

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved-in-part; Denied-in-part; Dismissed-in-part	Appeal Number:	2154325
Decision Date:	9/14/2021	Hearing Date:	07/12/2021
Hearing Officer:	Casey Groff		

Appearances for Appellant:




Appearance for MassHealth:

Donna Burns, R.N., Optum/MassHealth



*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:	Approved-in-part; Denied-in-part; Dismissed-in-part	Issue:	Personal Care Attendant Services
Decision Date:	9/14/2021	Hearing Date:	07/12/2021
MassHealth's Rep.:	Donna Burns, R.N.	Appellant's Reps.:	
Hearing Location:	Telephonic	Aid Pending:	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated May 10, 2021, MassHealth informed Appellant that it was modifying her request for personal care attendant (PCA) services. See 130 CMR 450.204(A)(1) and Exhibit 1, pp. 2-5. Appellant filed this appeal in a timely manner on June 7, 2021. See 130 CMR 610.015(B); Exhibit 1, p. 6. Modification of a request for PCA services is a valid basis for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified Appellant's request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in modifying Appellant's request for PCA services.

Summary of Evidence

At the hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Appellant was represented by herself, her PCA, and her skills trainer from the PCM agency. All parties appeared by telephone.

Through testimony and documentary evidence, the MassHealth representative presented the following information: Appellant is under the age of 65 and has a primary diagnosis of paraplegia. See Exh. 4, p. 9. She has additional diagnoses including, but not limited to: diabetes, autonomic dysreflexia, Factor V Leiden, COPD, Barrett's Esophagus, depression/anxiety, colostomy, and anemia. Id. On May 2, 2021, following to a re-evaluation by Appellant's personal care management (PCM) agency, Appellant submitted a prior authorization (PA) request to MassHealth seeking approval of personal care attendant (PCA) services for 81 hours and 15 minutes per week of "day/evening hours" and two-hours per night (14 hours per week) from July 6, 2021 through July 5, 2022.

Through a letter dated May 10, 2021, MassHealth notified Appellant that it approved her request for 14 nighttime hours of PCA services per week; however modified her request for PCA day/evening hours by approving 66 hours and 30 minutes per week. See Exh. 1, p. 2-6. Specifically, MassHealth modified the times requested for the following eleven (11) activities of daily living (ADLs): (1) repositioning, (2) hair wash, (3) nail care, (4) foot care, (5) undressing, (6) bladder care, (7) bowel care, (8) medication prefill, (9) INR checks, (10) blood sugar checks, (11) and medical appointment transport.

At the hearing, MassHealth overturned the modification made to undressing and approved the requested time of 30 minutes, once per day, seven days per week (30x1x7). Additionally, MassHealth offered, and Appellant accepted, the following increased times for: hair washing (25x1x4); nail care (15x1); and medical appointment transportation (six dental visits per year).¹ Finally, Appellant and her representatives accepted the modifications that MassHealth made to the ADLs of bowel care (15x4x7 total), INR checks (5x1), and blood sugar checks (2x3x7). The parties were unable to resolve the modifications made to the following four ADLs: (1) repositioning, (2) foot care, (3) bladder care, and (4) medication prefill.

Appellant's representatives testified that MassHealth previously approved Appellant for 78 hours per week of PCA services, which was sufficient to meet her care needs. There is no reason why MassHealth should reduce her hours so dramatically when there has been no improvement in her condition and her needs remain the same.

The parties addressed the remaining modifications as follows:

¹ This is in addition to transportation for all other requested providers. See Exh. 4, p. 38. Appellant had originally requested transportation for 12 dental visits per year and MassHealth modified the time for two visits per year. At hearing, the parties agreed to transportation time that would accommodate six dental visits per year. MassHealth already approved time/frequency requested for all other providers as indicated on p. 38 of Exhibit 4.

Repositioning

Appellant, through her PCM agency, requested assistance with repositioning at 10 minutes, 12 times per day, 7 days per week (10x12x7).² See Exh. 4, p. 12. In support of its request, the PCM agency noted that Appellant has a history of skin breakdown; is at high risk for further skin impairment; experiences pain especially when sitting in the wheelchair; and is repositioned every hour due to pain, obesity, and prevention of further skin breakdown. *Id.* The repositioning process involves Appellant being “boosted, rolled and positioned with pillows to her back, [lower extremities], and in between her legs.” See *id.* at 12.

MassHealth modified the requested time and approved 10 minutes, 9 times per day, 7 days per week (10x9x7). Thus, MassHealth reduced the frequency of repositioning episodes per day from twelve episodes to nine episodes but did not modify the request for 10 minutes per episode.

The MassHealth representative also noted that MassHealth approved in full Appellant’s request for transfers (15x4x7), which is another subcategory of “mobility.” Thus, total mobility time includes the 420 minutes per week for transfers, in addition to repositioning.

Appellant and her representatives testified that when in bed she has to be repositioned every hour. If she is in her wheelchair, she has to be repositioned every 15 minutes. Any less of a frequency causes her to have skin breakdowns and bed sores. Appellant has been bed ridden for four years. She remains in bed the majority of the time, except for going to doctors’ appointments, washing hair, and occasionally going outside for fresh air depending on how much pain she is in. The representatives opined that on average, Appellant will get out of bed 3-4 times per week, once or twice per day. She has been waiting for a new wheelchair. Her current wheelchair causes significant trunk twisting and pain. As her ability to stay in her wheelchair declines, she remains in bed more often.

The MassHealth representative responded that since Appellant does not use the daily transfer time, as was approved, she can apply unused transfer time to repositioning as they are both considered “mobility” activities.

Foot Care

Appellant, through her PCM agency, requested time for “foot care” – a subcategory of grooming – at 20 minutes, once per day, seven days per week (20x1x7). The PCM agency noted the following for this request: “special foot care required due to skin breakdown... Task involves cleaning, drying, inspection, and lotion application.” *Id.* at 15 - 16.

² Appellant also requested nighttime repositioning of 10 minutes, six times per night which MassHealth modified to 10 minutes 3 times per night. However, because MassHealth approved the maximum amount of nighttime hours allowed, this modification does not actually affect Appellant’s overall PCA hours and thus is not addressed in this Decision.

MassHealth modified the time for foot care to 5x1x7. In support thereof, MassHealth noted that “cleaning/drying” the feet is encompassed under the 60 minutes daily Appellant has for bathing. Additionally, MassHealth does not include “inspection” or assessment-related tasks as a reimbursable PCA service. Thus, MassHealth’s approval of five minutes is solely to allow for assistance with lotion application.

In response, Appellant’s PCA testified that she, indeed, does use the approved bathing time to clean and dry Appellant’s feet. However, she performs “foot care” as its own separate task.

During the process, she uses a separate scrubbing pad of sheep’s wool to scrub Appellant’s feet; she removes dead skin from the foot, between the toes, and around the cuticle. Then she applies lotion. This process takes between 15 to 20 minutes. Doing this during her bathing time would take away her ability to complete necessary bathing tasks. Appellant is at risks for developing cracks in the skin and has a history of skin breakdown. Thus, the foot care is necessary.

In response, the MassHealth representative offered to increase the modified time from 5 minutes to 10 minutes per day; however Appellant rejected this offer as insufficient.

Bladder Care

Under the ADL of toileting, Appellant submitted her request for bladder care into the following two line-items: (1) 10 minutes, 4 times per day, seven days per week (10x4x1), and (2) 10 minutes, 1 time per day, 7 days per week (10x1x4). See id. at 18. The PA request indicates Appellant is totally dependent with toileting tasks and requires assistance with toilet hygiene, clothing management, and emptying her urostomy bag into the urinal. Id. The process of emptying this bag involves “putting on gloves, emptying urine into urinal, flushing down toilet, cleaning urinal, removing gloves, [and] washing hands.” Id.

MassHealth modified the frequency of requested bladder care episodes to three times per day thus approving 10x3x7 total. MassHealth did not modify the requested time-per-episode of 10 minutes. The MassHealth representative stated that this time is solely to allow for the PCA to empty the Foley/urostomy bag. This does not include changing the bag, which was requested, and approved, as an “other healthcare need.” See id. at 20-21. The MassHealth representative testified that is should not take the full ten minutes to complete this task and MassHealth typically only approves 5 minutes. Thus, the approved 30 minutes daily would accommodate additional episodes of emptying the bag if necessary.

Appellant’s PCA testified that she empties the urostomy bag at least four times a day. Appellant takes several medications that require her to consume extra water (i.e. Miralax, fiber, stool softeners) resulting in increased urine output. If they empty the bag less frequently than four times per day, it will explode. Appellant only receives two bags per month so frequent emptying is necessary. Appellant’s PCA also testified that it indeed does take 10 minutes to perform this task. Specifically, she has to take the bag upstairs, empty it into the container which takes approximately 5 minutes in itself, and then clean and bring it back.

Medication Prefill

Appellant requested 30 minutes per week for assistance with prefilling her medication box. See id. at 19. The PA request indicated that Appellant is unable to open pill bottles due to hand weakness and poor grasp, but is able to take the medication from the pill box.

MassHealth modified the time requested for prefilling the medication box to 20 minutes per week because the time requested was longer than ordinarily required. Typically, MassHealth will approve one-minute per pill. MassHealth looks at only those medications that can be filled in the pre-fill box. Therefore, prescriptions for creams, inhalers, powders, and PRN medications – which are not pre-filled – are not factored into the time required for this task. Specifically, MassHealth only identified 13 medications that would be “pre-filled” from the following medication list, as it appeared in the PA request:

Omeprazole 40mg bid, Hydromorphone 2mg po Qd prn, Bumex 1mg po bid, Baclofen 2tabs po qid, Vitamin D 350,000U q week, Benefiber oral powder 2tsp bid, Lamictal 150mg bid, Advair Diskus 1 p bid, Lyrica 1 cap po q8hrs, Levothyroxine 137.5mg po qd, Coumadin as directed po qd, Lovenox 120mg/0.5ml SC prn per INR, Famotidine 100mg po daily, Cymbalta 60mg po qd, Metformin 1000 mg qd, Atorvastatin 10mg qd, Metoclopramide 5 mg prn nausea, Zofran 4mg prn nausea, Silver nitrate application prn stoma care, Nitro paste prn systolic bp >150, Belsomra 5mg qhs, Albuterol 2p Q4hr PRN, Combivent 2p Bid.

Id. p. 8-9

In response, Appellant’s PCA responded that either she or the other PCA with whom she alternates schedules is responsible for pre-filling the medication box. The PCA testified that this process is done once per week and while they requested 30 minutes, it typically takes her 35 to 45 minutes because she is cautious not to mix medications and wants to ensure it is done correctly. The PCA argued that MassHealth’s process for determining time does not account for Appellant’s medications that are prescribed multiple times per day. For example she has medications that are prescribed at 2 tablets four times per day, which take longer than one minute to pre-fill. Although Appellant did not have the medication list in front of her, she believed that it is closer to 24 medications that are pre-filled in the box. In considering the time it takes to set up her medications, fill the box, and ensure it is done correctly, the process overall is longer than calculating one minute per pill.

Findings of Fact

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

1. Appellant is under the age of 65 and has diagnoses including but not limited to:

paraplegia, diabetes, autonomic dysreflexia, Factor V Leiden, COPD, Barrett's Esophagus, depression/anxiety, colostomy, and anemia.

2. On May 2, 2021, following to a re-evaluation by Appellant's PCM agency, Appellant submitted a prior PA request to MassHealth seeking approval for PCA services for 81 hours and 15 minutes per week of "day/evening hours" and two-hours per night (14 hours per week) from July 6, 2021 through July 5, 2022.
3. Through a letter dated May 10, 2021, MassHealth notified Appellant that it approved her request for 14 nighttime hours of PCA services per week; however modified her request for PCA day/evening hours by approving 66 hours and 30 minutes per week.
4. MassHealth modified the times requested for the following ADLs: (1) repositioning, (2) hair wash, (3) nail care, (4) foot care, (5) undressing, (6) bladder care, (7) bowel care, (8) medication prefill, (9) INR checks, (10) blood sugar checks, (11) and medical appointment transport.
5. At hearings, the parties resolved all modifications, except for (1) repositioning, (2) foot care, (3) bladder care, and (4) medication prefill.

Repositioning

6. Appellant requested assistance with repositioning at 10 minutes, 12 times per day, 7 days per week.
7. Appellant has a history of skin breakdown; is at high risk for further skin impairment; is obese, and experiences pain, especially when sitting in her wheelchair which causes significant trunk twisting.
8. Appellant has to be repositioned every hour while in bed and every 15 minutes when in the wheelchair.
9. The repositioning process involves Appellant being "boosted, rolled and positioned with pillows to her back, [lower extremities], and in between her legs."
10. MassHealth reduced the frequency of repositioning episodes per day from twelve episodes to nine episodes, but did not modify the request for 10 minutes per episode.

Foot Care

11. Appellant requested 20 minutes daily of assistance with "foot care" which she described in her PA request as consisting of: cleaning, drying, inspection, and lotion application.

12. In assisting with “foot care,” Appellant’s PCA also uses a separate scrubbing pad of sheep’s wool to scrub Appellant’s feet and removes dead skin from the foot, between the toes, and around the cuticle.
13. MassHealth modified the time for foot care to 5x1x7 to allow for lotion application only.
14. MassHealth approved Appellant for 60 minutes of assistance for “bathing” which includes time spent for washing and drying the feet.

Bladder Care

15. Under the ADL of toileting, Appellant submitted her request for bladder care into the following two line-items: 10x4x1 and 10x1x4.
16. Appellant is totally dependent with toileting tasks and requires assistance with toilet hygiene, clothing management, and emptying her urostomy bag into the urinal.
17. The process of emptying the bag involves “putting on gloves, emptying urine into urinal, flushing down toilet, cleaning urinal, removing gloves, [and] washing hands.”
18. Appellant’s PCA empties the urostomy bag at least four times a day due to Appellant’s increased urine output as caused by several of her medications.
19. Emptying less frequently than four times per day heightens the risk for the bag exploding.
20. MassHealth modified the frequency of requested bladder care episodes to three times per day, thus approving 10x3x7 total.

Medication Prefill

21. Appellant requested 30 minutes per week for assistance with prefilling her medication box.
22. Appellant’s PCM agency provided MassHealth of the following current list of medications being taken/prescribed to Appellant: Omeprazole 40mg bid, Hydromorphone 2mg po Qd prn, Bumex 1mg po bid, Baclofen 2tabs po qid, Vitamin D 350,000U q week, Benefiber oral powder 2tsp bid, Lamictal 150mg bid, Advair Diskus 1 p bid, Lyrica 1 cap po q8hrs, Levothyroxine 137.5mg po qd, Coumadin as directed po qd, Lovenox 120mg/0.5ml SC prn per INR, Famotidine 100mg po daily, Cymbalta 60mg po qd, Metformin 1000 mg qd, Atorvastatin 10mg qd, Metoclopramide 5 mg prn nausea, Zofran 4mg prn nausea, Silver nitrate application prn stoma care, Nitro paste prn systolic bp >150, Belsomra 5mg qhs, Albuterol 2p Q4hr PRN, Combivent 2p Bid.
23. Appellant is unable to open pill bottles due to hand weakness and poor grasp, but is able to take the medication from the pill box.

24. MassHealth modified the time requested for prefilling the medication box to 20 minutes by allotting approximately one-minute for each medication that is pre-filled in the medication box.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:³ First, the services must be “prescribed by a physician or nurse practitioner who is responsible for the member’s...care.” 130 CMR 422.403(C)(1). Additionally, the “member’s disability [must be] permanent or chronic in nature and impair[] the member’s functional ability to perform [at least two] ADLs ... without physical assistance. See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). A service is “medically necessary” if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A).

Additionally medically necessary services must “be of a quality that meets professionally recognized standards of health care, and must be substantiated by the record including evidence of such medical necessity and quality.” 130 CMR 450.204(B).

There is no dispute that Appellant meets all the pre-requisites to qualify for PCA services. This appeal addresses whether MassHealth allotted sufficient time, in accordance with program regulations, for Appellant to receive PCA assistance in performing her ADLs, specifically with respect to: repositioning, nail care, foot care, and pre-filling her medications. MassHealth regulations provide the following regarding the scope of ADLs within the PCA program:

³ PCA services are defined as “physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member’s authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.” See 130 CMR 422.002.

(A) Activities of Daily Living (ADLs). Activities of daily living include the following:

- (1) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
- (2) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
- (3) bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
- (4) dressing or undressing: physically assisting a member to dress or undress;
- (5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
- (6) eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
- (7) toileting: physically assisting a member with bowel and bladder needs.

See 130 CMR 422.410

MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C)

Repositioning

Appellant met her burden in proving that her request for 12 repositioning episodes per day was medically necessary as defined in the aforementioned regulations.⁴ For this modification, MassHealth did not take issue with her request for 10 minutes-per-episode, but did reduce the requested frequency to 9 repositioning episodes per day – thus approving 10x9x7. Both the documentation and oral testimony supported Appellant’s need for being repositioned every hour (and potentially more often when in her wheelchair) due to her levels of pain, obesity, and being

⁴ According to MassHealth, the task of “repositioning” falls under the ADL category of mobility.

at high risk of skin breakdown and/or bed sores. Given that there are 18 consecutive hours of “day/evening hours” in the PCA program (i.e. 6:00a.m. to midnight) Appellant’s requested frequency of 12 repositioning episodes daily was not excessive. MassHealth should thus approve the requested time of 10x12x7 for repositioning.⁵ Thus, this part of the appeal is APPROVED.

Foot Care

Appellant requested 20 minutes per day of PCA assistance with “foot care” which she noted consisted of “cleaning, drying, inspecting, and applying lotion” to the feet. See Exh. 4, p. 16. Notably, MassHealth determined that the time requested for “cleaning and drying” is included in the 60 minutes per day Appellant is already approved for bathing. In addition, MassHealth correctly excluded time for “inspection” as it is not a covered PCA activity. See 130 CMR §§ 422.411, 422.412(C). As a result, MassHealth modified the request and approved a total of five minutes daily to allow for lotion application only. Although not documented in the PA request itself, Appellant’s PCA testified that, in addition to lotion application, the process of “foot care” involves scrubbing and removing excess skin from the feet, toes, and cuticles. Crediting such testimony, MassHealth offered to increase the modified time to 10 minutes daily. Although Appellant rejected this offer, she did not provide sufficient evidence to prove that scrubbing and applying lotion to the feet cannot be performed in 10 minutes – especially where the PA request did not detail these additional steps as testified to at hearing. Thus, MassHealth’s offer to increase the time for foot care to 10 minutes per day, when considered in addition to bathing and absent time for “inspection” – is appropriate under the regulations. MassHealth should increase the time from 5 minutes daily to 10 minutes daily (10x1), as offered at hearing. Accordingly, this part of the appeal is DENIED-in-part.

Bladder Care

Appellant requested two separate line items within the category of “bladder care” at 10x4x7 and 10x1x7, for a total of 5 episodes of bladder care per day. MassHealth modified the requested frequency to 3 times per day, approving a total of 10x3x7. Neither the PA request, nor the testimony at hearing explained why a second line item for bladder care was requested. Thus, MassHealth appropriately did not approve the time requested in the second line item. See Exh. 4, p. 18. Appellant did, however, successfully demonstrate that she requires assistance with emptying the urostomy bag four (4) times per day as requested in the first line item. Appellant’s PCA provided credible testimony that Appellant is on several medications that require increased

⁵ At hearing, the MassHealth representative argued that Appellant could apply the excess time for “transfers” – a subcategory of mobility – to additional time needed for re-positioning. However, in administering the PCA program, MassHealth has opted to calculate appropriate PCA hours by breaking ADLs down into various categories and subcategories. MassHealth in its original decision approved Appellant’s request for transfers of 420 minutes per week. Although there was conflicting testimony at hearing as to whether Appellant requires daily transfers (as was approved), the sole issue here, was whether MassHealth’s decision to reduce the requested frequency of repositioning episodes per day was appropriate. As discussed above, Appellant demonstrated the medical need for the frequency that was requested.

fluid consumption and thus result in increased urine output. Appellant's PCA further testified that emptying the bag any less than four times per day causes the bag to explode, which is problematic where Appellant only receives two bags per month. The MassHealth representative testified that although it was approved, 10 minutes per episode is excessive to complete the task, and thus the total approved time should accommodate emptying the bag four times per day. Appellant's PCA, however, countered with credible and detailed testimony of the required steps to complete the task, including putting on gloves, going upstairs to the container, spending five minutes emptying the bag into the container, cleaning surfaces, removing gloves, and washing hands. Based on the foregoing, Appellant demonstrated that she requires assistance as requested in the first line item under bladder care: 10 minutes, 4 times a day, 7 days a week (10x4x7). Accordingly, this part of the appeal is APPROVED. However, there was no evidence to support the additional request for the second line item (10x1x7) and is thus DENIED.

Medication Prefill

Appellant successfully demonstrated that the requested 30 minutes per week of PCA assistance to pre-fill her medication box is medically necessary. While MassHealth testified that 20 minutes is the typical time allotted for this task, Appellant and her PCA provided detailed and credible testimony of the complexities of Appellant's medications and the need to ensure they are dispensed correctly. For example, Appellant is prescribed numerous medications that are to be taken at least twice per day (i.e. Omeprazole, Bumex Advair Diskus, Lyrica, Combivent) often by several pills or tablets at a time. She is prescribed Baclofen which is 2 tablets every four hours. Factoring in the numerous medications Appellant is prescribed, the time it takes to collect the bottles, and to correctly dispense and clean up the medications, Appellant's request for 30 minutes per week is appropriate. This part of the appeal is APPROVED.

Resolved Modifications

Finally, the appeal is DISMISSED-in-part to the modifications that the parties agreed upon at hearing, as follows: undressing (30x1x7); hair washing (25x1x4); nail care (15x1); medical appointment transportation (six dental visits per year); bowel care (15x4x7 total); INR checks (5x1); and blood sugar checks (2x3x7).

Order for MassHealth

Remove aid pending. In accordance with this Decision, increase Appellant's approved PCA day/evening hours as follows:

- Repositioning: 10x12x7 (as requested in PA request);
- Foot Care: 10x1x7;
- Bladder Care: 10x4x7;
- Medication Pre-fill: 30x1x1 (as requested in PA request)

In accordance with the agreements made at hearing, implement the following times/frequencies for

each ADL listed below:

- Undressing: 30x1x7 (as requested in PA request);
- Hair washing: 25x1x4;
- Nail care: 15x1x1;
- Medical appointment transportation: six dental visits per year (in addition to the other providers which were already approved).

The modifications made to bowel care, INR checks, and blood sugar may remain as ordered in MassHealth's May 10, 2021 notice, as Appellant agreed to them at hearing.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Casey Groff
Hearing Officer
Board of Hearings

cc: Optum MassHealth LTSS

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