

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2310728
Decision Date:	1/29/2024	Hearing Date:	11/28/2023
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for MassHealth:

Donna Burns, RN *via* video conference and
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 in part; Denied in part; Dismissed in part	Issue:	Prior Authorization (PA) Personal Care Attendant (PCA) Services
Decision Date:	1/29/2024	Hearing Date:	11/28/2023
MassHealth's Rep.:	Donna Burns, RN	Appellant's Reps.:	Pro se; Mother; Surrogate
Hearing Location:	Taunton MassHealth Enrollment Center (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 October 13, 2023, MassHealth modified the appellant's prior authorization request for 108.5 hours per week in PCA services and approved 86.25 hours per week, because MassHealth determined that time requested for PCA assistance with eight activities of daily living (ADLs) and two instrumental activities of daily living (IADLs) did not meet MassHealth medical necessity and/or PCA criteria. (See 130 CMR 422.410; 450.204; and Exhibit (Ex.) 9, pp. 4-6). The appellant filed this appeal in a timely manner on October 31, 2023. (See 130 CMR 610.015(B) and Ex. 2). Any determination regarding the scope and amount of assistance is valid grounds for appeal. (See 130 CMR 610.032(A)(5)).

Action Taken by MassHealth

MassHealth modified the appellant's PA request for PCA services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410; 450.204, in determining that time requested for PCA assistance with certain ADLs and IADLs should be modified.

Summary of Evidence

The appellant appeared telephonically with his mother, and his surrogate. MassHealth was represented telephonically by a registered nurse reviewer from Optum (hereinafter “the MassHealth representative”), the agent of MassHealth that makes the prior authorization determinations for PCA services. The MassHealth representative stated the following. The appellant is over the age of 18. (Ex. 9, p. 7). The appellant has diagnoses that include cerebral palsy with spastic quadriplegia, and constant athetoid movements. (Ex. 9, p. 9). On October 3, 2023, Tempus Unlimited, Inc., the appellant’s Personal Care Management (PCM) agency, submitted a reevaluation request for 108 hours, 30 minutes of PCA services per week. (Ex. 9, p. 8). In a notice dated October 13, 2023, MassHealth approved 86 hours, 15 minutes of PCA services per week. (Ex. 9, pp. 4-6). In doing so, MassHealth modified the time requested for PCA assistance with transfers, repositioning, quick wash, bathing special transfers, dressing, undressing, medication administration, g-tube care, meal preparation, and equipment maintenance. (Ex. 9, pp. 4-6). The dates of service are from October 13, 2023 through October 12, 2024. (Ex. 9, p. 5).

The PCM agency stated the following in its documentation:

[The appellant was] Diagnosed at Birth...with Cerebral Palsy with spastic quadriplegia and constant athetoid movements; his care needs 24/7. Nonambulatory Wheelchair bound; Botox Injections every 3 months for dystonia; Severe spasticity in all limbs; No head, trunk or limb control; He is Legally Blind; Has Gtube and oral feedings; Poor weight control D/T his constant athetoid movements of his body; He is totally dependent for all ADLs and IADLs. He is very bright, sensitive; He cannot speak – uses devices; He communicates via iPad, iPhone, and Accent Communication Device; He understands and responds via devices; He is already taking courses at [REDACTED] remotely and working with MRC-ASL T22 program. His care will be shared between PCA program via MassHealth and T22 program via MRC when he turns [REDACTED] years of age. This evaluation requests current care needs at home, until he is independently living outside his family's home. He will be "attending" the one class he has signed up for at [REDACTED] remotely. He does not expect to be attending any classes in-person in the future. His care needs are nearly constant and he actually requires 24/7 attendance by his caregivers - PCA via MH and supportive PCA's via MRC ASL (T22) program; Please see attached 2 page Letter from his PCP that describes his medical issues and his care needs 24/7. Please also see attached 2 page information from MRC regarding the ASL - Adult Supported Living Program. (Ex. 9, pp. 9-10).

After considering the testimony of the appellant and his representatives, the MassHealth representative agreed to overturn the modifications to quick wash, bathing special transfers, dressing, and meal preparation, and approved these times as requested.¹ The appellant's representative agreed to the modification to undressing.² This left five modifications that continued to be in dispute at the conclusion of the hearing.

1. Transfers

The PCM agency requested 10 minutes, 6 times per day for two person physical assistance with transfers. (Ex. 9, p. 12). The PCM agency separately requested 10 minutes, 4 times a day for transfers using a mechanical lift. (Ex. 9, p. 12). The PCM agency wrote that the appellant was totally dependent for all transfers by a barrier-free lift from his bed to bathroom and back, and by the two-person assist for other transfers. (Ex. 9, p. 13). The PCM agency explained that this was mostly due to the appellant's severe and constant athetosis causing his body to move erratically and uncontrollably. (Ex. 9, p. 13). The appellant was therefore unable to assist with any transfers. (Ex. 9, p. 13). In its determination, MassHealth modified this to 10 minutes, 6 times per day total. (Ex. 9, p. 5). Citing 130 CMR 422.410(A)(1) and 450.204(A)(1), MassHealth explained that the time requested was longer than ordinarily required for a person with the appellant's physical needs. (Ex. 9, p. 5).

The MassHealth representative stated that the PCM agency did not clearly explain the need for the separate transfer time for using the mechanical lift. The MassHealth representative stated that generally a mechanical lift also requires two people to operate properly. The appellant's mother confirmed that it did generally take two people to assist with the mechanical lift and that she requires the assistance of her husband. The appellant's mother stated that they are more adept at using the lift than the PCA. She stated that the appellant's secondary dystonia makes it more difficult to transfer him. The appellant's mother stated that the appellant has constant movement of his arms, legs, and head and requires a lot of intervention. The MassHealth representative asked the appellant's mother to describe what transfers the appellant is required to make during the day. The appellant's mother stated that the appellant moves to and from his wheelchair and bed four times per day. The appellant's mother also stated that the appellant is transferred from the wheelchair for passive range of motion exercises (PROM). The MassHealth representative stated that transfer time is included as part of the time determination for other ADLs such as PROM, and would not be counted as part of this ADL. The appellant's mother stated that the appellant requires at least 10 transfers per day.

¹ The MassHealth representative therefore approved 20 minutes per day for quick wash; 15 minutes, 2 times per day for bathing special transfers; 50 minutes and (separately) 30 minutes per day for dressing; and 70 minutes per day for meal preparation. (See Ex. 9, pp. 15, 19, 30).

² In its determination, MassHealth had modified the time for undressing to 20 minutes per day. (See Ex. 9, p. 6).

2. Repositioning

The PCM agency requested 5 minutes, 10 times per day for repositioning. (Ex. 9, p. 12). The PCM agency wrote “[a]s above, he is totally dependent for all repositioning - in wheelchair, recliner, bed, tub, etc. PCA repositions him at least every hour D/E. PCA turns and repositions him during the night to prevent pressure sites at 12:00am, 2:00 am, 4:00 am and 6:00 am. His skin is currently intact.” (Ex. 9, p. 13). In its determination, MassHealth modified this to 4 minutes, six times per day. (Ex. 9, p. 5, testimony). MassHealth again cited 130 CMR 422.410(A)(1) and 450.204(A)(1), stating that the time requested was longer than ordinarily required for a person with the appellant’s physical needs. (Ex. 9, p. 5, testimony).

The MassHealth representative explained that repositioning is assisting the appellant in adjusting himself in order to be more comfortable. The MassHealth representative stated that MassHealth modified this ADL because the appellant is repositioned multiple times per day during other activities. The MassHealth representative stated that 10 episodes per day is the number of episodes MassHealth would approve for a person who is not able to get out of bed. The appellant’s mother disagreed stating that the appellant requires frequent repositioning, outside of other activities, because of the type of dystonia he has. The appellant’s mother stated that the appellant’s muscles get constantly irritated and he wants to be repositioned. The appellant’s mother stated that the appellant needs a PCA to support his arms when he goes into a standing position to alleviate the stress on his legs. (Testimony) The appellant’s mother stated further that, because of the way his wheelchair elevates him, the appellant lifts his arms too much and his head and his headrest need to be repositioned. (Testimony) The appellant’s mother stated that a PCA would always be assisting him when he goes into those position changes. The appellant’s mother stated that the appellant requires ten episodes of repositioning per day.

3. Medication administration

The PCM agency requested 7 minutes, 3 times per day for medication administration, stating that the PCA administers medications to the appellant three times per day by his g-tube. (Ex. 9, p. 24). MassHealth modified the requested time to 5 minutes, 3 times per day, stating that the time requested was longer than ordinarily required for a person with the appellant’s physical needs. (Ex. 9, p. 5, testimony). The MassHealth representative cited to 130 CMR 422.410(A)(6) and 450.204(A)(1).

The MassHealth representative stated that according to the documentation the PCM agency submitted, the appellant is currently prescribed four medications. (Ex. 9, p. 8). One of these is given three times per day, one is administered at bed, and two are given in the morning. (*Id.*). The appellant’s mother stated that the appellant takes the medications orally, and not by G-tube. The appellant’s mother stated that that the appellant likes to take each pill individually without water, pausing before the next pill. The appellant’s mother stated that the concern is to be sure the appellant swallows each pill, and that he does not throw the pills up. The MassHealth representative stated that MassHealth does not pay for monitoring, only the hands on act of

administering the appellant's medications. The MassHealth representative stated that the time was calculated on the basis of how long it would take to remove the pill from where it is stored and put it into the appellant's mouth. It does not take into account the time it would take for the appellant to swallow the pill and, therefore, 5 minutes is sufficient time to perform this activity. (Testimony)

4. Other healthcare needs G-tube care

The PCM agency requested 5 minutes, 3 times per day for G-tube care. (Ex. 9, p. 26). The PCM agency explained that this was time for G-tube site care which is done three times per day, including one time after the appellant's morning shower. (Ex. 9, p. 26). The PCA does site care two other times per day. (Id.). The site care involves removing the old dressing and cleansing skin at the site, dabbing it dry, and examining the skin. (Ex. 9, pp. 26-27). If the PCA determines the appellant's skin is still intact, the PCA applies a new split and dry sterile dressing, which is taped in place (if needed). (Ex. 9, p. 27). If the skin is irritated, the PCA applies the appropriate ointment prior to applying the dressing and tape, and informs the appellant's parent or caregiver. (Id.). The MassHealth representative stated that MassHealth modified the frequency of this task to 5 minutes, 1 time per day, because time requested was longer than ordinarily required for someone with the appellant's physical needs. (130 CMR 422.410(A)(2) and 450.204(A)(1); ex. 9, p. 5).

The MassHealth representative stated that care of the appellant's G-tube generally involves flushing the G-tube after each use. The PCM agency stated that it is site care and not G-tube flushing that is involved here. MassHealth reduced the number of episodes from three to one because cleaning around the site would be a part of the appellant's morning and evening bathing. (See Ex. 9, pp. 15-16). The appellant's mother agreed that the site is not changed out three times per day but is monitored to make sure that the stoma is healthy. The MassHealth representative stated that monitoring of the area is not a covered PCA service.

5. Equipment maintenance

The PCM agency requested 128 minutes per week for equipment maintenance. (Ex. 9, p. 33). The PCM agency explained that:

[The] PCA cleans and maintains [four] items needed for [the appellant's] safe care:
One Manual Wheelchair: - cleans and wipes down - checks seating and wheels - checks frame integrity - checks brakes and controls - checks for safety and stability[.]
One Manual Wheelchair - 30 mins week[.] One Electric Wheelchair: - cleans and wipes down - checks seating and wheels - checks frame integrity - checks brakes and controls - checks for safety and stability - checks batteries - recharges as needed[.]
One Electric Wheelchair - 5 mins/day x7/days/week = 35 mins week[.] One Shower/Toilet Seat: - cleans and wipes down - checks seating and frame - checks frame integrity - checks for safety and stability One Shower/Toilet Seat - 28 mins week[.] One C-Pap Device, Mask and Tubing: -cleans mask and tubing - hangs to air

dry – checks device controls - refills chamber as needed - checks for safety and integrity One C-Pap Device, Mask and Tubing - 5 mins/day x 7/days/week = 35 mins week[.] Total for 4 items is 128 mins/week[.] (Ex. 9, p. 33).

The MassHealth representative stated that MassHealth modified the time requested to 70 minutes per week, stating that the time requested was longer than ordinarily required for someone with the appellant's physical needs. (130 CMR 422.410(B)(4)(A) and 450.204(A)(1); ex. 9, p. 5).

The MassHealth representative stated that the appellant does have a lot of different types of equipment. The MassHealth representative stated that cleaning and wiping the equipment is not really part of equipment maintenance. However, cleaning the appellant's C-Pap device, for instance, would be entirely appropriate. The MassHealth representative stated that 70 minutes was therefore sufficient time considering this. The appellant's mother stated that she disagreed. The appellant's mother stated that she believes that cleaning of the equipment is part of equipment maintenance. The appellant's mother noted that MassHealth pays for the wheelchair, which the appellant uses both indoors and outdoors, and it can incur damage if not kept properly clean. The appellant's mother stated that the same is true for the appellant's shower chair, which will deteriorate unless regularly cleaned.

Findings of Fact

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

1. The appellant is over the age of 18. (Ex. 9, p. 7).
2. The appellant has diagnoses that include cerebral palsy with spastic quadriplegia and constant athetoid movements. (Ex. 9, p. 9).
3. On October 3, 2023, the PCM agency submitted a reevaluation request for 108 hours, 30 minutes of PCA services per week. (Ex. 9, p. 8).
4. In a notice dated October 13, 2023, MassHealth approved 86 hours, 15 minutes of PCA services per week. (Ex. 9, pp. 4-6).
5. MassHealth modified the time requested for PCA assistance with transfers, repositioning, quick wash, bathing special transfers, dressing, undressing, medication administration, g-tube care, meal preparation, and equipment maintenance. (Ex. 9, pp. 4-6).
6. The dates of service are from October 13, 2023 through October 12, 2024. (Ex. 9, p. 5).
7. During the hearing the MassHealth representative overturned the modifications for PCA assistance with quick wash, bathing special transfers, dressing, and meal preparation and

approved these times as requested. (Testimony of the appellant).

8. The appellant's representative accepted the modification to the time for undressing. (Testimony of the appellant's representative).
9. Five modifications remained in dispute at the conclusion of the hearing. (Testimony of the MassHealth representative; Testimony of the appellant's mother).

10. Transfers

- a. The PCM agency requested 10 minutes, 6 times per day for two person physical assistance with transfers. (Ex. 9, p. 12).
- b. The PCM agency requested 10 minutes, 4 times a day for transfers using a mechanical lift. (Ex. 9, p. 12).
- c. The appellant is totally dependent for all transfers by a barrier-free lift from his bed to bathroom and back, and by the two-person assist for other transfers. (Ex. 9, p. 13).
- d. The need for assistance with transfers is mostly due to the appellant's severe and constant athetosis, causing his body to move erratically and uncontrollably. (Ex. 9, p. 13).
- e. The appellant is unable to assist with any transfers. (Ex. 9, p. 13).
- f. MassHealth modified time requested for PCA assistance with transfers to 10 minutes, 6 times per day total. (Ex. 9, p. 5).

11. Repositioning

- a. The PCM agency requested 5 minutes, 10 times per day for repositioning. (Ex. 9, p. 12).
- b. The appellant is totally dependent for all repositioning - in wheelchair, recliner, bed, tub, etc.; PCA repositions him at least every hour D/E. PCA turns and repositions him during the night to prevent pressure sites at 12:00am, 2:00 am, 4:00 am and 6:00 am; his skin is currently intact.
- c. MassHealth approved 4 minutes, six times per day for PCA assistance with repositioning. (Ex. 9, p. 5).
- d. The appellant's muscles get constantly irritated and he wants to be repositioned even if he is in his wheelchair. (Testimony of the appellant's mother).
- e. The PCA supports the appellant's arms when he goes up into a standing position to alleviate the stress on his legs. (Testimony of the appellant's mother).

- f. Because of the way his wheelchair elevates him, the appellant lifts his arms too much and his head and his headrest need to be repositioned. (Testimony of the appellant's mother).

12. Medication administration

- a. The PCM agency requested 7 minutes, 3 times per day for medication administration stating that the PCA administers medications to the appellant three times per day by his g-tube. (Ex. 9, p. 24).
- b. MassHealth approved 5 minutes, 3 times per day for PCA assistance with medication administration.
- c. The appellant is currently prescribed four medications. (Ex. 9, p. 8; Testimony of the MassHealth representative).
- d. One of these medications is given three times per day, and one is administered at bed time; the remaining two are given in the morning. (Ex 9, p. 8; Testimony of the MassHealth representative).
- e. The appellant takes each medication one at a time, and the PCA monitors the appellant to make sure he does not choke or vomit. (Testimony of the appellant's mother).
- f. Waiting and monitoring are not covered PCA tasks. (Testimony of the MassHealth representative).

13. G-tube Care

- a. The PCM agency requested 5 minutes, 3 times per day for G-tube care. (Ex. 9, p. 26).
- b. The PCM agency explained that this was time for G-tube site care, done three times per day including one time after the appellant's morning shower. (Ex. 9, p. 26).
- c. The site care involves removing the old dressing and cleansing skin at the site, dabbing it dry, and examining the skin. (Ex. 9, pp. 26-27).
- d. If the PCA determines the skin is intact, they apply a new split dry sterile dressing which they tape in place if needed. (Ex. 9, p. 27).
- e. If the skin is irritated, the PCA applies the appropriate ointment prior to applying the dressing and tape, and informs the appellant's parent or caregiver. (Ex. 9, p. 27).
- f. MassHealth approved 5 minutes, 1 time per day for PCA assistance with G-Tube care.
- g. The appellant's dressings are not changed three times per day, but the site is monitored

three times per day. (Testimony of the appellant's mother).

- h. Site care would be performed as part of the appellant's morning and evening washing, in addition to the one other time per day. (Testimony of the MassHealth representative).
- i. Monitoring of the G-tube site area is not a covered PCA service. (Testimony of the MassHealth representative).

14. Equipment Maintenance

- a. The PCM agency requested 128 minutes per week for equipment maintenance. (Ex. 9, p. 33). The PCM agency explained that:

[The] PCA cleans and maintains [four] items needed for [the appellant's] safe care: One Manual Wheelchair: - cleans and wipes down - checks seating and wheels – checks frame integrity - checks brakes and controls - checks for safety and stability[.] One Manual Wheelchair - 30 mins week[.] One Electric Wheelchair: - cleans and wipes down - checks seating and wheels - checks frame integrity - checks brakes and controls - checks for safety and stability - checks batteries - recharges as needed[.] One Electric Wheelchair - 5 mins/day x 7/days/week = 35 mins week[.] One Shower/Toilet Seat: - cleans and wipes down - checks seating and frame - checks frame integrity - checks for safety and stability One Shower/Toilet Seat - 28 mins week[.] One C-Pap Device, Mask and Tubing: -cleans mask and tubing - hangs to air dry – checks device controls - refills chamber as needed - checks for safety and integrity One C-Pap Device, Mask and Tubing - 5 mins/day x 7/days/week = 35 mins week[.] Total for 4 items is 128 mins/week[.] (Ex. 9, p. 33).

- b. MassHealth approved 70 minutes per week for PCA assistance with equipment maintenance.

Analysis and Conclusions of Law

MassHealth may make an adjustment in the matters at issue before or during an appeal period. (130 CMR 610.051(B)). If the parties' adjustment resolves one or more of the issues in dispute in favor of the appellant, the hearing officer, by written order, may dismiss the appeal noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. (*Id.*). After considering MassHealth's decision to approve in full time requested for PCA assistance with quick wash, bathing special transfers, dressing, and meal preparation and the appellant's representative acceptance of the modification of time for PCA assistance with undressing, I determine these issues are no longer in dispute and the appeals of these issues are dismissed pursuant to 130 CMR 610.035.

The PCM agency must request prior authorization from the MassHealth agency as a prerequisite to payment for PCA services. (130 CMR 422.416(A)). Prior authorization determines only the medical necessity of the authorized service. (Id.). MassHealth covers activity time performed by a PCA in aiding with ADLs and IADLs. (130 CMR 422.411(A)). ADLs include certain specified activities that are fundamental to an individual's self-care and include physically assisting a member who has a mobility impairment that prevents unassisted transferring; assisting a member with medications and other health related needs; and assisting a member with tube feeding. (130 CMR 422.402; 422.410(A)(1),(2),(6)). IADLs are those specific activities that are instrumental to the care of the member's health and are performed by a PCA, such as assisting the member with the care and maintenance of wheelchairs and adaptive devices. (130 CMR 422.402; 422.410(B)(4)(A)).

MassHealth does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for prescribing a service where such service is not medically necessary. (130 CMR 450.204). A service is medically necessary if, amongst other things, 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. (130 CMR 450.204(A)(1)).

The appellant has not shown by a preponderance of the evidence that the amount of time or the number of episodes requested for transfers, medication assistance, and G-tube care was medically necessary. The appellant's mother could not provide examples of 10 transfers that the appellant required during the day without adding transfers that were secondary to other ADLs (time for which is accounted for in those ADLs). Medical necessity was not supported for the amount of time requested for medication administration, when the appellant is only prescribed four medications. It should take no longer than 5 minutes to hand the appellant medications and water. Finally, medical necessity was not supported for G-tube site care three times per day, when site care is included as part of the PCA assistance with showering two times per day. The appeals of these issues are denied.

The appellant has shown, by a preponderance of the evidence, that there is a medical necessity for the time and/or frequency requested for repositioning and equipment maintenance. The PCM agency wrote "[a]s above, he is totally dependent for all repositioning - in wheelchair, recliner, bed, tub, etc. PCA repositions him at least every hour D/E. PCA turns and repositions him during the night to prevent pressure sites at 12:00am, 2:00 am, 4:00 am and 6:00 am." The appellant's mother stated that the appellant's secondary dystonia makes his muscles constantly irritated and he wants to be repositioned even if he is in his wheelchair. The process described for repositioning the appellant is quite involved, as it requires lifting the appellant and supporting his weight. There is support for medical necessity for the requested 5 minutes, 10 times per day for PCA assistance with repositioning. MassHealth's determination is reversed and the appeal is approved as to this

issue.

The need for the amount of time requested for equipment maintenance was supported by the appellant's mother's testimony. A great deal of this time is wiping down the appellant's various pieces of equipment every day. Although the MassHealth representative stated that equipment maintenance did not include such cleaning, this hearing officer could not find anything in the regulations or in the sub-regulatory guidance available to him which limited "care and maintenance of equipment" in this way. It is clear that the appellant spends a great deal of time in his wheelchair and is completely dependent on it for mobility. The need for making sure that this device is free of material that could impair its function is evident. Additionally, the need to make sure all the equipment is free of material that could potentially harm the appellant is also evident.

For the above reasons, with regard to quick wash, bathing special transfers, dressing, meal preparation, and undressing the appeal is DISMISSED IN PART.

With regard to transfers, medication administration, and G-tube care the appeal is DENIED IN PART.

With regard to repositioning and equipment maintenance, the appeal is APPROVED IN PART.

Order for MassHealth

Approve the time requested for PCA assistance with quick wash, bathing special transfers, dressing, meal preparation, repositioning and equipment maintenance retroactive to October 13, 2023.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date 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.

Scott Bernard
Hearing Officer
Board of Hearings

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