

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	APPROVED IN PART; DISMISSED IN PART	Appeal Number:	2200182
Decision Date:	2/17/2022	Hearing Date:	01/31/2022
Hearing Officer:	Christopher Taffe		

Appearance for Appellant:
Appellant, pro se (by phone)

Appearance for MassHealth:
Donna Burns, RN, Clinical Reviewer for
MassHealth/OPTUM (by phone)



*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; DISMISSED IN PART	Issue:	PA – Personal Care Attendant Hours
Decision Date:	2/17/2022	Hearing Date:	01/31/2022
MassHealth's Rep.:	D. Burns, RN	Appellant's Rep.:	Pro se
Hearing Location:	HarborSouth Tower, Quincy	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated December 16, 2021, MassHealth modified Appellant's Prior Authorization (PA) request for 74.50 day and evening hours/week of Personal Care Attendant (PCA) services for the period from 1/7/2022 through 1/6/2023 by approving 63.75 day and evening PCA hours/week.¹ See Exhibit 1; 130 CMR 422.410 and 130 CMR 450.204. Appellant filed a timely appeal with the Board of Hearings on September 8, 2021. See 130 CMR 610.015(B). Challenging a determination of the scope of MassHealth assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth approved only a portion of the PCA time requested by Appellant by approving 63.75 day and evening PCA hours/week.

Issue

¹ MassHealth approved in full the request for 2.0 "nighttime" hours per day (during the period from 12 midnight to 6:00 A.M.) of PCA assistance for the PA period. There is no appealable dispute about the nighttime hours. Thus, the remainder of the decision will focus on the issue involving "day and evening" hours, which run from 6:00 A.M. to 12 midnight.

Is Appellant entitled to any adjustment which can serve to increase the amount of PCA time previously approved by MassHealth?

Summary of Evidence

Appellant appeared and testified at hearing by phone. Ms. Burns, a registered nurse, also appeared by phone to provide testimony on behalf of OPTUM, the MassHealth contractor responsible for administering some aspects of the agency's prior approval services for certain members in the community. The MassHealth witness is not the person who made the initial decision on the PCA request, but she is a clinical reviewer who assists with agency representation at certain hearings.

The MassHealth Personal Care Attendant program involves unskilled and unlicensed personnel who are hired to assist members with physical disabilities by providing paid time for hands-on assistance with a member's Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The PA review process utilized by the MassHealth PCA program allows the agency to determine medical necessity for the minutes requested by the member and make "modifications" where appropriate; the PCA time approved by MassHealth must be based on the member's capabilities, bear a relationship to the member's diagnosis and request, and comply with the applicable MassHealth PCA regulations.

At the time of hearing, Appellant is a ■-year old MassHealth member with a spinal cord injury resulting in spastic quadriplegia. His medical conditions include paralysis of all extremities with spasticity, constant left shoulder spasms, with contracted sites in his right arm and hand, hip, and knees. His medical history and comorbidities include Osteopenia, incontinence, a potassium level disorder, chronic urinary retention and UTI, and constipation.

In the year prior to this current PA period in dispute, Appellant received approval for 68.50 hours/week of PCA services through the MassHealth agency.

For the PA request at issue, Appellant's PCA provider, Boston Center for Independent Living (BCIL), submitted a request for 4,462 minutes/week, which is equivalent to and/or rounded up to the nearest 15-minute increment of 74.50 hours/week. The MassHealth denial notice indicated that the agency approved the PCA time requested in full for many of the activities making up the request, but the agency made modifications to 8 different activities, resulting in a reduction of 640 minutes, leading to a grand total of 3,822 minutes/week or (after rounding) 63.75 hours/week. A summary of the modifications to the 8 activities made by MassHealth is found below:

Issue #	Activity	Request of Appellant is...	MassHealth Approved...	Decrease caused by MassHealth's Modifications
1	Bathing (ADL)	65 minutes of PCA time, 7 days a week, totaling 455 minutes/week	50 minutes of PCA time, 7 days a week, totaling 350 minutes/week	105 minutes/week
2	Grooming – Nail Care (ADL)	15 minutes of PCA time, 1 time a day, 1 day a week, totaling 15 minutes/week	5 minutes of PCA time, 1 time a day, 1 day a week, totaling 5 minutes/week	10 minutes/week
3	Grooming – Shaving (ADL)	10 minutes of PCA time, 1 time per day, 7 days a week, totaling 70 minutes/week	5 minutes of PCA time, 1 time per day, 7 days a week, totaling 35 minutes/week	35 minutes/week
4	Grooming – Other (ADL)	12 minutes of PCA time, 1 time per day, 7 days a week, totaling 84 minutes/week	5 minutes of PCA time, 1 time per day, 7 days a week, totaling 35 minutes/week	49 minutes/week
5	Eating (ADL)	80 minutes of PCA time, 7 days a week, totaling 560 minutes/week	60 minutes of PCA time, 7 days a week, totaling 420 minutes/week	140 minutes/week
6	Assistance with Medications (ADL)	5 minutes of PCA time, 3 times per day, 7 days a week, totaling 105 minutes/week	3 minutes of PCA time, 3 times per day, 7 days a week, totaling 63 minutes/week	42 minutes/week
7	Other Healthcare Needs (ADL)	511 minutes/week	315 minutes/week	196 minutes/week
8	Maintenance of Equipment (IADL)	123 minutes/week	60 minutes/week	63 minutes/week
			Total Modifications from last column =	640 mins./week.

(Bolded emphasis added to highlight the specific differences between Columns 3 and 4.).

At hearing, after discussion and testimony from both sides, the parties reached agreement on six of the 8 issues above, leaving two in dispute. Specifically, MassHealth agreed to approve in full the time requested for (1) Nail Care, and (2) Grooming-Other. Appellant agreed to accept the modifications for the activities of (1) Shaving, (2) Eating, and (3) Assistance with Medications. Finally, as to the activity of Bathing, while MassHealth did not concede and award the full requested time, it was discussed and noted that MassHealth meant to approve a total of 60 minutes a day for bathing (45 minutes for the daily shower and 15 minutes for the nighttime wash) instead of 50 minutes/daily as indicated in the denial letter, and this correction alone would result in an increase. Appellant agreed to accept the increased total of 60 minutes of PCA assistance for the total Bathing activity.²

Disputed Activity # 1 of 2 – Assistance with Other Healthcare Needs

² These concessions and correction by the agency on Nail Care, Grooming-Other, and Bathing would add a total of 129 minutes of time, raising the approved total to 3,951 minutes/week (or 66.00 hours/week), pending resolution of the time for the two activities remaining in dispute.

For this activity, Appellant requested a total of 511 minutes/week but MassHealth only approved 315 minutes/week. The request for 511 minutes consists of four subparts. They are:

- 3 minutes, 3 times per day, 7 days a week for 63 minutes/week (for use of weights on upper extremities);
- 3 minutes, 3 times per day, 7 days a week for 63 minutes/week (for use of weights on lower extremities);
- 25 minutes, one time per week, for 25 minutes/week (for periodic incontinence care); and
- 30 minutes, two times per day (AM+PM), 6 days a week, for 360 minutes/week (for assistance with use of gait trainer and treadmill).

In trying to explain what it approved, MassHealth indicated that the reviewer simply approved 15 minutes, 3 times per day, 7 days a week for a total of 315 minutes because that is the total which was approved in the prior year. The MassHealth Representative at hearing did not attempt to break the 315 minutes into the four subparts, with the claim that there was some confusion on the initial reviewer's part as what the request contained. The MassHealth Representative said that incontinence care would generally be allowable, but as to the rest, the agency indicated that Passive Range of Motion exercises were covered and approved in full separately in an undisputed part of the PCA submission. Appellant explained that the Passive Range of Motion (PROM) activities were done at different parts of the day, usually in the morning and evening (including part of the early morning routine), and the PROM they did not involve weights or the greater amount of pressure like these exercises. Appellant also testified that he uses the gait trainer and treadmill regularly to try to preserve tone and muscle, and stay in as good physical shape as possible.

Exhibit 3 contains, on pages 37-58 of Exhibit 3, the agency's Time-for-Task Tool paper the nurse evaluator had to fill out as part of the provider's submission. These pages in 37 through 58 are very detailed and page 48 of Exhibit 3 (page 12 of the evaluation form) contains substantial detail on this component of the request.

With regard to the weights, page 48 of Exhibit 3 states

"Part of his AROM P.T.

#1 First [Other Item] = Use of Weights

For arms + for legs t.l.d during D/E³

- PCA attaches weights to arms and to legs
2 lbs to each arm, - up to 15⁴ lbs to each leg
- With weights in place, PCA moves arms + legs much like with PROM. Done to delay the loss of muscle mass."

(Underlined emphasis in original.)

There are similar sections on page 48 for both the "2nd Other Item" of Incontinence Care, and the

³ The shorthand of "t.l.d." commonly refer to three times per day spread out during the day and evening hours.

⁴ In interpreting the handwriting, it's noted this figure may be "1.5 lbs".

“3rd Other Item.

The 3rd section reads as follows:

“#3 [Other Item] = Use of Gait Trainer (suspended) + Tread Mill

- *This involves strapping him to the overhead trapeze that holds him above the treadmill. The trapeze/sling that attaches [him?] to the treadmill [ineligible]. PCA starts [ineligible] the pre-set tread mill speed and this makes his legs moves + the trapeze holds his upper body in place. He tolerates this exercise to one full hour each time. It is done 6x week – one day off for rest. PCA sets this up and sets up the apparatus, observes him during this activity, removes him when done to his wheelchair. Although this is different – but he gets a sense of satisfaction and exercise to prevent [cut off] in the future.⁵*

At hearing, Appellant confirmed that he uses the gait training and treadmill at the frequency requested, with one day off during the week. Appellant talks about the importance of using this DME, and how the PCA time is for getting him and then out of the devices, which takes some time, and there is some initial observation time to make sure everything is connected properly and safely secured. Appellant also stressed how regular exercise helps him with his daily routine, including working multiple days a week, and that without the exercise he might not be as productively physically and mentally with other parts of his day.

Disputed Activity # 2 of 2 – Assistance with Equipment

For this activity, Appellant requested a total of 123 minutes/week but MassHealth only approved 60 minutes/week. The request is broken down on Exhibit 3, page 53, with:

- Gait Trainer and Treadmill cleaning – 5 minutes/day, 6 days of week, for 30 minutes total;
- Electronic WheelChair cleaning – 5 minutes/day, 7 days of week, for 35 minutes total;
- Hospital Bed – 30 minutes, one time per week, for 30 minutes; and
- Shower Chair and Commode – 4 minutes/day, 7 days a week for 28 minutes total.

For every section of medical equipment above, the evaluation on Exhibit 3, page 53 had bullet points indicating what was wiped down, what was checked, and what was occasionally used. As an example, in the subsection for “*shower chair and commode*”, there was a parenthetical indicating that a bucket was occasionally used for toileting, and this would need to be periodically cleaned, in addition to the shower chair and toilet.

At hearing, MassHealth indicated that it approved 60 minutes for all of these items, with the main reason being that was what was approved in the prior year. Appellant argued about how there was an emphasis, due to the COVID-19 emergency, to keep things clean to protect both Appellant and those who assisted him. MassHealth indicated that things should be kept clean, even if COVID-19

⁵ The handwritten section is done detailed and conscientious manner with an attempt to write legibly in a small space that goes outside the space on the MassHealth form. There were few ineligible handwritten parts, and the last line appears to have been cut off by some photocopy attempt done by the provider and/or MassHealth. See Exhibit 3, page 48.

were not an issue, and that the pandemic emergency should not have dramatically increased this time.

Findings of Fact

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

1. Appellant's PCA provider, BCIL, submitted a PA request for 4,462 minutes/week or 74.50 hours/week of day and evening PCA assistance for the period from 1/7/2022 to 1/6/2023. (Testimony and Exhibits 1 and 3)
2. In the prior PA year, Appellant received 68.50 hours/week of day and evening PCA services. (Testimony)
3. Appellant is a ■-year old MassHealth member with a spinal cord injury resulting in spastic quadriplegia. His medical conditions include paralysis of all extremities with spasticity, constant left shoulder spasms, with contracted sites in his right arm and hand, hip, and knees. His medical history and comorbidities include Osteopenia, incontinence, a potassium level disorder, chronic urinary retention and UTI, and constipation. (Testimony and Exhibit 3)
4. In the appealable action notice, MassHealth indicated that it made 8 modifications to subparts of the PCA request, and these modifications resulted in approval of 63.75 hours/week. (Testimony and Exhibits 1 and 3)
5. At hearing, after testimony, questions, and discussions, the parties reached agreement on six of the eight modifications, resulting in 129 additional approved PCA minutes/week.
 - a. MassHealth made an administrative correction and approved a total of 60 minutes of PCA assistance/day (45 minutes for shower and 15 minutes for the nighttime wash).
 - b. MassHealth agreed to approve in full the time requested for (1) Nail Care, and (2) Grooming-Other.
 - c. Appellant agreed to accept the modifications for the activities of (1) Shaving, (2) Eating, and (3) Assistance with Medications. (Testimony and Exhibit 3)
6. The two activities and modifications remaining in dispute at the end of hearing are as follows:

Issue #	Activity	Request of Appellant is...	MassHealth Approved...	Decrease caused by MassHealth's Modifications
1	Other Healthcare Needs (ADL)	511 minutes/week	315 minutes/week	196 minutes/week
2	Maintenance of Equipment (IADL)	123 minutes/week	60 minutes/week	63 minutes/week

7. Appellant's PCA provider filled out the Time-for-Task paperwork requested by MassHealth and contained the following detail breaking down the request for 511 minutes/week for Other Healthcare Needs into four subparts. The subparts are:
 - a. 3 minutes, 3 times per day, 7 days a week for 63 minutes/week (for use of weights on upper extremities);
 - b. 3 minutes, 3 times per day, 7 days a week for 63 minutes/week (for use of weights on lower extremities);
 - c. 25 minutes, one time per week, for 25 minutes/week (for periodic incontinence care); and
 - d. 30 minutes, two times per day (AM+PM), 6 days a week, for 360 minutes/week (for assistance with use of gait trainer and treadmill).
 - e. (Testimony and Exhibit 3)
8. MassHealth indicated that there were no issues with the periodic incontinence care. (Testimony)
9. MassHealth testified that the predominant reason why it approved 315 minutes for PCA assistance with this activity of Other Healthcare Needs was because that was the amount of time approved by the agency last year. (Testimony)
10. Appellant uses the gait trainer and treadmill for exercise six times a week, and needs assistance getting into and out of the durable medical equipment apparatuses in order to safely do this exercise. This includes time for briefly observing the Appellant upon the beginning of the exercise to make sure the equipment is attached safely. (Testimony and Exhibit 3)
11. In addition to two sets of PROM exercises each day, Appellant also has weights put on his limbs 3 times per day in order to help build or maintain tone and strength in the respective extremities. (Testimony and Exhibit 3)
12. For the IADL related to Maintaining and Cleaning of Equipment, Appellant's provider submitted a request for 123 minutes/week of PCA time. The request was broken down as follows:
 - a. Gait Trainer and Treadmill cleaning – 5 minutes/day, 6 days of week, for 30 minutes total;
 - b. Electronic WheelChair cleaning – 5 minutes/day, 7 days of week, for 35 minutes total;
 - c. Hospital Bed – 30 minutes, one time per week, for 30 minutes; and

- d. Shower Chair and Commode – 4 minutes/day, 7 days a week for 28 minutes total.
(Testimony and Exhibit 3)
- 13. MassHealth testified that the predominant reason why it approved 60 minutes for PCA assistance with this activity of Cleaning and Maintaining Equipment was because that was the amount of time approved by the agency in the prior annual PA period. (Testimony)
- 14. In the relevant section on Maintaining and Cleaning Equipment, the submission from Appellant's PCA provider specified the frequency, minutes, and step by step details on the PCA Time-For-Tool Task form that the agency has asked providers to fill out and submit as part of the PCA evaluation process. (Testimony and Exhibit 3)
 - a. The submission from appellant's PCA provider is detailed, orderly, attempts to break time and tasks with the appropriate frequency, and has no obvious exaggerations.
(Exhibit 3)

Analysis and Conclusions of Law

The regulations concerning PCA Services are found at 130 CMR 422.000 et seq. Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when “(1) *they are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care*; (2) *the member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance*; (3) *the member, as determined by the personal care agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A)*; and (4) *MassHealth has determined that the PCA services are medically necessary*.” It is undisputed that this Appellant is a MassHealth member eligible for PCA services.

All requested PCA services must be medically necessary for prior authorization to be approved. A portion of the MassHealth regulation which applies to all providers, including the PCA program, and which describes what kind of services meet the definition of “*medical necessity*”, appears below:

130 CMR 450.204: Medical Necessity

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) 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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality...

(Bolded emphasis added.)

The relevant portion of 130 CMR 422.410 which further defines the specific ADLs and IADLs covered by this program reads as follows:

422.410: Activities of Daily Living and Instrumental Activities of Daily Living

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL:

- (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: 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 or bladder needs.*

(B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:

- (1) household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;*
- (2) meal preparation and clean-up: physically assisting a member to prepare meals;*
- (3) transportation: accompanying the member to medical providers; and*
- (4) **special needs: assisting the member with:***
 - (a) the care and maintenance of wheelchairs and adaptive devices;***
 - (b) completing the paperwork required for receiving PCA services; and***
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.***

(Bolded emphasis added.)

Another regulation relevant to this appeal is found in 130 CMR 420.412.

422.412: Non-covered Services

*MassHealth **does not cover any of the following** as part of the PCA program or the transitional living program:*

- (A) social services including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;*
 - (B) medical services available from other MassHealth providers, such as physician, pharmacy, or community health center services;*
 - (C) assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;***
 - (D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility;*
 - (E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;*
 - (F) services provided by family members, as defined in 130 CMR 422.402; or*
 - (G) surrogates, as defined in 130 CMR 422.402.*
- (Bolded emphasis added.)**

Although MassHealth made eight modifications, there are six which were essentially resolved, with additional time being allowed for three of those so that Appellant had greater time for (1) Bathing, (2) Grooming – Nail Care, and (3) Grooming – Other needs. This appeal is DISMISSED IN PART as to those six resolved issues per 130 CMR 610.051.

With the above regulations in mind, the analysis will turn to the disputed activities. As to the two disputed activities, I find that Appellant has sufficiently demonstrated a valid health care need for the additional time he requests for help with physical exercise or other physical activities of his extremities.⁶ The Appellant is not only committed to these exercises and activities which naturally serve some health need, but the Appellant's PCA provider offered a detailed breakdown as to the frequency of the exercises and what was needed in the form of PCA assistance. This breakdown, as summarized in meticulous and scrupulous detail on the agency's Time-for-Task tool on page 48 of Exhibit 3, established a bona fide case for the time in question. In response, MassHealth provided some information on what was provided in the prior year, but the agency did not offer any detailed testimony to show what conclusions could have been drawn from last year's approval. Based on the evidence available in the record, I find the Appellant's PCA submission and testimony shows his need for the time, and I do not find any evidence of either the timeframe being exaggerated or why there should be less time for a given sub-activity. I thus conclude that PCA time for the ADL component described as "Other Healthcare Needs" should be APPROVED, in full, as requested.

Similarly, with regard to the IADL component for maintaining and cleaning the equipment, it is noted that the submission from Appellant and his PCA provider once again lay out, in thorough detail, the basis for the 123 minutes being sought. See Exhibit 3, page 53. Again, MassHealth's justification for the lesser amount of time relies on last year's approval, without either any context of last year's request, and without or evidence as to why the specific minutes of time for cleaning of a particular piece of equipment should not be allowed in the quantity requested. Based on the

⁶ The amount of time for incontinence care was also not disputed, so the sole dispute was over how much time the Appellant's PCA should be used to contributing towards the exercise and use of Appellant's DME.

evidence in the record, I find the argument for Appellant's side to be given 123 minutes to be somewhat more compelling than the 60 minutes suggested by MassHealth. I therefore conclude that this other disputed activity should also be APPROVED in full.

Based on the above, the appeal is APPROVED IN PART and DISMISSED IN PART. With these adjustments, I find the total day and evening PCA time approved should be 70.25 hours/week.⁷

Order for MassHealth/OPTUM

Within 30 days of the date of this decision, MassHealth must adjust the approved PCA time in accordance with this decision to allow for 70.25 day and evening PCA hours/week for the current PA period which runs from 1/7/2022 to 1/6/2023.⁸ MassHealth must also send written notice to Appellant and his PCA provider confirming the implementation of this new approved time amount.

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.

⁷ The total time approved prior to the Fair Hearing decision was 3,951 minutes/week. See fn 2, *supra*. The additional amount of time that had been lost due to the modifications of these last two activities, approved by this decision, is 259 minutes/week (196 minutes of modification to Other Healthcare Needs, plus 63 minutes for Equipment Maintenance). This makes the total approved time 4,210 minutes/week, which is equal to 70.17 hours/week, which is rounded up per customary MassHealth policy to 70.25 hours/week.

As always, MassHealth is encouraged to check the Hearing Officer's math. If MassHealth finds an error that, upon correction, should result in more time for Appellant, the agency may make that correction without notifying BOH. On the other hand, if MassHealth believe there was a math error and that Appellant's time should be reduced below 70.25 hours/week, the agency is encouraged to notify the Director or Deputy Director of the Board of Hearings for assistance or questions with appropriate implementation.

⁸ Upon receipt of this decision, if Appellant has questions about whether and how these hours may be used retroactively to the beginning part of the PA period, the Appellant is encouraged to follow-up with his PCA provider BCIL as that is likely the contact where this administrative issue can be most quickly addressed.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact OPTUM through either the MassHealth Prior Authorization Unit (1-800-862-8341) or general MassHealth Customer Service (1-800-841-2900). 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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: Optum/MassHealth LTSS
Prior Approval Unit