

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2303873
<b>Decision Date:</b>	6/28/2023	<b>Hearing Date:</b>	06/13/2023
<b>Hearing Officer:</b>	Patricia Mullen		

**Appearances for Appellant:**




**Appearance for MassHealth:**

Donna Burns, RN, Optum; Lisa Russell, RN,  
Optum (observing)



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	PCA services
<b>Decision Date:</b>	6/28/2023	<b>Hearing Date:</b>	06/13/2023
<b>MassHealth's Rep.:</b>	Donna Burns, RN, Optum; Lisa Russell, RN, Optum (observing)	<b>Appellant's Reps:</b>	
<b>Hearing Location:</b>	Quincy Harbor South (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 April 10, 2023, MassHealth denied the appellant's request for prior authorization for 15.75 hours per week in day/evening personal care attendant (PCA) services because MassHealth determined that the appellant does not require physical assistance with two or more activities of daily living (ADLs). (see 130 CMR 450.204; 422.403; 422.410 and Exhibit 1). The appellant filed this appeal in a timely manner on May 10, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for PCA services.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204; 422.403; 422.410 in determining that the clinical record indicates that the appellant does not require physical assistance with two or more ADLs.

## Summary of Evidence

The appellant appeared telephonically with a Social Worker from her hospital's Integrated Care Management program. MassHealth was represented telephonically by a registered nurse reviewer from Optum, the contracted agent of MassHealth that makes the prior authorization determinations for requests for PCA services. The MassHealth representative stated that on March 23, 2023, the appellant's provider, Northeast ARC, submitted an initial request for prior authorization for PCA services seeking 15.75 hours in day/evening PCA services per week. (Exhibit 7, p. 3). The MassHealth representative stated that MassHealth denied the request by notice dated April 10, 2023, because MassHealth determined that the appellant does not require physical assistance with two or more of the ADLs defined in 130 CMR 422.410(A).

The appellant is ■ years old and lives alone. (Exhibit 7, pp. 11, 13). The MassHealth representative stated that the appellant's provider reported that the appellant is diagnosed with Ehlers-Danlos syndrome with hypermobility of her joints, and has a past medical history of post traumatic stress disorder (PTSD), asthma, autoimmune (unknown cause), dysautonomia, small fibroneuropathy, persistent postural perceptual dizziness (PPPD), postural orthostatic tachycardia syndrome (POTS), orthostatic hypotension, syncope, abdominal migraine, gastric ulcers, gastroparesis with pain, tardive dyskinesia (side effect from prior use of seroquel), weak grip, and back pain. (Exhibit 7, pp. 13, 14). The appellant's provider reported that the appellant suffers from chronic fatigue, poor balance, and occasionally uses a rolling walker. (Exhibit 7, p. 14).

The appellant was evaluated in her home by an occupational therapist (OT) and by a nurse evaluator from her provider. (Exhibit 7, p. 13). The OT reported that the appellant is independent with mobility, toileting and transfer on/off toilet, eating, requires minimal assistance with bathing, dressing, medication, and transfers in/out bed and in/out shower, and requires moderate assistance with grooming. (Exhibit 7, p. 9). The OT reported that the appellant requires minimal assist with transfers in/out bed and in/out shower due to safety concerns and fatigue. (Exhibit 7, p. 11). The OT noted further that the appellant requires increased time to complete upper and lower body bathing independently due to abrupt changes in blood pressure and is dependent for completing hair wash due to increased fatigue and pain. (Exhibit 7, p. 11). Per the OT report, the appellant is independent with oral and nail care, is able to independently dress upper body and don/doff socks and shoes, and independently dress lower body in supine position. (Exhibit 7, p. 11). The OT noted that the appellant needs assistance with undressing due to increased fatigue at the end of the day.

(Exhibit 7, p. 11). The OT reported that the appellant requires maximum assistance for the instrumental activities of daily living (IADLs) of meal preparation, housekeeping, and shopping, and moderate assist with laundry. (Exhibit 7, p. 9). The OT noted that the appellant is able to manage stairs, uses a rolling walker in the community, uses shower chair, long handled shower head, and has grab bars in the home. (Exhibit 7, p. 10). The OT noted that the appellant is able to retrieve snacks and reheat meals, but requires maximum assist with meal prep due to fatigue and energy conservation. (Exhibit 7, p. 9). The OT noted that the appellant is able to wipe counters, wash small amount of dishes, sort laundry, hang clothing, and minimal amounts of folding. (Exhibit 7, p. 9). The OT noted that the appellant requires assistance for intensive housekeeping, transporting laundry downstairs, loading/unloading washer/dryer due to fatigue, pain, and strength limitations. (Exhibit 7, p. 9). The OT reported that the appellant's diagnoses result in safety concerns during movement due to general fatigue, cardiac implications, dizziness, and pain. (Exhibit 7, pp. 11, 75).

The appellant submitted a letter from her physician dated May 8, 2023. (Exhibit 3). The appellant's physician wrote that as a result of the appellant's diagnoses, she is unsteady on her feet, experiences sudden drops in blood pressure, and uses a walker for ambulation; the physician noted further that the appellant experienced a physical decline following contraction of Covid in August, 2022. (Exhibit 3). The appellant's physician wrote that the appellant requires PCA assistance with ADLs such as bathing, eating, dressing, and personal hygiene. (Exhibit 3).

The most recent medical office note in the record is dated November, 2022, at which time the appellant was seen for a follow up visit for previous fever, chills, and cough. (Exhibit 7, p. 51). The appellant's physical exam was within normal limits. (Exhibit 7, p. 55).

The appellant's provider requested no time for PCA assistance with mobility, passive range of motion (PROM), eating, and toileting. (Exhibit 7, pp. 18, 19, 25, 26). The appellant's provider requested 2 minutes, 2 times a day for PCA assistance with transfers in/out bed, on/off different surfaces, and in/out of the apartment noting that minimal assistance is needed for safety and conserving energy. (Exhibit 7, pp. 17, 18). The appellant's provider requested 15 minutes a day for PCA assistance with showering, including routines transfers; no separate time was requested for assistance with hair wash. (Exhibit 7, p. 20). The nurse evaluator from the provider agency noted that the appellant requires minimal assistance for bathing and transfers, washing body and hair, drying body and hair due to chronic fatigue, low energy, decreased endurance, and poor balance. (Exhibit 7, p. 21). The appellant's provider requested 5 minutes, once a day for PCA assistance with hair styling, 5 minutes, once a day for PCA assistance with shaving legs and underarms, and 5 minutes, once a day for PCA assistance with applying body lotion and cream. (Exhibit 7, p. 22). The appellant's provider requested 5 minutes a day for PCA assistance with dressing and 7 minutes a day for PCA assistance with undressing due to chronic fatigue, low energy, decreased endurance, poor balance. (Exhibit 7, p. 24). The appellant's provider requested 10 minutes a week for PCA assistance with prefilling a medication minder

box, and 2 minutes, 2 times a day for PCA assistance with handing the appellant her medications. (Exhibit 7, p. 28). The appellant's provider requested 30 minutes a month, or 8 minutes a week for PCA assistance with menses care. (Exhibit 7, p. 30). The appellant's provider requested a total of 6 hours per week for PCA assistance with ADLs. (Exhibit 7, pp. 18-30).

The appellant's provider requested 60 minutes a day (7 hours a week) for PCA assistance with meal preparation, 30 minutes a week for PCA assistance with laundry, 60 minutes a week for PCA assistance with housekeeping, 60 minutes a week for PCA assistance with shopping, and 5 minutes a week for PCA assistance with equipment maintenance. (Exhibit 7, pp. 34-36). The appellant's provider requested a total of 9.5 hours per week for PCA assistance with IADLs. (Exhibit 7, pp. 34-36).

In her appeal letter, the appellant wrote that she can do a basic rinse while seated in her shower chair, but cannot stand in the shower due to history of falls and feeling unsteady and weak; the appellant noted that when she has energy to wash her hair, that is all she can do that day. (Exhibit 2, p. 2). The appellant noted that she takes multiple medications and sometimes needs reminders to take certain medications. (Exhibit 2, p. 2). The appellant noted that she is unable to cook, other than frozen or premade meals, because of her energy level. (Exhibit 2, p. 2).

The MassHealth representative stated that based on the record, the appellant is fatigued, has a fear of falling due to past falls and blood pressure fluctuations, and needs someone there for guidance and supervision, in case something happens. The MassHealth representative stated that supervision and safety monitoring are not covered PCA tasks. The MassHealth representative stated that she understands the appellant's limitations, but the PCA program does not apply to anticipatory events or safety monitoring, only hands on physical assistance for persons who cannot do the task due to functional limitations. The MassHealth representative pointed out that the appellant is independent with eating, brushing teeth, nail care, and putting on deodorant, thus has the functional ability to give herself medications, and do grooming tasks; the appellant can dress and undress herself in a supine position on her bed. The MassHealth representative stated that the record does not support that the appellant needs physical assistance with at least 2 ADLs due to her functional limitations.

The appellant stated that she has very low energy, suffers from low blood pressure in the shower, and would feel safer having someone wash her hair. The appellant stated that she wants someone with her, especially in the bathroom, in case she falls. The appellant stated that she wants to take a bath and not worry about passing out. The appellant stated that her heart rate increases when she takes a shower and she gets out of breath. The appellant stated that she can only wash her hair once a week, when someone is with her, and it takes all her energy for the day just to wash her hair. The appellant noted that she also needs someone with her when she shaves her legs. The appellant stated that she has to lie down to get dressed, so

that she won't fall down. The appellant stated that she works for a non-profit company doing networking online, and sometimes has appointments. The appellant stated that she walks on the treadmill at the gym for 30 minutes a day to help with her pain. The appellant stated that she would like regular, cooked meals, but is too tired for meal preparation and can't control her hand movements due to tardive dyskinesia. The appellant stated that she has no energy for every day, normal things. The appellant noted that she could pass out at any time and has a fear of falling. The appellant stated that she can only do one thing a day due to her energy levels. The appellant stated that it takes 15-20 minutes to set up her medications and she needs organization for her medications. The appellant noted that she can manage her menses tasks. The appellant stated that her biggest concern is meal preparation and assistance with meal preparation would really help. The appellant stated that she is constantly worried about falling and can't cook meals because she can't stand long enough to cook. The appellant stated that she's eating ramen noodles all the time because she is nervous about falling when she makes meals. The appellant stated that she is constantly monitoring her vitals.

## Findings of Fact

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

1. On March 23, 2023, the appellant's provider, Northeast ARC, submitted an initial request for prior authorization for PCA services seeking 15.75 hours in day/evening PCA services per week.
2. MassHealth denied the request by notice dated April 10, 2023, because MassHealth determined that the appellant does not require physical assistance with two or more ADLs.
3. The appellant requested around 6 hours a week for PCA assistance with ADLs and 9.5 hours a week for PCA assistance with IADLs.
4. The appellant is ■ years old and lives alone; she is diagnosed with Ehlers-Danlos syndrome with hypermobility of her joints, and has a past medical history of PTSD, asthma, autoimmune (unknown cause), dysautonomia, small fibroneuropathy, PPPD, POTS, orthostatic hypotension, syncope, abdominal migraine, gastric ulcers, gastroparesis with pain, tardive dyskinesia (side effect from prior use of seroquel), weak grip, and back pain; the appellant suffers from chronic fatigue, poor balance, and occasionally uses a rolling walker.
5. The appellant was evaluated in her home by an OT and by a nurse evaluator from her provider.

6. The appellant is independent with mobility, toileting and transfer on/off toilet, eating, oral care, nail care, dressing upper body, don/doff socks and shoes, and dressing lower body in supine position.
7. The appellant is able to manage stairs, uses a rolling walker in the community, uses shower chair, long handled shower head, and has grab bars in the home.
8. The appellant is able to retrieve snacks and reheat meals, wipe counters, wash small amount of dishes, sort laundry, hang clothing, and minimal amounts of folding.
9. The appellant's provider requested no time for PCA assistance with mobility, PROM, eating, and toileting.
10. The appellant's provider requested 2 minutes, 2 times a day for PCA assistance with transfers in/out bed, on/off different surfaces, and in/out of the apartment noting that minimal assistance is needed for safety and conserving energy.
11. The appellant's provider requested 15 minutes a day for PCA assistance with showering, including routines transfers; no separate time was requested for assistance with hair wash.
12. The nurse evaluator from the provider agency noted that the appellant requires minimal assistance for bathing and transfers, washing body and hair, drying body and hair due to chronic fatigue, low energy, decreased endurance, and poor balance.
13. The appellant's provider requested 5 minutes, once a day for PCA assistance with hair styling, 5 minutes, once a day for PCA assistance with shaving legs and underarms, and 5 minutes, once a day for PCA assistance with applying body lotion and cream.
14. The appellant's provider requested 5 minutes a day for PCA assistance with dressing and 7 minutes a day for PCA assistance with undressing due to chronic fatigue, low energy, decreased endurance, poor balance.
15. The appellant's provider requested 10 minutes a week for PCA assistance with prefilling a medication minder box, and 2 minutes, 2 times a day for PCA assistance with handing the appellant her medications.
16. The appellant's provider requested 30 minutes a month, or 8 minutes a week for PCA assistance with menses care.
17. The appellant is independent with menses care.

18. The appellant's provider requested 7 hours a week for PCA assistance with meal preparation, 30 minutes a week for PCA assistance with laundry, 60 minutes a week for PCA assistance with housekeeping, 60 minutes a week for PCA assistance with shopping, and 5 minutes a week for PCA assistance with equipment maintenance; the appellant's provider requested a total of 9.5 hours per week for PCA assistance with IADLs.
19. The appellant can do a basic rinse while seated in her shower chair, but cannot stand in the shower due to history of falls and feeling unsteady and weak.
20. The appellant takes multiple medications and sometimes needs reminders to take certain medications.
21. The appellant has very low energy, suffers from low blood pressure in the shower, and would feel safer having someone wash her hair; the appellant wants someone with her, especially in the bathroom, in case she falls; the appellant wants to take a bath and not worry about passing out; the appellant noted that she could pass out at any time and has a fear of falling.
22. The appellant works doing networking online for a company, and sometimes has appointments.
23. The appellant goes to the gym every day and walks on the treadmill for 30 minutes to help with pain.
24. It takes 15-20 minutes for the appellant to set up her medications.

## **Analysis and Conclusions of Law**

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 422.403(C)).

The requested services must also be medically necessary for prior authorization to be approved. MassHealth 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 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.

(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. A provider must make those records, including medical records, available to MassHealth upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(130 CMR 450.204(A)-(C)).

#### 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.

(C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the PCM agency must assume the following.

- (1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
- (2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
- (3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

(130 CMR 422.410).

Noncovered 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.

(130 CMR 422.412).

130 CMR 422.403(C)(3) states that MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when 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). The appellant's provider has requested PCA assistance with the ADLs of mobility/transfers, medications, bathing/grooming, and dressing/undressing.

The appellant's main concern appears to be for assistance with meal preparation. The appellant's provider requested 7 hours a week for PCA assistance with the IADL of meal preparation, which is more than the entire time requested per week for PCA assistance with ADLs (6 hours). The need for assistance with IADLs is not even reached until the need for physical assistance with 2 or more ADLs is established.

The appellant is independent with mobility, toileting and transfers on/off toilet, eating, oral care, nail care, dressing upper body, don/doff socks and shoes, and dressing lower body in supine position.

The appellant's provider requested 2 minutes, twice a day for PCA assistance with transfers in/out bed, on/off different surfaces, and in/out of apartment for safety and conserving energy. The provider requested assistance only twice a day and yet noted assistance was needed more than twice a day. It was not clear why the requested frequency did not correspond with the nurse evaluator notes, but, regardless, there is no clinical evidence showing a functional limitation in the appellant's ability to transfer. The appellant is independent with mobility, can manage stairs, can walk on a treadmill for 30 minutes a day, and is independent with transfers for toileting and for on/off toilet. Assistance due to safety concerns and fear of falling, and assistance so that a member can conserve energy are not covered PCA tasks. The record does not support that the appellant requires physical assistance with the ADL of mobility/transfers.

The appellant's provider requested 10 minutes a week for PCA assistance with prefilling a medication box and 2 minutes, twice a day for PCA assistance with handing the appellant her medications. The appellant noted that she sometimes needs reminders to take her medications. The PCA works at the direction of the member and, as an unskilled caregiver, cannot be responsible for reminding a member to take medications. Reminders are not a covered PCA task. Further the appellant is independent for eating, brushing teeth, and nail care, among other things, and therefore has the functional ability to fill her medication box and take her medications. The record does not support that the appellant requires physical assistance with the ADL of assistance with medications.

The appellant's provider requested 15 minutes a day for PCA assistance with showering and hair wash noting the appellant has chronic fatigue, low energy, decreased endurance, poor balance, dizziness, syncope, and history of prior falls. The OT evaluator reported that the appellant requires minimal assistance with showering due to safety concerns and fatigue. The appellant wrote in her appeal that she can do a basic rinse in her shower chair, but can't stand due to history of falls and feeling unsteady and weak. The appellant testified that she would feel safer having someone wash her hair and wants someone in the bathroom with her in case she falls. A PCA is an unskilled position and cannot be responsible to be a safety guard for a member; safety, supervision, and guarding are not covered PCA tasks pursuant to regulation. If the appellant has syncope, dizziness, unsteadiness, and history of falls in the shower, the appellant should not be standing in the shower, even with a caregiver present. The appellant has a shower chair and hand held shower. The appellant has the physical ability to wash herself, with the appropriate equipment, in the shower.

The appellant's provider requested 5 minutes a day for PCA assistance with hair styling, 5 minutes a day for PCA assistance with shaving, and 5 minutes a day for PCA assistance with putting on lotion. Grooming includes the task of brushing hair, not styling hair, and it should not take 5 minutes for a PCA to brush the appellant's hair. Further, it should not take 5 minutes for a PCA to apply lotion. The appellant has the physical ability to feed herself, perform toileting hygiene, do work on her computer, and use a hand held shower. The clinical record does not support that the appellant does not have the functional ability to brush her hair, shave legs/underarms, or put on lotion. While these tasks might take longer for her to do due to her fatigue and low energy, she does have the physical ability to do them.

The appellant does not have functional limitations requiring physical assistance with the ADL of bathing/grooming.

The appellant's provider requested 5 minutes a day for PCA assistance with dressing and 7 minutes a day for PCA assistance with undressing. The OT reported that the appellant is independent with upper body dressing and socks and shoes and can independently dress lower body in supine position. The OT noted that the appellant needs assistance with undressing due to increased fatigue. The appellant is independent for dressing and thus has the physical ability to dress and undress herself. It may take longer for the appellant to undress in the evening if she is fatigued, but she does not have a functional limitation that requires physical assistance with undressing.

Based on the clinical record, the appellant does not require physical assistance with at least 2 ADLs. Because physical assistance with 2 or more ADLs is required for MassHealth coverage of PCA services, MassHealth's action is upheld and the appeal is denied.

## **Order for MassHealth**

None.

## **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.

---

Patricia Mullen  
Hearing Officer  
Board of Hearings

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