

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2201588
Decision Date:	6/6/2022	Hearing Date:	05/02/2022
Hearing Officer:	Paul C. Moore	Record Closed:	05/23/2022

Appearances for Appellant:

Pro se, [REDACTED] (both by telephone)

Appearances for Integrated Care Organization (ICO):

Cassandra Horne, appeals and grievances manager, Jeremiah Mancuso, R.N., clinical appeals nurse (both from Commonwealth Care Alliance, and both by telephone)



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	Prior Authorization, Companion Services
Decision Date:	6/6/2022	Hearing Date:	05/02/2022
SCO Reps.:	Cassandra Home & Jeremiah Mancuso	Appellant Reps.:	Pro se, with companion
Hearing Location:	Board of Hearings (remote)	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 February 22, 2022, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied the appellant's internal appeal of a denial of prior authorization (PA) for companion services (Exhibit 1).¹ The appellant filed an external appeal with the Board of Hearings (BOH) on March 26, 2022 (Exhibit 2; 130 CMR 508.010; 130 CMR 610.015(B)).

A determination by an ICO to "deny or provide limited authorization of a requested service, including the type or level of service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit" is valid grounds for appeal (130 CMR 508.010(B); 130 CMR 610.032(B)).

¹ 130 CMR 501.001 defines "integrated care organization" as "an organization with a comprehensive network of medical, behavioral-health care, and long-term services and supports providers that integrates all components of care, either directly or through subcontracts, and has contracted with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) and been designated as an ICO to provide services to dual eligible individuals under M.G.L. c. 118E. ICOs are responsible for providing enrollees with the full continuum of Medicare- and MassHealth-covered services."

Action Taken by ICO

CCA denied the appellant's internal appeal of a denial of a PA request for companion services.

Issue

Whether CCA was correct in denying the appellant's PA request for coverage of companion services.

Summary of Evidence

All parties and witnesses appeared by telephone. Documents from the ICO were incorporated into the hearing record as Exhibit 4.

According to the CCA appeals manager, the appellant is under age 65, disabled, and enrolled in Medicare and MassHealth. She has been a member of the CCA OneCare Program since June 1, 2019. She lives alone in the community, and has medical diagnoses of obesity, post-traumatic stress disorder (PTSD), major depressive disorder, agoraphobia, panic disorder, and hypertension. She receives assistance from a friend, according to the CCA appeals manager. On January 18, 2022, through an agency, International Health Solutions, the appellant filed a PA request for fifteen hours per week of companion services for the PA period March 1, 2022 through August 31, 2022 (Testimony, Exh. 4, p. 61). The CCA appeals manager testified that the appellant had requested such companion services "earlier during the pandemic," and that they were administratively approved by CCA. On January 19, 2022, CCA issued a denial letter to the appellant, indicating that companion services would be terminated effective March 1, 2022 (Exh. 4, pp. 10-11). The January 19, 2022 denial letter states in relevant part:

We've denied the request for the medical services/items listed above from your health care provider. Our decision is: companion services, 15 hours per week, from March 1, 2022 through August 31, 2022. . . was denied and will stop on March 1, 2022.

We denied the request for the medical services/items listed above because: Your authorization was administratively approved even when you did not meet all the medical necessity criteria. At this time, we have reviewed your request to continue receiving Companion Service. We have denied this service . . . because Companion Service is no longer medically necessary. You had an assessment of your care needs on November 1, 2021. Our records show that you live alone. You are independent with meals and household tasks. You may need some help with shopping and transportation. There is no documentation of what the aide is doing. Companion is not for diversion. Companion is not for recreation. There is no evidence that Companion Service is needed. . . .

(*Id.*)

The CCA appeals manager testified that the appellant filed an internal appeal of this denial with CCA on January 24, 2022. The appellant's internal appeal was reviewed by a CCA medical director, and on February 22, 2022, a formal written denial of her level one internal appeal was issued by CCA. The February 22, 2022 internal appeal denial letter states in pertinent part as follows:

According to the 2022 CCA OneCare Member Handbook, Chapter 4, pages (*sic*) 46:
Your Medicare and MassHealth covered services must be provided according to the rules set by Medicare and MassHealth.

The services. . . must be medically necessary. Medically necessary means you reasonably need the services to prevent, diagnose, or treat a medical condition. It also means there is no other similar, less expensive service that is suitable for you.

Per CCA Decision Support Tool for Companion Services:

Clinical Eligibility: In order to be eligible to receive Companion, the member must have a physical, cognitive, or behavioral-related disability such that the member requires supervision/support, or requires assistance to travel safely to medical appointments. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

Determination of Need: In order to receive Companion, the authorizing clinician must determine that it is required for support, safe travel, or for relief from the stresses of daily caregiving. . . .

(Exh. 1) (bolded in original)

The appellant appealed the February 22, 2022 denial letter externally to the BOH (Exh. 2).

The CCA appeals supervisor stated that following both the January 19, 2022 denial and the February 22, 2022 internal appeal denial, the appellant has continued to receive "aid pending" the outcome of these appeals, at the level of fifteen hours of companion services per week (Testimony).

A CCA clinical appeals nurse testified that the appellant's PA request was denied in view of information obtained from the Minimum Data Set – Home Care tool, completed by telephone on November 1, 2021, reflecting that the appellant can complete her activities of daily living (ADLs) and instrumental activities of daily living (IADLs) independently. The CCA appeals nurse stated that examples of ADLs include dressing, showering, and taking medications, and examples of IADLs include meal preparation, laundry, and grocery shopping. The CCA appeals nurse stated that according to CCA medical necessity guideline number 82, in order to qualify for companion services, a member must provide medical documentation of the condition or syndrome underlying

his/her disability, as well as the nature of the resulting functional impairment.² Companion services, when medically necessary, provide a member with supervision or assistance to enable the member to travel to and from medical appointments, and/or provide the member with cueing and supervision with light duty tasks, such as meal preparation, laundry and shopping. The appeals nurse stated that he located progress notes of the CCA care team reflecting that the appellant's mental health presents barriers to her ability to care for herself. The CCA appeals nurse stated, however, that he was unable to locate any supporting documentation from the appellant's health care provider describing the nature of the appellant's disability that would give rise to the need for companion services. Therefore, according to the CCA appeals nurse, the appellant's request for companion services was denied, as was her first level internal appeal, both for lack of medical necessity (Testimony).

The CCA appeals nurse stated that companion services differ from personal care attendant (PCA) services because the latter require a member to demonstrate the need for physical assistance with at least one ADL. Companion services are more in the nature of cueing or supervision to ensure a member completes his or her IADLs. The CCA appeals nurse stated that companion services are more analogous to homemaker services than to PCA services (Testimony).

The CCA appeals nurse testified that he reviewed the appellant's CCA record, and noted that she has a therapist. He added that a letter from the appellant's therapist addressing the need, if any, for the appellant to receive companion services would be very helpful to the appellant's case (Testimony).

Within Exhibit 4, CCA included a copy of a Decision Support Tool for Companion Services, effective 5/20/2019, which states in pertinent part:

Companion services are non-medical care, supervision, and socialization provided to a functionally impaired adult. Companions may assist with such tasks as meal preparation, laundry and shopping. Companions may also provide light housekeeping tasks that are incidental to the care and supervision of the member. This service is also provided in accordance with a therapeutic goal in the service plan.

Companion does not include assistance with ADLs or medication reminders. . . .

Limitations/Exclusions:

. . . CCA imposes a 12-hour per day limit on the following set of long term services, separately or in combination: homemaker, home health aide, personal care, companion, individual support and community habilitation, and supportive home care aide. The basis of the limit is to promote the use of appropriate sets of services and to preclude the use of these services for members who require services on a 24 hour basis for supervision. . . .

² CCA medical necessity guideline number 82 was not provided within Exhibit 4.

(Exh. 4, pp. 19-20)

The appellant testified that she produced a letter from her social worker, Joanne Swanson, to both the BOH and to CCA prior to the appeal hearing.³ The CCA appeals manager testified that she is unable to locate the letter.⁴ The appellant testified that she has been deemed permanently disabled since 2014, and that she has PTSD, anxiety disorder, agoraphobia, and “social disorder.” She has difficulty leaving her home and being alone. She was physically attacked and beaten in her town many years ago, which court records will corroborate. She has been suicidal in the past. Her companion, [REDACTED], cues the appellant to go out and walk together, takes the appellant to physician appointments, helps her to clean and cook, and is present while the appellant showers.⁵ [REDACTED] also picks up the appellant’s prescriptions, as the appellant generally does not drive. [REDACTED] is with the appellant five hours per day, three days per week (Testimony).

[REDACTED] testified that she has a full-time job four days a week, but works with the appellant three days a week. [REDACTED] testified that she has been the appellant’s companion since approximately February, 2020. She stated that the appellant is independent with her ADLs, but [REDACTED] stands by for cueing and support while the appellant is showering (Testimony).⁶

The CCA appeals nurse testified that he reviewed a progress note written by a long-term services and supports (LTSS) coordinator from an Aging Services Access Point (ASAP) provider on March 29, 2022, following a telephone consult this individual had with the appellant. The appellant had indicated in that phone call that there was no one helping her, neither family nor friends. When questioned about this, the appellant clarified that when CCA assessed her by telephone on November 1, 2021, she told the assessor she had help from a friend; the friend about whom she was speaking was her companion, [REDACTED]. No family members or others help or support the appellant (Testimony).

At the close of the hearing, the hearing officer informed the appellant that he would leave the record of the appeal open for a week for the appellant to submit a copy of a letter from her therapist addressing her need for companion services, and also apprised the CCA representatives that the record would remain open until May 23, 2022 for them to respond, after reviewing any such letter, whether they might alter their decision to deny authorization for companion services.

³ The appellant stated that she received counseling from Ms. Swanson for 13 years, and that Ms. Swanson recently moved to Texas.

⁴ The hearing officer also could not locate a copy of the letter from Ms. Swanson.

⁵ Initials are used to protect confidentiality.

⁶ Timesheets for M.K. sent by the appellant sent with her request for a fair hearing (Exh. 2A), signed by the appellant, for various weeks in the spring of 2021 reflect that M.K. completed the following tasks: (1) hair care, shampoo; (2) walk/exercise outside; (3) meal prep; (4) grocery shopping; (5) linen change; (6) laundry; (7) vacuum - dust; and (8) and wash/sweep floors.

⁷ The CCA Decision Support Tool for companion services states, “Companion requires prior authorization. Authorization decisions must be made on the basis of an in-person, in-home assessment of the member, as well as any other relevant information, e.g., medical diagnoses” (Exh. 4, p. 20). No in-person, in-home assessment of the appellant occurred in this case based on the evidence in the record.

Immediately after the appeal hearing concluded, on May 2, 2022, the hearing officer received via e-mail from the appellant a copy of an undated letter from Joanne Swanson, licensed independent clinical social worker, which states in pertinent part:

I (*sic*) response to your request documenting cognitive, emotional and behavioral needs as relate (*sic*) to the necessity of continuing with PCA services, I would like to state the following:

[The appellant] has a history of trauma and is diagnosed with PTSD and major depressive disorder. Consistent with her PTSD diagnosis, she struggles with being in public without support and is frequently overwhelmed and mistrustful of others. Her PTSD symptoms include nightmares, insomnia, social isolation, mistrust, severe anxiety, agitation, and hypervigilance. These chronic symptoms lead to avoidance behaviors impacting [the appellant's] ability to manage her health, finances, household tasks and to maintain a sense of overall emotional well-being and mood stability.

[The appellant] is learning and reinforcing coping skills in her psychotherapy, and receives psychiatric medications. She benefits significantly from having had the opportunity to build a consistent, trusting relationship with her PCA and shows noticeable symptom improvement over the past months of working with her PCA. It will be important for [the appellant] to continue to have consistent, long-term in-home support services in order to maintain and continue to improve her functioning as she manages her many emotional, cognitive and behavioral challenges related to her [PTSD].

(Exh. 5A)⁸

Also on May 2, 2022, the appellant forwarded via e-mail to the hearing officer and to the CCA appeals manager a list of her medical diagnoses from Valley Medical Group, which includes PTSD, major depressive disorder, panic disorder without agoraphobia, hypertension, complex regional pain syndrome type 1, insomnia, obesity, attention deficit hyperactivity disorder (ADHD), asthma, and hyperlipidemia, among others (Exh. 5B).⁹

The CCA appeals manager did not respond to the record-open submission of the appellant by the deadline of May 23, 2022, or at any time thereafter.

Findings of Fact

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

⁸ A copy of this letter was also forwarded to the CCA appeals manager by e-mail on the same date.

⁹ The diagnosis of panic disorder without agoraphobia conflicts with the testimony of the appellant that she has agoraphobia.

1. The appellant is under age 65, disabled and lives alone in the community (Exh. 4, Testimony).
2. The appellant has been a member of the CCA OneCare Program, an ICO, since June 1, 2019 (Testimony).
3. The appellant has medical diagnoses of obesity, PTSD, major depressive disorder, agoraphobia, panic disorder, hypertension, ADHD, and asthma (Testimony, Exh. 4, Exh. 5B).
4. The appellant has received companion services in the amount of fifteen hours per week since approximately February, 2020 (Testimony).
5. On January 18, 2022, through an agency, International Health Solutions, the appellant filed a PA request with CCA to continue fifteen hours per week of companion services for the period March 1, 2022 through August 31, 2022 (Exh. 4, p. 61).
6. On January 19, 2022, CCA issued a denial letter to the appellant, indicating that companion services would be terminated effective March 1, 2022. The January 19, 2022 denial letter states in relevant part:

“We denied the request for the medical services/items listed above from your health care provider. Our decision is: companion services, 15 hours per week, from March 1, 2022 through August 31, 2022. . . was denied and will stop on March 1, 2022. We denied the request for the medical services/items listed above because: Your authorization was administratively approved even when you did not meet all the medical necessity criteria. At this time, we have reviewed your request to continue receiving Companion Service. We have denied this service . . . because Companion Service is no longer medically necessary. You had an assessment of your care needs on November 1, 2021. Our records show that you live alone. You are independent with meals and household tasks. You may need some help with shopping and transportation. There is no documentation of what the aide is doing. Companion is not for diversion. Companion is not for recreation. There is no evidence that Companion Service is needed. . . .”

(Exh. 4, pp. 10-11)

7. The appellant filed an internal appeal of this denial with CCA on January 24, 2022 (Exh. 4).
8. The appellant’s internal appeal was reviewed by a CCA medical director (Testimony).
9. Following a medical director review, a February 22, 2022 internal appeal denial letter was issued by CCA to the appellant, stating in pertinent part as follows:

“According to the 2022 CCA OneCare Member Handbook, Chapter 4, pages (sic) 46:

Your Medicare and MassHealth covered services must be provided according to the rules set by Medicare and MassHealth.

The services. . . must be medically necessary. Medically necessary means you reasonably need the services to prevent, diagnose, or treat a medical condition. It also means there is no other similar, less expensive service that is suitable for you.

Per CCA Decision Support Tool for Companion Services:

Clinical Eligibility: In order to be eligible to receive Companion, the member must have a physical, cognitive, or behavioral-related disability such that the member requires supervision/support, or requires assistance to travel safely to medical appointments. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

Determination of Need: In order to receive Companion, the authorizing clinician must determine that it is required for support, safe travel, or for relief from the stresses of daily caregiving. . . .”

(Exh. 1)

10. The appellant filed a timely external appeal of this internal appeal denial with the BOH (Exh. 2).
11. The appellant continues to receive fifteen hours of companion services every week during the pendency of this appeal (Testimony).
12. CCA imposes a 12-hour per day limit on the following set of long-term services, separately or in combination: homemaker, home health aide, personal care, companion, individual support and community habilitation, and supportive home care aide (Exh. 4, pp. 19-20).
13. CCA completed a Minimum Data Set – Home Care tool with the appellant by telephone on November 1, 2021, which demonstrated that the appellant can complete her ADLs and IADLs independently (Testimony).
14. A CCA Decision Support Tool for Companion Services, effective 5/2019, states in relevant part:

“Companion services are non-medical care, supervision, and socialization provided to a functionally impaired adult. Companions may assist with such tasks as meal preparation, laundry and shopping. Companions may also provide light housekeeping tasks that are incidental to the care and supervision

of the member. This service is also provided in accordance with a therapeutic goal in the service plan. Companion does not include assistance with ADLs or medication reminders.”

(Exh. 4, p. 19)

15. The appellant’s companion, [REDACTED] spends five hours per day with her, three days a week, and she cues the appellant to go out and walk together, takes the appellant to physician appointments, helps her to clean and cook, is present while the appellant showers, and picks up the appellant’s prescriptions at the pharmacy, as the appellant generally does not drive (Testimony).
16. The appellant receives no help or support from family members or friends (Testimony).
17. The appellant, who was the victim of a crime in the past, has difficulty leaving her home and being alone (Testimony).
18. An undated letter from the appellant’s therapist, Joanne Swanson, L.I.C.S.W., states as follows:

“I (*sic*) response to your request documenting cognitive, emotional and behavioral needs as relate (*sic*) to the necessity of continuing with PCA services, I would like to state the following:

[The appellant] has a history of trauma and is diagnosed with PTSD and major depressive disorder. Consistent with her PTSD diagnosis, she struggles with being in public without support and is frequently overwhelmed and mistrustful of others. Her PTSD symptoms include nightmares, insomnia, social isolation, mistrust, severe anxiety, agitation, and hypervigilance. These chronic symptoms lead to avoidance behaviors impacting [the appellant’s] ability to manage her health, finances, household tasks and to maintain a sense of overall emotional well-being and mood stability.

[The appellant] is learning and reinforcing coping skills in her psychotherapy, and receives psychiatric medications. She benefits significantly from having had the opportunity to build a consistent, trusting relationship with her PCA and shows noticeable symptom improvement over the past months of working with her PCA. It will be important for [the appellant] to continue to have consistent, long-term in-home support services in order to maintain and continue to improve her functioning as she manages her many emotional, cognitive and behavioral challenges related to her [PTSD].”

(Exh. 5A)

19. There is no evidence that the appellant is currently receiving PCA services, or ever received them in the past.

Analysis and Conclusions of Law

Pursuant to regulation 130 CMR 508.001, "MassHealth Member Participation in Managed Care:"

(A) Mandatory Enrollment with a MassHealth Managed Care Provider. MassHealth members who are younger than 65 years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider.

(B) Voluntary Enrollment in a MassHealth Managed Care Provider. The following MassHealth members who are younger than 65 years old may, but are not required to, enroll with a MassHealth managed care provider available for their coverage type: (1) MassHealth members who are receiving services from DCF or DYS; (2) MassHealth members who are enrolled in the Kaileigh Mulligan Program, described in 130 CMR 519.007(A): The Kaileigh Mulligan Program. Such members may choose to receive all services on a fee-for-service basis; (3) MassHealth members who are enrolled in a home- and community-based services waiver. Such members may choose to receive all services on a fee-for-service basis; or (4) MassHealth members who are receiving Title IV-E adoption assistance as described at 130 CMR 522.003: Adoption Assistance and Foster Care Maintenance. Such members may choose to receive all services on a fee-for-service basis.

(C) Senior Care Organizations (SCO). MassHealth members who are 65 years of age or older may enroll in a SCO pursuant to 130 CMR 508.008(A).

(D) Integrated Care Organizations (ICO). Also referred to as "One Care plans." Members enrolled in an ICO (One Care plan) are participants in the Duals Demonstration, also known as "One Care." MassHealth members who are 21 through 64 years of age at time of enrollment may enroll in an ICO pursuant to 130 CMR 508.007(A).

...

(Emphasis added)

Next, MassHealth regulation 130 CMR 508.007(C) states as follows:

Obtaining Services When Enrolled in an ICO. When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for

the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports.

MassHealth regulation 130 CMR 508.010, "Right to a Fair Hearing," states as follows:

Members are entitled to a fair hearing under 130 CMR 610.000: MassHealth: Fair Hearing Rules to appeal:

(A) the MassHealth agency's determination that the MassHealth member is required to enroll with a MassHealth managed care provider under 130 CMR 508.001;

(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process;

(C) the MassHealth agency's disenrollment of a member under 130 CMR 508.003(D)(1), (D)(2)(a), or (D)(2)(b), or discharge of a member from a SCO under 130 CMR 508.008(E); or

(D) the MassHealth agency's determination that the requirements for a member transfer under 130 CMR 508.003(C)(3) have not been met.

(Emphasis added)

The appellant exhausted the internal appeal process offered through her ICO, and thereafter, requested a fair hearing with BOH, to which she is entitled pursuant to the above regulations.

As MassHealth's agent, CCA is required to follow MassHealth laws and regulations pertaining to a member's care. Under the regulations pertaining to MassHealth ICOs, above, CCA is empowered to authorize, arrange, integrate, and coordinate the provision of all covered services for the appellant.

MassHealth will pay a provider only for those for services that are medically necessary. Pursuant to 130 CMR 450.204(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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth 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.

Pursuant to MassHealth regulations pertaining to Home- and Community-Based Services (HCBS) Waiver Services, at 130 CMR 630.410(A), adult companion services must be provided in accordance with a therapeutic goal in the service plan. Adult companion services are covered where the adult companion enables the participant to function with greater independence within the participant's home or community (130 CMR 630.410(A)). Adult companion services are not covered where the services are purely recreational or diversionary in nature (130 CMR 630.410(B)).

In contrast, the HCBS-waiver regulations governing personal care services state that personal care services are covered when a participant requires a range of assistance with ADLs related to independent living and when the personal care service enables the participant to function with greater independence within the participant's home and community. (130 CMR 630.421(A)). Personal care services under an HCBS waiver may include supervision and cueing of participants (130 CMR 630.421(A)). Personal care services may also include assistance with IADLs (130 CMR 630.421(A)).

Under the Medicaid State Plan, PCA services are governed by regulations set forth at 130 CMR 422.401 *et seq.*

Here, the appellant's request for companion services was approved administratively during the Covid-19 pandemic. In November, 2021, a reassessment of the appellant's needs occurred. At that time, CCA determined that the appellant needed no assistance with her ADLs or IADLs. In addition, no medical documentation of the appellant's disability and functional impairment was provided. Therefore, CCA denied the PA request for continued companion services.

Following the appeal hearing, during a record-open period, the appellant produced a letter from her social worker describing the appellant's diagnoses, including PTSD and major depressive disorder. The social worker describes her functional impairments, including struggling with being in public without support, being frequently overwhelmed and mistrustful of others, and avoidance behaviors impacting the appellant's ability to manage her health, finances, and household tasks and to maintain a sense of overall emotional well-being and mood stability.

The letter from the appellant's therapist is undated, and refers to the need for the appellant to continue with PCA services. There is no evidence that the appellant needs PCA services, nor is there evidence that she has ever received them in the past. The hearing officer concludes that the social worker has confused the terms "PCA" and "companion" and used them synonymously.

The social worker's letter, despite containing errors, is still supportive of the appellant's need for assistance with her IADLs due to a disability and a resulting functional impairment. Per the CCA Decision Support Tool, companion services are non-medical care, supervision, and socialization provided to a functionally impaired adult. Further, companions may assist with such tasks as meal preparation, laundry and shopping. Also, MassHealth regulations governing adult companion

services, cited above, reflect that such services are covered where the adult companion enables the participant to function with greater independence within the participant's home or community. The services provided by [REDACTED] do exactly that.

MassHealth regulations, and the CCA Decision Support Tool, also direct that adult companion services are not covered where the services are purely recreational or diversionary in nature. The services and support provided by [REDACTED] to the appellant are not recreational or diversionary.

The appellant has demonstrated a need for, and has benefitted from, the services of her companion by overcoming social isolation and her fear of being alone, and by being reminded to complete, and being assisted with completion of, household tasks such as cooking, cleaning and laundry.

Since there is no evidence that the appellant also receives PCA services or personal care services, there is no concern about duplicative services being provided to her by CCA.

For all of these reasons, CCA's decision to deny the appellant's PA request for 15 hours per week of companion services was incorrect.

This appeal is APPROVED.

Order for the ICO

Rescind denial notices of January 19, 2022 and February 22, 2022. Send written notice to the appellant authorizing her for 15 hours of companion services per week for the PA period March 1, 2022 through August 31, 2022. Send notice of implementation only; do not include appeal rights.

Implementation of this Decision

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

Paul C. Moore
Hearing Officer
Board of Hearings

cc: Cassandra Horne, Appeals and Grievances Manager, Commonwealth Care Alliance, 30 Winter Street, Boston, MA 02108