

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2204411
Decision Date:	10/24/2022	Hearing Date:	10/07/2022
Hearing Officer:	Thomas J. Goode	Aid Pending:	Yes

Appearance for Appellant:

Pro se

Appearances for Commonwealth Care Alliance:

Cassandra Horne, Appeals & Grievances Manager

Michelle Shepard, PCA Manager

Jeremiah Mancuso, Clinical RN Appeals Nurse

Kaley Ann Emery, Appeals Supervisor



*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:	Denied	Issue:	Prior Authorization
Decision Date:	10/24/2022	Hearing Date:	10/7/2022
CCA's Reps.:	Cassandra Horne, et. al.	Appellant's Rep.:	Pro se
Hearing Location:	Remote		

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 June 8, 2022, and following a first-level standard internal appeal, Commonwealth Care Alliance (CCA) notified Appellant that it had upheld modifications to Appellant's request for PCA (personal care attendant) services (130 CMR 508.008, 422.000 *et seq.* and Exhibit 1). Appellant filed this appeal in a timely manner on June 10, 2022, and has been receiving aid pending the outcome of the appeal (130 CMR 508.008, 610.015, 610.032(B) and Exhibit 2). Modification of a prior authorization request for PCA services is valid grounds for appeal (130 CMR 508.008, 610.032(B)). A hearing was scheduled for July 29, 2022, and was rescheduled at Appellant's request due to a death in her family. A hearing was scheduled for August 29, 2022, and was rescheduled to October 7, 2022, because Appellant did not timely receive documentation to be presented at hearing by CCA.

Action Taken by Commonwealth Care Alliance

Following a level one standard internal appeal, Commonwealth Care Alliance (CCA) modified Appellant's prior authorization request for PCA services.

Issue

The appeal issue is whether Commonwealth Care Alliance (CCA) was correct in modifying Appellant's prior authorization request for PCA services.

Summary of Evidence

The Commonwealth Care Alliance (CCA) representatives testified that Appellant is a MassHealth member enrolled in Commonwealth Care Alliance Senior Care Options program. CCA explained that Appellant was previously authorized for 64.5 day/evening PCA (personal care attendant) hours and 14 nighttime PCA hours per week. The request for 64.5 day/evening PCA hours was modified by CCA to 39.5 day/evening PCA hours and 14 nighttime PCA hours per week. Appellant appealed the modification which was upheld by CCA following a Level 1 standard internal appeal conducted by CCA (Exhibit 1).

Appellant is [REDACTED] years old with multiple medical diagnoses including hypothyroidism, hyperlipidemia, hypoxia, glaucoma, Crohn's disease, DJD (degenerative joint disease), rotator cuff arthropathy of right shoulder, history of knee replacement of right knee, left meniscal injury, morbid obesity, peripheral edema, skin lesion of face, Intertrigo, chronic diastolic heart failure, bilateral leg pain, hypokalemia, blindness of right eye, post-traumatic osteoarthritis of right shoulder, oxygen dependence, COVID-19, BPPV (benign paroxysmal positional vertigo), exotropia of the right eye, chronic right maxillary sinusitis, history of TIA (transient ischemic attack), dry eyes, dry skin, folate deficiency, insomnia, constipation, gait abnormality, gastroesophageal reflux disease, impaired mobility and ADLs (activities of daily living), cerebrovascular disease, spigelian hernia, osteopenia of the thigh, peripheral vascular disease, Onychomycosis, history of falls, stage 3 chronic kidney disease, mood disorder, Atelectasis, anxiety, bilateral carotid artery stenosis, post-traumatic osteoarthritis of the right shoulder, and other chronic pain. Appellant requires assistance with ADLs due to unstable gait, fall risk, chronic pain, and poor vision. Appellant has a shower chair and grab bars for support. Appellant requires assistance with IADLs (instrumental activities of daily living) due to unstable gait, fall risk, chronic pain, poor vision, and fatigue. (Exhibit 5, pp. 4-5). Appellant previously appealed a PCA reduction in 2021 that reduced PCA hours to 22.75 day/evening, and 14 nighttime hours, which was partially approved for 90-days at 64.5 day/evening and 14 nighttime hours to allow for a new in-person assessment as Appellant had moved to an accessible apartment and her actual needs were unknown.¹ On June 8, 2022, CCA upheld the reduction in Personal Care Attendant services from 64.5 day hours and 14 night hours per week to 39.5 day hours and 14 nighttime hours per week because CCA determined that 64.5 day/evening hours are excessive for Appellant's actual direct-care needs. The most recent SCO PCA evaluation was completed in-person on February 17, 2022 with multiple CCA staff members present, and resulted in a reduction of PCA hours from 64.5 day/evening hours to 33.75 day/evening hours.² On April 22,

¹ See Exhibit 5, p. 3: 7/9/2021 SCO CCA PCA evaluation, in-person: ADLs- mobility (zero min/week), medication assistance (zero min/week), sponge bath(225min/week), shower (90min/week), hair (zero min/week), grooming (105min/week), dressing (105min/week), undressing (84min/week), bladder/bowel care (zero min/week). IADLs- laundry (120min/week), grocery shopping (60min/week), housekeeping (60min/week), meal preparation (420min/week), transportation (90min/week), special needs (zero min/week). Night hours- 14hours/week. Total= 22.75 day-hours/week.

² See Exhibit 5, p. 2: 2/17/2022 SCO PCA RN note excerpt: "The member reports that her PCA/Ivette works from 10 to 5pm M-F, actively looking to hire a PCA to fulfill the weekend and nighttime hours. The member reports that on the weekends, when she does not have PCA, she will take a simple sponge bath, uses bedside commode, is able

2022, the CCA SCO PCA team made an addendum to the 2/17/2022 assessment taking into consideration Appellant's comments and needs expressed following the evaluation, and the assessors came to an agreement to increase the proposed reduction from 33.75 day/evening hours to 39.5 day/evening and 14 nighttime hours. The 2/17/2022 CCA SCO PCA evaluation was amended to approve the following PCA time: ADLs: mobility (105min/week), medication assistance (140min/week), sponge bath (225min/week), shower (120min/week), hair (30min/week), grooming (105min/week), dressing (210min/week), undressing (140min/week), bladder/bowel care (133min/week). IADLs: laundry (120min/week), grocery shopping (90min/week), housekeeping (90min/week), meal preparation (630min/week), transportation (30min/week), special needs (175min/week). Night hours: 14 hours/week. Total PCA time approved was 39.5 day hours and 14 nighttime hours/week. The CCA representatives testified that modifications were based on the February 17, 2022 evaluation and time for task guidelines (Exhibit 5, pp. 71-81). The prior authorization request was modified in the following areas: dressing/undressing, bathing, grooming, and mobility which were addressed at hearing, after which CCA increased Appellant's PCA hours to 41.75 day/evening hours and 14 nighttime hours.

Dressing/Undressing:

Appellant requested 30 minutes per day for dressing and 20 minutes per day for undressing for total PCA time of 5.5 hours per week. CCA determined that Appellant required maximum assistance and reduced the time requested to 23 minutes for dressing, and 15 minutes for undressing. Based on Appellant's testimony that she is totally dependent on the PCA to complete the dressing and undressing, CCA approved 30 minutes per day for dressing and 20 minutes per day for undressing.

to use the air fryer to prepare hamburgers, reheat left over food and retrieve items from the refrigerator. During today's functional evaluation, the member simulated a bed transfer independently, this RN observed the member scoot herself to the edge of the bed using bed rail for support, then member was observed going from a sit < stand at bed level and ambulated about 50 feet, directly across from her bedroom to her bathroom independently, no DME or hands on assistance provided, used walls/furniture for support. Emily OT offered to bring walker to use with ambulation, kept in the bathroom, member declined, stated "I usually just waddle around". The member was observed completing a toilet transfer on her own, no hands-on assistance, returned back to her bedroom, transferred herself back in bed independently, continued on room air, states she uses her oxygen at nighttime d/t hypoxia. The member reports that when the PCA is in the home she will spend time in the kitchen or living room, reports that she requires hands on assistance with low furniture transfers, like sofa and kitchen chairs d/t poor endurance, impaired mobility and standing tolerance, widespread joint pain, back, shoulder, knee and leg pain, vertigo, OA, peripheral edema, CHF, respiratory failure, oxygen dependent, fatigue with exertion and high risk for falls. The member reports sometimes she uses her walker or w/c to move around her apartment, states she is able to self-propel her w/c short distance, but would need assistance w/c propulsion for long distance d/t reasons mentioned above. The member reports to be homebound, has not left her home since she moved in about a year ago, but has a goal to leave her apartment... Recommending a decrease in PCA hours from 64.5-day hours and 14-night time hours to 33.75-day hours and 14-night time hours wkly d/t functional improvement noted when comparing the initial TFFT completed on 1/28/2019, in which the member was authorized for 64.5 and 14 night time hours, now the member is independent with mobility for short distance, requires minimal assistance with transfers, reports to shower 2x wkly and sponge baths 5x wkly, moved to a one bedroom apartment a year ago (time for housekeeping reduced), shopping time reduced to 90 minutes wkly, also member reports to be homebound, has not left her home for over year, but has a goal to start leaving her home to MD appt, so partial time for transportation provided."

Bathing:

Appellant requested 5.75 hours per week for bathing consisting of 5 sponge baths per week in 45-minute increments for 225 minutes per week, and 2 showers per week in 60-minute increments (Exhibit 5, p. 207). Appellant testified that she requires 3 showers per week in 90-minute increments. The parties agreed to 3 showers per week in 75-minute increments which includes 15 minutes for hair washing per shower, with a corresponding reduction of one sponge bath.

Grooming:

Appellant requested 20 minutes per day for grooming activities, and CCA approved 15 minutes per day, 7 days per week (Exhibit 5 p. 208). Appellant explained that she needs 4-6 minutes per day for assistance applying lotions to her legs, 5 minutes per day for footcare, and 10 minutes per day for setting her hair in a ponytail. The parties agreed to 20 minutes of PCA time per day to accomplish grooming tasks.

Mobility:

Appellant requested 251 minutes per day for mobility assistance equating to 4.18 hours per day or 29.25 hours per week. CCA noted that Appellant requires minimal assistance with mobility and transfers.³ During the onsite evaluation, Appellant was observed ambulating without assistance or a walker. Pursuant to the time for task tool, CCA allowed 3 minutes per mobility transfer, 5 times per day (Exhibit 5, p. 206). Based on Appellant's testimony that she requires assistance with mobility at least 7 or 8 times per day, Appellant and CCA agreed to 3 minutes per transfer and 9 transfers per day totaling 3.15 hours per week to meet Appellant's needs, and PCA time was adjusted accordingly.

IADLs: Housekeeping, Shopping, and Laundry:

The CCA representatives testified that housekeeping and shopping were approved at the maximum allowance of 90 minutes per week. Appellant agreed that 90 minutes was sufficient for the PCA to accomplish shopping. She asserted that 90 minutes for housekeeping was insufficient because the PCA needs to clean all week and her apartment gets dusty; however, she agreed that 90 minutes was

³ See Exhibit 5, p. 71, Mobility Comments: "Minimal; Upon arrival of this joint home eval, the member was noted to be sitting up on her bed at approximately 45 degree angle, on room air, was alert/oriented x3, pleasant and cooperative. **During today's functional evaluation, the member simulated a bed transfer independently, this RN observed the member scoot herself to the edge of the bed using bed rail for support, then member was observed going from a sit > stand at bed level and ambulated directly across from her bedroom to her bathroom independently, no DME or hands on assistance provided, used walls/furniture for support. Emily OT offered to bring walker to use with ambulation, kept in the bathroom, member declined, stated " I usually just waddle around". 'The member was observed completing a toilet transfer on her own, no hands-on assistance, returned back to her bedroom, transferred herself back in bed independently, continued on room air, states she uses her oxygen at night time d/t hypoxia. The member reports that when the PCA is in the home she will spend time in the kitchen or living room, reports that she requires hands on assistance with low furniture transfers, like sofa and kitchen chairs d/t poor endurance, impaired mobility and standing tolerance, widespread joint pain, back, shoulder, knee and leg pain, vertigo, OA, peripheral edema, CHF, respiratory failure, oxygen dependent, fatigue with exertion and high risk for falls. The member reports sometimes she uses her walker or w/c to move around her apartment, states she is able to self-propel her w/c short distance, but would need assistance w/c propulsion for long distance d/t reasons mentioned above. The member resides in a high rise secured building with elevator access. The member reports to be homebound, has not left her home since she moved in about a year ago, but has a goal to leave her apartment.'**" (bold preserved from the original)

sufficient for housekeeping if the time is used over 7 days. Laundry was approved 60 minutes twice per week for a total of 120 minutes per week.⁴

Appellant testified to a 2016 determination made by the Center for Living and Working which resulted in an approval of 64.5 PCA hours through 2018 (Exhibit 7). She stated that she wants to maintain 64.5 PCA hours. Appellant stated that she had been approved in the past for 78.5 PCA hours, which were reduced to 18 hours. She stated that she has been fighting the reductions in PCA hours for 4 years, and that each time CCA does an evaluation her hours are further reduced. Appellant added that the February 2022 assessment completed by CCA does not present an accurate picture of her needs and medical conditions which have only worsened over time and have resulted in months during which she has been confined to bed. She added that the assessment initially reduced PCA hours to 33.75 hours, and that she submitted documentation to CCA showing that she required more hours, but CCA did not completely review or react to all of the documentation submitted. Appellant stated for example that she requested an increase in PCA time for laundry because the laundry machines are not located in her apartment. Appellant also stated that she did not receive time for passive range of motion exercises. Appellant added that she painstakingly marshalled medical documentation which she submitted to CCA and which she feels was ignored because she did not receive a response from CCA.

The CCA representatives confirmed that after the February 2022 on-site assessment, Appellant's PCA hours were initially reduced to 33.75 hours, but based on additional documentation submitted by Appellant, PCA hours were increased to 39.5 hours in April 2022, resulting in the June 8, 2022 determination.

Findings of Fact

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

1. Appellant is a MassHealth member enrolled in Commonwealth Care Alliance Senior Care Options program.
2. Appellant was previously authorized for 64.5 day/evening PCA hours and 14 nighttime PCA hours per week. The request for 64.5 day/evening PCA hours was modified by CCA to 39.5 day/evening PCA hours and 14 nighttime PCA hours per week. Appellant appealed the modification which was upheld by CCA following a Level 1 standard internal appeal conducted by CCA.

⁴ See Exhibit 5, p. 201 Comments: "Dependent: **The member reports that she is dependent on her PCA to complete her laundry often, at least 2x wkly d/t increased laundry related to night sweats, which results to needing multiple changes of clothing and beddings. The member denies participating with any of the laundry tasks d/t impaired bending and reach, secondary to vertigo, morbid obesity, poor endurance, impaired mobility and standing tolerance, limited ROM to upper/lower body, widespread joint pain, R rotator cuff injury, back, shoulder, knee and leg pain, OA, peripheral edema, CHF, atelectasis, respiratory failure, oxygen dependent, fatigue with exertion and high risk for falls. Time allotted for the PCA to complete member's laundry 2x wkly, per member's reports also considering that the member's resides in a high rise building and waiting time for washing and drying can vary.** (bold preserved from original)

3. Appellant is ■ years old with multiple medical diagnoses including hypothyroidism, hyperlipidemia, hypoxia, glaucoma, Crohn's disease, DJD (degenerative joint disease), rotator cuff arthropathy of right shoulder, history of knee replacement of right knee, left meniscal injury, morbid obesity, peripheral edema, skin lesion of face, Intertrigo, chronic diastolic heart failure, bilateral leg pain, hypokalemia, blindness of right eye, post-traumatic osteoarthritis of right shoulder, oxygen dependence, COVID-19, BPPV (benign paroxysmal positional vertigo), exotropia of the right eye, chronic right maxillary sinusitis, history of TIA (transient ischemic attack), dry eyes, dry skin, folate deficiency, insomnia, constipation, gait abnormality, gastroesophageal reflux disease, impaired mobility and ADLs (activities of daily living), cerebrovascular disease, spigelian hernia, osteopenia of the thigh, peripheral vascular disease, Onychomycosis, history of falls, stage 3 chronic kidney disease, mood disorder, Atelectasis, anxiety, bilateral carotid artery stenosis, post-traumatic osteoarthritis of the right shoulder, and other chronic pain. Appellant requires assistance with ADLs due to unstable gait, fall risk, chronic pain, and poor vision.
4. Appellant previously appealed a PCA reduction in 2021 that reduced PCA hours to 22.5 day/evening, and 14 nighttime hours, which was partially approved for 90-days at 64.5 day/evening and 14 nighttime hours to allow for a new in-person assessment as Appellant had moved to an accessible apartment and her actual needs were unknown.
5. On June 8, 2022, CCA upheld the reduction in Personal Care Attendant services from 64.5 day-hours and 14 night-hours per week to 39.5 day hours and 14 night-hours per week because CCA determined that 64.5 day/evening hours are excessive for Appellant's actual direct-care needs.
6. The most recent SCO PCA evaluation was completed in-person on February 17, 2022 with multiple CCA staff members present, and resulted in a reduction of PCA hours from 64.5 day/evening hours to 33.75 day/evening hours.
7. On April 22, 2022, the CCA SCO PCA team made an addendum to the 2/17/2022 assessment taking into consideration Appellant's comments and needs expressed following the evaluation, and the assessors came to an agreement to increase the proposed reduction from 33.75 day/evening hours to the 39.5 day/evening and 14 nighttime hours. The February 17, 2022 PCA evaluation was amended to approve the following PCA time: ADLs: mobility (105min/week), medication assistance (140min/week), sponge bath (225min/week), shower (120min/week), hair (30min/week), grooming (105min/week), dressing (210min/week), undressing (140min/week), bladder/bowel care (133min/week). IADLs: laundry (120min/week), grocery shopping (90min/week), housekeeping (90min/week), meal preparation (630min/week), transportation (30min/week), special needs (175min/week). Night hours: 14 hours/week. Total PCA time approved was 39.5 day-hours, 14 nighttime hours/week.
8. Modifications were based on the February 17, 2022 evaluation, and time for task

guidelines.

9. The prior authorization request was modified in the following areas: dressing/undressing, bathing, grooming, and mobility.
10. Appellant requested 30 minutes per day for dressing and 20 minutes per day for undressing for total PCA time of 5.5 hours per week. CCA determined that Appellant required maximum assistance and reduced the time requested to 23 minutes for dressing, and 15 minutes for undressing. Based on Appellant's testimony that she is totally dependent on the PCA to complete dressing and undressing, CCA approved 30 minutes per day for dressing and 20 minutes per day for undressing.
11. Appellant requested 5.75 hours per week for bathing consisting of 5 sponge baths per week in 45-minute increments for 225 minutes per week, and 2 showers per week in 60-minute increments. Appellant testified that she requires 3 showers per week in 90-minute increments. The parties agreed to 3 showers per week in 75-minute increments which includes 15 minutes for hair washing per shower, with a corresponding reduction of one sponge bath.
12. Appellant requested 20 minutes per day for grooming activities, and CCA approved 15 minutes per day, 7 days per week. Appellant explained that she needs 4-6 minutes per day for assistance applying lotions to her legs, 5 minutes per day for footcare, and 10 minutes per day for setting her hair in a ponytail. The parties agreed to 20 minutes of PCA time per day to accomplish grooming tasks.
13. Appellant requested 251 minutes per day for mobility assistance equating to 4.18 hours per day or 29.25 hours per week. Appellant requires minimal assistance with mobility and transfers. During the onsite evaluation, Appellant was observed ambulating without assistance or a walker. Appellant and CCA agreed to 3 minutes per transfer and 9 transfers per day totaling 3.15 hours per week to meet Appellant's needs.
14. Housekeeping and shopping were approved 90 minutes per week which meets Appellant's needs.
15. Laundry was approved 60 minutes twice per week for a total of 120 minutes per week, and takes into consideration the time necessary for the PCA to access the laundry area.
16. PCA time for passive range of motion exercises were not requested on Appellant's behalf.
17. A 2016 determination made by the Center for Living and Working resulted in an approval of 64.5 PCA hours through 2018.
18. Based on adjustments and agreements at hearing, CCA increased Appellant's PCA hours to 41.75 day/evening hours and 14 nighttime hours.

Analysis and Conclusions of Law

Appellant has the burden of proving by a preponderance of the evidence the invalidity of the determination by the MassHealth agency or the SCO contracting with MassHealth.⁵ Appellant is a MassHealth member enrolled in Commonwealth Care Alliance Senior Care Options program, which is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. CCA Senior Care Options is designed specifically for people who have Medicare and who are also entitled to assistance from MassHealth (Medicaid). Pursuant to 130 CMR 508.008(C), when a MassHealth member chooses to enroll in a senior care organization (SCO), the SCO will deliver the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. As such, CCA SCO is responsible for authorizing all covered services for Appellant, including PCA services in accordance with its medical necessity guidelines for PCA services which mirror MassHealth regulations.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met: (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416. (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 PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A). (4) The MassHealth agency has determined that the PCA services are medically necessary.

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are 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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

⁵ See Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002) (burden is on appellant to demonstrate the invalidity of an administrative determination).

The CCA Medical Necessity Guidelines and MassHealth regulations clearly establish that PCA services require prior authorization. All authorizations submitted to CCA for determination are reviewed against 130 CMR 422.000 *et seq.* and the Decision Support Tool (DST). Authorizations submitted must contain the following documents in order for proper medical necessity review:

- MassHealth PCA Evaluation Time for Task Tool (ICO) or current CCA PCA Assessment Tool based on the MassHealth PCA Evaluation Time for Task Tool (SCO)
- Surrogacy Assessment
- Completed Skills training
- Additional narrative needed to support medical necessity.

The CCA SCO PCA Assessment Team or Delegated Site is responsible for determining eligibility and hours of physical assistance for PCA in accordance with 130 CMR 422.000 *et seq.* and the Decision Support Tool utilizing the CCA PCA Assessment Tool. Initial Assessments and assessments for change in status must be completed by an Occupational Therapist (OT) and Registered Nurse (RN). Annual assessments may be completed by a RN or a Licensed Practical Nurse (LPN) under the supervision of a RN.⁶

CCA determined that Appellant meets the basic criteria for PCA services outlined in their Medical Necessity Guideline No. 80 Personal Care Attendant,⁷ and identified the following limitations that apply to the service and time that can be approved for care:

- PCA services do not include assistance with activities that are not essential to the health care of the member, such as babysitting, lawn maintenance, paying bills, and recreational activities.
- SCO Only: PCA may not be authorized for supervision or cueing to complete an ADL, or for possible or preventive needs.
- Authorizations must not exceed the standards of the MassHealth Time for Task Standards (ICO) and CCA's PCA Assessment Tool based on the MassHealth PCA Evaluation Time for Task Tool (SCO).

The CCA recommendation to uphold the reduction in excessive PCA hours was made after a comprehensive review of the member's clinical record and comparison to MNG (medical necessity guideline) No. 80 and 130 CMR 422.00 *et seq.* MassHealth Personal Care Attendant regulations.⁸ The prior authorization request was modified in the following areas: dressing/undressing, bathing, grooming, and mobility and each modification was reviewed in detail at hearing. Appellant requested 30 minutes per day for dressing and 20 minutes per day for undressing. CCA approved 30 minutes per day for dressing and 20 minutes per day for undressing. Appellant requested 5.75 hours per week for bathing consisting of 5 sponge baths per week in 45-

⁶ See Exhibit 5, p. 87.

⁷ See Exhibit 5, pp. 81-90.

⁸ While Appellant insists that PCA hours remain at 64.5 hours as determined in 2016, that determination has no bearing on the annual assessment completed in 2022.

minute increments for 225 minutes per week, and 2 showers per week in 60-minute increments. Appellant testified that she requires 3 showers per week in 90-minute increments. The parties agreed to 3 showers per week in 75-minute increments which includes 15 minutes for hair washing per shower, with a corresponding reduction of one sponge bath. Appellant requested 20 minutes per day for grooming activities. Appellant explained that she needs 4-6 minutes per day for assistance applying lotions to her legs, 5 minutes per day for footcare, and 10 minutes per day for setting her hair in a ponytail. The parties agreed to 20 minutes of PCA time per day to accomplish grooming tasks. Appellant requested 251 minutes per day for mobility assistance equating to 4.18 hours per day or 29.25 hours per week. Appellant requires minimal assistance with mobility and transfers.⁹ Appellant and CCA agreed to 3 minutes per transfer and 9 transfers per day for total PCA time of 3.15 hours per week to meet Appellant's needs. While this modification resulted in an increase from 15 minutes per day to 27 minutes per day, it is far short of the 29.25 hours per week, (4.18 hours, 251 minutes per day) requested and previously approved. However, the modification reflects medical necessity which was corroborated by Appellant's testimony, and determined by the CCA SCO PCA nurses who completed the on-site evaluation and copiously noted Appellant's functional ability, which shows that excessive PCA hours for mobility transfers had been approved in previous PCA evaluations. Housekeeping and shopping were approved 90 minutes per week which also meets Appellant's needs; and laundry was approved 60 minutes twice per week for a total of 120 minutes per week and takes into consideration the time necessary time for the PCA to access the laundry area which Appellant insisted was not taken into consideration.¹⁰ PCA services for passive range of motion exercises were not requested on Appellant's behalf; however, Appellant can request an increase in PCA hours if these services are in fact indicated.¹¹ While Appellant ardently maintained that CCA has not correctly evaluated her need for PCA services, or completely reviewed and responded to her requests for additional PCA services, the evidence and testimony do not support that conclusion. Prior to issuing the June 8, 2022 notice, CCA amended the February 17, 2022 evaluation on April 22, 2022 and added back 6 hours based on Appellant's input and needs expressed following the evaluation, to increase the proposed reduction from 33.75 day/evening hours to the 39.5 day/evening and 14 nighttime hours. Further, CCA correctly notified Appellant that her PCA hours were reduced to 39.5 hours and that her Level 1 standard internal appeal was denied by notice dated June 8, 2022.

For the foregoing reasons, the appeal is DENIED in accordance with the order below.

Order for Commonwealth Care Alliance

Rescind aid pending and increase Appellant's PCA hours to 41.75 day/evening hours and 14 nighttime hours.

⁹ See fns. 2, 3.

¹⁰ See fn. 4.

¹¹ See Exhibit 5, p. 209.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

Commonwealth Care Alliance SCO, Attn: Cassandra Horne, 30 Winter Street, Boston, MA 02108