

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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| Appeal Decision: | Dismissed | Appeal Number: | 2300104 |
| Decision Date: | 3/28/2023 | Hearing Date: | 02/10/2023 |
| Hearing Officer: | Kimberly Scanlon | | |

Appearance for Appellant:
Via telephone



Appearance for MassHealth:
Via telephone
Donna Burns, R.N.



*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

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|---------------------------|-----------------------------------|--------------------------|---------------|
| Appeal Decision: | Dismissed | Issue: | PCA Services |
| Decision Date: | 3/28/2023 | Hearing Date: | 02/10/2023 |
| MassHealth's Rep.: | Donna Burns, R.N. | Appellant's Rep.: | <i>Pro se</i> |
| Hearing Location: | Quincy Harbor South 4 (Remote) | 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 November 30, 2022, MassHealth denied the Appellant's prior authorization (PA) request for personal care attendant (PCA) services due to a lack of a chronic disabling condition that requires hands on assist with two (2) Activities of Daily Living (ADLs). (Exhibit 1). The Appellant filed this appeal in a timely manner on January 4, 2023. (See, 130 CMR 610.015(B); Exhibit 2). At the hearing, the parties reached the following agreements regarding the Appellant's request for PCA services for the prior authorization period at issue (December 18, 2022 to December 17, 2023):

1. **Bathing:** Approved at 20 minutes, once per day, 7 days a week;
2. **Grooming/Nail Care:** Approved at 5 minutes per week;
3. **Grooming/Other (Lotion):** Approved at 3 minutes, once per day, 7 days a week;
4. **Toileting/Bladder Care:** The parties agreed to 10 minutes, once per day, 7 days a week;
5. **Toileting/Bowel Care:** The parties agreed to 15 minutes, once per day, 7 days a week;
6. **Medication box prefill:** Denied, Appellant agrees since she is alert and oriented and therefore she is able to fill on her own;
7. **Meal Preparation:** Breakfast: Approved at 15 minutes, once per day, 7 days a week;
Dinner: Approved at 30 minutes, once per day, 7 days a week;
8. **Laundry:** Approved at 60 minutes per week;
9. **Housekeeping:** Approved at 60 minutes per week;
10. **Shopping:** Approved at 45 minutes per week.

Because the above-captioned modifications were agreed upon and resolved at the hearing, there are no longer any issues in dispute. Therefore, this appeal is dismissed. (130 CMR 610.035(A)(8)).

Order for MassHealth

If MassHealth has not already done so, make the adjustments agreed to at the hearing, as described above.

Implementation of this Decision

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

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Optum MassHealth LTSS, P.O. Box 159108, Boston, MA 02215