appellant's review this was marked, "Yes."

The 8-step CDR process begins in Exhibit 5, page 85.

- ❖ **Step 1** asks if the claimant is engaging in substantial gainful activity (SGA). The DES nurse stated while federal SSA regulations would stop if the claimant were engaged in SGA, MassHealth waives this step and continues with the review. This step is an SSA consideration having to do with earnings and has no bearing on whether someone is found clinically disabled or not disabled. Step 1 was marked, "Yes" (Ex. 1, p. 85).
- ❖ **Step 2** asks does any impairment(s) meet or equal a listing in the current Listing of Impairments? (Ex. 5, p. 85). The DES nurse stated 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 the applicable adult SSA listings considered: 3.03 – Asthma (also allergies); 12.04 – Depressive, Bipolar and Related Disorders; 12.06 - Anxiety and Obsessive-Compulsive Disorders. For appeal reference, a copy of the relevant DES listing worksheets is provided. (Ex. 5, pp. 93-98); DES worksheets

are structured according to the SSA Listing of Impairments (Appendix 1 to Subpart P of Part 404) and the requirements of 20 CFR §416.925 (Ex. 5, pp. 20-21).

- ❖ **Step 3** asks if there is Medical Improvement (MI) (Decreased Severity)? (Ex. 5, p. 85). The completed MI Comparison documentation (Ex. 5, p. 86) demonstrated medical improvement; the CDR reviewer cited (Ex. 5, p. 87): improved sleep, decreased anxiety and panic attacks; no signs of current OCD type symptoms. Thus, 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 DES nurse stated for the duration 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 used at Step 4b in conjunction with the CPD RFCs and are also needed for Steps 7 & 8.

- The CPD Mental RFC, completed by [REDACTED] on 8/22/2024, indicated the client did not have the mental capacity to perform basic, unskilled work activity in the competitive labor market (Ex. 5, pp. 236-237); moderate limitations were noted in ability to maintain attention and concentration to sustain employment; ability to work at a consistent pace; work in proximity to others without being distracted; interact and cooperate appropriately with coworkers; interact appropriately with the general public; and respond appropriately to changes in the work setting. The CPD did not generate a Physical RFC as the appellant was approved on mental health complaints alone.
  - A CDR All Impairments Physical RFC, considering all impairments as of 10/14/2025, completed by [REDACTED], indicates the client has no physical impairments that interfere with the ability to perform work activity (Ex. 5, pp. 99-101).
  - A CDR (MIRS) No New Impairments Mental RFC, considering all impairments as of 10/1/2025, completed by [REDACTED], indicates the client is capable of performing basic, unskilled work activity in the competitive labor market (Ex. 5, pp. 102-103); moderate limitations were noted in ability to work at a consistent pace; interact and cooperate appropriately with coworkers; and respond appropriately to changes in the work setting. Evidence does not show any new impairment(s) since the decision dated 8/23/2024 (CPD).
- ❖ **Step 4** asks if there is Medical Improvement (MI) related to ability to work? The 2024 CPD determination was based on medical-vocational factors using an RFC assessment(s) therefore the current review proceeds to Step 4b. (Ex. 5, p. 88):
    - **Step 4b** asks does the comparison of the CPD RFC(s) with a MIRS (Medical Improvement Review Standard) RFC(s) show improvement? The CDR reviewer considers only the

impairments present at time of CPD when determining if the MI relates to the ability to work. The reviewer completed the RFC comparison (Ex. 5, p. 92) and found the MI does relate to ability to work; selecting, "Yes." The CDR reviewer is then directed to Step 6.

- ❖ **Step 6** asks if there are current impairment(s) or a combination of impairments that are severe? (Ex. 5, p. 90). 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)? (Ex. 5, p. 91). Per the client's description, on her current Supplement, (Ex. 5, p. 79), she is employed as a Medical Secretary (October 2018- current) indicating she performs Sedentary, Skilled work (consistent with Dictionary of Occupational Titles (DOT) code 201.362-014 Medical Secretary - STR Sed, SVP 6, skilled. (Ex. 5, p. 104). The CDR reviewer selected, "No" confirming the appellants current/past work exceeds her Mental RFC capabilities (basic, unskilled) at this time. The review proceeds to the final 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? (Ex. 5, p. 91). The CDR reviewer selected, "Yes." The CDR reviewer referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs available within both the regional economy: 5820 Word Processors and Typists; 5860 Office Clerks, General; 5320 Library Assistants, Clerical. Sample descriptions within these job categories are on pages 105-107 of Exhibit 5. The client's disability ceases resulting in a determination that she is "Not Disabled" using decision code 231. (Ex. 5, pp. 91, 108). The 8 step CDR disability process concludes with a final review and endorsement of the disability decision by Medical and Psychiatric Physician Advisors (PAs) [REDACTED] MD and [REDACTED] PhD. on October 16, 2025 (Ex. 5, pp. 82, 108). DES generated a MassHealth/DES Disability Determination denial letter on October 16, 2025 (Ex. 5, p. 72) and transmitted the decision to MassHealth on October 17, 2025 (page 73).

The DES nurse concluded her testimony by stating appellant does not meet or equal the Adult SSI listings either individually or in combination of complaints. Additionally, appellant has had a significant decrease in medical severity in at least one of her impairments present at the time of the 2024 CPD resulting in Medical Improvement related to her ability to work. Appellant's RFCs indicate she is capable of performing basic, unskilled work activity in the competitive labor market. Appellant's current employment (sedentary, skilled) exceeds her RFC capabilities. However, there are within the regional economy, a significant number of jobs (in one or more occupations) having requirements which appellant can perform based on her physical and mental capabilities and her vocational qualifications. Therefore, the Appeal Review concludes the client is not clinically eligible for Title XVI benefits and was correctly determined 'Not Disabled.' (Testimony).

Appellant asked the DES nurse where in MassHealth's documents it states her medical status

has changed since 2024. She said she could not find it. The DES nurse testified that a medical improvement comparison was located on page 86 of the MassHealth documents. (Ex. 5, p. 86). This included a comparison of when appellant was first found disabled in 2024 versus current evidence. The DES nurse also pointed to the bottom of page 87 where indications of medical improvement are listed, such as “improved sleep and decreased anxiety and panic attacks and no signs of current OCD type symptoms.” (Ex. 5, p. 87). The DES nurse pointed out another comparison between when appellant was first found disabled in 2024 and in 2025. (Ex. 5, p. 92). The DES nurse noted the comparison was completed in 2024 and 2025 by the same doctor. (Testimony).

## **Findings of Fact**

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

1. Through a notice dated October 20, 2025, MassHealth informed appellant that she no longer meets MassHealth’s disability requirements. (Ex. 1, p. 2).
2. Appellant filed this appeal in a timely manner on October 29, 2025. (Ex. 2).
3. Appellant is a person under the age of 65 and resides in a household of two and has an income of \$3,258.42 a month, which equates to 179.87% of the FPL. (Testimony; Ex. 6).
4. Appellant was initially determined disabled in August 2024. (Ex. 5, pp. 220-373).
5. Adult MassHealth applicants that have been previously declared disabled will periodically undergo a 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 20 CFR 416.994 (Ex. 5, pp. 47-60).
6. Appellant submitted her most recent Disability Supplement to DES on September 18, 2025, and the CDR episode was initiated. Appellant reported current and continued complaints (Ex. 5, pp. 77-79) of asthma/allergies, bipolar depression/(MDD), and anxiety/generalized anxiety disorder (GAD). (Testimony).
7. DES uses an 8-step review process. (Testimony).
8. Step 1 is waived by MassHealth and asks if the claimant is engaging in SGA.
9. Step 2 asks does any impairment(s) meet or equal a listing in the current Listing of Impairments? (Ex. 5, p. 85). 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 the applicable adult SSA listings considered: 3.03 – Asthma (also allergies); 12.04 – Depressive, Bipolar and Related Disorders; 12.06 - Anxiety and Obsessive-Compulsive Disorders. For appeal reference, a copy of the relevant DES listing worksheets are provided. (Ex. 5, pp. 93-98).

10. Step 3 asks if there is MI? (Ex. 5, p. 85). The completed MI Comparison documentation (Ex. 5, p. 86) demonstrated medical improvement; the CDR reviewer cited improved sleep, decreased anxiety and panic attacks; no signs of current OCD type symptoms. (Ex. 5, p. 87): 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. (Testimony).
11. For the duration of the review RFCs assessments are necessary. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are used at Step 4b in conjunction with the CPD RFCs and are also needed for Steps 7 & 8. (Testimony).
12. The CPD Mental RFC, completed by [REDACTED] on 8/22/2024, indicated the client did not have the mental capacity to perform basic, unskilled work activity in the competitive labor market (Ex. 5, pp. 236-237); moderate limitations were noted in ability to maintain attention and concentration to sustain employment; ability to work at a consistent pace; work in proximity to others without being distracted; interact and cooperate appropriately with coworkers; interact appropriately with the general public; and respond appropriately to changes in the work setting. The CPD did not generate a Physical RFC as the appellant was approved on mental health complaints alone. (Testimony).
13. A CDR All Impairments Physical RFC, considering all impairments as of 10/14/2025, completed by [REDACTED] indicates the client has no physical impairments that interfere with the ability to perform work activity (Ex. 5, pp. 99-101).
14. A CDR (MIRS) No New Impairments Mental RFC, considering all impairments as of 10/1/2025, completed by [REDACTED], indicates the client is capable of performing basic, unskilled work activity in the competitive labor market. Moderate limitations were noted in ability to work at a consistent pace; interact and cooperate appropriately with coworkers; and respond appropriately to changes in the work setting. Evidence does not show any new impairment(s) since the decision dated 8/23/2024 (CPD). (Ex. 5, pp. 102-103).



15. Step 4 asks if there is MI related to ability to work? The 2024 CPD determination was based on medical-vocational factors using an RFC assessment(s) therefore the current review proceeds to Step 4b. (Ex. 5, p. 88).
16. Step 4b asks does the comparison of the CPD RFC(s) with a MIRS (Medical Improvement Review Standard) RFC(s) show improvement? The CDR reviewer considers only the impairments present at time of CPD when determining if the MI relates to the ability to work. The reviewer completed the RFC comparison and found the MI does relate to ability to work; selecting, "Yes." The CDR reviewer is then directed to Step 6. (Ex. 5, p. 92).
17. Step 6 asks if there are current impairment(s) or a combination of impairments that are severe? The CDR reviewer selected, "Yes" and the review proceeds to Step 7. (Ex. 5, p. 90).
18. Step 7 asks does the claimant retain the capacity to perform PRW? (Ex. 5, p. 91). Per the appellant's description, on her current Supplement, (Ex. 5, p. 79), she is employed as a Medical Secretary (October 2018- current) indicating she performs Sedentary, Skilled work (consistent with Dictionary of Occupational Titles (DOT) code 201.362-014 Medical Secretary - STR Sed, SVP 6, skilled. (Ex. 5, p. 104). The CDR reviewer selected, "No" confirming the appellant's current/past work exceeds her Mental RFC capabilities (basic, unskilled) at this time. The review proceeds to the final step. (Testimony).
19. 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? (Ex. 5, p. 91). The CDR reviewer selected, "Yes." The CDR reviewer referenced the Occupational Employment Quarterly (OEQ) and quoted three jobs available within both the regional economy: 5820 Word Processors and Typists; 5860 Office Clerks, General; 5320 Library Assistants, Clerical.
20. DES determined that appellant is not disabled and has had a significant decrease in medical severity in at least one of her impairments present at the time of the 2024 CPD resulting in Medical Improvement related to her ability to work. Appellant is capable of performing basic, unskilled work activity in the competitive labor market. (Testimony).

## **Analysis and Conclusions of Law**

In order to be found disabled for MassHealth Standard benefits, an individual adult must be "*permanently and totally disabled.*" (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. (*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. (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, the reviewer must also show that 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 initial eligibility for Medicaid benefits such as MassHealth as described below:

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, which asks 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.<sup>1</sup>

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<sup>1</sup> Step 5 considers exceptions to MI and permits a finding that disability ceased in situations where even though

At Step 6 the CDR determines whether 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 correctly determined that the appellant is no longer disabled. As noted above, Step 1 is waived. Regarding Step 2, (Ex. 5, p. 85), the CDR reviewer determined that there is no SSI listing and cited SSI listings considered: 3.03 – Asthma (also allergies); 12.04 – Depressive, Bipolar and Related Disorders; 12.06 - Anxiety and Obsessive-Compulsive Disorders, as per the SSA Listing of Impairments (Appendix 1 to Subpart P of Part 404) and the requirements of CFR §416.925. (Ex. 5, pp. 20-21). Because no listings were met (a finding which the appellant did not expressly dispute), DES proceeded to Step 3. At Step 3 the DES reviewer found that the appellant's medical improvement has had a decreased severity. The record supports this determination. The DES reviewer stated appellant has shown improved sleep, decreased anxiety and panic attacks, no signs of current OCD type symptoms. (Ex. 5, p. 86, 87). Appellant said that her mood is better with a decrease in depressive symptoms. A mental status exam was unremarkable with good sleep and appetite.

At this point, DES reviews Residual Functional Capacity (RFCs) assessments. An RFC is a clinical assessment that describes what a person can still do despite their impairments. Current RFCs are used at Step 4b in conjunction with the CPD RFCs and are also needed for Steps 7 and 8. The CPD Mental RFC, completed by [REDACTED] on 8/22/2024, indicated appellant did not have the mental capacity to perform basic, unskilled work activity in the competitive labor market (Ex. 5, pp. 236-237); moderate limitations were noted in ability to maintain attention and concentration to sustain employment; ability to work at a consistent pace; work in proximity to others without being distracted; interact and cooperate appropriately with

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there has been no MI or MI is not related to the ability to work, evidence clearly shows that the person should no longer be considered disabled or never should have been considered disabled. Step 5 is not applicable here.

coworkers; interact appropriately with the general public; and respond appropriately to changes in the work setting. The CPD did not generate a Physical RFC as the appellant was approved on mental health complaints alone. A Mental RFC, considering all impairments as of 10/1/2025, completed by [REDACTED] indicates appellant is capable of performing basic, unskilled work activity in the competitive labor market (Ex. 5, pp. 102-103); moderate limitations were noted in ability to work at a consistent pace; interact and cooperate appropriately with coworkers; and respond appropriately to changes in the work setting. Evidence does not show any new impairment(s) since the decision dated 8/23/2024 (CPD).

At Step 4, as noted by DES in its testimony and in its submission of records, the CDR reviewer determined that because the appellant's CDR determination was based on medical-vocational factors using an RFC assessment, the review continues to Step 4b. At Step 4b, the CDR reviewer only considers the impairments present at the time of the CPD when determining if the MI is related to the ability to work. Here, the CDR reviewer completed the RFC comparison and found that the MI does relate to the ability to work and was directed to Step 6. At Step 6, the CDR reviewer determined that, in this case, there are current impairments or a combination of impairments that are severe and proceeded to Step 7. Step 7 asks does the appellant retain the capacity to perform Past Relevant Work (PRW)? (Ex. 5, p. 91). Per appellant's description, on her current Supplement, (Ex. 5, p. 79), she is employed as a Medical Secretary (October 2018-current) indicating she performs Sedentary, Skilled work (consistent with Dictionary of Occupational Titles (DOT) code 201.362-014 Medical Secretary - STR Sed, SVP 6, skilled. (Ex. 5, p. 104). The CDR reviewer selected, "No" confirming the appellant's current/ past work exceeds her Mental RFC capabilities (basic, unskilled) at this time. These determinations are supported by the record. The review proceeds to the final 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? The CDR reviewer selected, "Yes." (Ex. 5, p. 91). This resulted in DES's final determination that appellant is not disabled. The record also supports this determination.

In conclusion, the appellant has not met her burden to demonstrate that she continues to have a permanent and total disability. The records submitted support the determination that appellant can safely engage in some forms of employment. Therefore, I find that appellant has not established that she is permanently and totally disabled. The appeal is denied.

## **Order for MassHealth**

None.

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

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter

30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

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