

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2311167
Decision Date:	5/17/2024	Hearing Date:	01/10/2024
Hearing Officer:	Scott Bernard	Record Open to:	03/22/2024

Appearances for Appellant:




Appearance for MassHealth:
Kelly Rayen, RN *via* 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	Issue:	Personal Care Attendant
Decision Date:	5/17/2024	Hearing Date:	01/10/2024
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Reps.:	
Hearing Location:	Quincy Harbor South	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 October 25, 2023, MassHealth denied the appellant's request for an adjustment to her hours of Personal Care Attendant (PCA) services because it determined that adjustment was not medically necessary. (See 130 CMR 450.204(A); Exhibit (Ex.) 1; Ex. 11, pp. 3-5). The appellant filed this appeal in a timely manner on November 8, 2023. (See 130 CMR 610.015(B) and Ex. 2). Any MassHealth agency action to suspend, reduce, terminate, or restrict a member's assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request to adjust her PCA hours.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204(A), in determining that an adjustment in PCA hours was not medically necessary.

Summary of Evidence

MassHealth was represented by a registered nurse working as a clinical appeals reviewer for Optum, MassHealth's agent overseeing the Personal Care Attendant (PCA) program. The appellant was accompanied by her attorney. All three witnesses attended the hearing by telephone.

The MassHealth representative testified to the following. Stavros Center for Independent Living (the Personal Care Management or PCM agency) submitted an adjustment prior authorization request to MassHealth on October 3, 2023, seeking to increase the appellant's PCA hours from 15 hours and 45 minutes to 21 hours and 30 minutes per week to run from October 3, 2023 through July 14, 2024. (Testimony; Ex. 11, p. 9). According to documentation from the PCM agency, the appellant is under the age of 65 years old with a primary diagnosis of corneal opacity with complications. (Testimony). The appellant underwent right eye surgery on August 23, 2023, and has experienced complications since then, resulting in decreased vision. (Testimony). The appellant, who is legally blind, has no vision in her left eye and extremely limited vision in her right eye. (Testimony).

The PCM agency previously submitted a reevaluation prior authorization to MassHealth in June 2023. (Testimony). The PCM agency indicated that the appellant had been diagnosed with glaucoma in both eyes since 2020. (Testimony). She has no vision in her left eye and experiences significant fogging in her right eye. (Testimony). During that previous evaluation, the appellant informed the evaluating nurse of arthritis diagnoses in her back and knees, made in February 2022. (Testimony). Additionally, the appellant reported experiencing depression, anxiety, and sleep apnea. (Testimony). The appellant reported back pain of 7 out of 10 and knee pain when climbing stairs. (Testimony). The appellant's peripheral vision is absent. (Testimony). The appellant possesses a certificate of legal blindness and reported worsening vision, hindering her ability to perform certain ADLs and IADLs. (Testimony). For example, she could no longer discern colors, rendering cooking unsafe as she could not determine if meat was adequately cooked. (Testimony). The PA period was from July 15, 2023 through July 14, 2024. (See Ex. 11, p. 9).

MassHealth denied the adjustment request on October 25, 2023, based on the regulation 130 CMR 422.416, which states that when an adjustment increase is requested there has to be a significant change in the member's medical or functional status that affects the member's ability to perform ADLs and IADLs with or without physical assistance. (Testimony; Ex. 1; Ex. 11, pp. 3-6).

The denied adjustments were for activities of daily living (ADLs), and were discussed at the hearing as follows:

1. Mobility, Transfers, Repositioning (Mobility and Stairs)

The MassHealth representative stated that the appellant is not currently authorized to receive any assistance with mobility. (Testimony; Ex. 11, p. 7). The PCM agency requested an adjustment authorizing two minutes eight times per day, seven days per week for assistance with mobility in

the appellant's home. (Testimony; Ex. 11, p. 7). The PCM agency stated the appellant requires minimum assistance in and out of bed, and on and off low furniture and the appellant is a fall risk with decreased vision in her right eye. (Testimony; Ex. 11, p. 7). The PCM agency also requested four minutes, four times per day for assistance with stairs. (Testimony; Ex. 11, p. 7). The PCM agency stated that the appellant is dependent for assistance up and down stairs to her bedroom and bathroom. (Testimony; Ex. 11, p. 7).

The MassHealth representative explained that the PCA task for mobility is hands on assistance to help the member move in the home. (Testimony). The appellant's clinical record indicates that she has sufficient functional ability to perform these tasks without physical assistance. (Testimony). The MassHealth representative asked the appellant to elaborate on her need for assistance with mobility. (Testimony).

The appellant stated the before she underwent her surgery, she did retain some independence with her mobility. (Testimony). She was still able to move independently on her own because she was still able to see out of her on her right eye at that time. (Testimony). Despite her sight being blurry, the appellant felt comfortable using her stairs without assistance, albeit slowly because of the arthritis in her knees and back. (Testimony).

The appellant testified that once she had her surgery her vision deteriorated and she became reliant on her PCA to assist her in moving around her home. In particular, the appellant needs her PCA's help in order to go up and down stairs. (Testimony). The appellant stated that the reason she is not able to use the stairs safely is because she is not able to see color. (Testimony). The PCA will stand in front of her when going down the stairs, so she does not tumble. (Testimony). The appellant's reliance is such that when her PCA is not available she will not go upstairs and will stay downstairs to sleep. (Testimony). The appellant stated that to be honest since her surgery, she frequently sleeps on her couch rather than risk going to her bedroom or being trapped upstairs. (Testimony). The appellant uses her cane for stability and to navigate as well. (Testimony). The appellant also goes down the stairway backwards holding tightly to the railing, since she thinks that if she goes forward first, she will tumble headfirst. (Testimony). The PCA is either right next to her or right behind her, and has her two hands up to make sure she can grab the appellant if she begins to fall. (Testimony).

The MassHealth representative asked the appellant if she had worked with the Massachusetts Commission for the Blind (MCB). The appellant stated that she did receive the cane from them and that they provided help rearranging her living space so that it would be more navigable for her. (Testimony). The appellant indicated that she was able to navigate the lower level of her home, although she did bump into things. (Testimony). The appellant stated she did not feel that MCB has helped her that much. (Testimony).

Based on this testimony, the MassHealth representative stated that she was willing to approve the time the PCM agency requested for assistance with the stairs but not the other time. (Testimony). The appellant did not agree to this before the end of the hearing.

2. Bathing (Special Transfers, Bathing, Washing Hair)

The MassHealth representative stated the appellant is currently receiving 15 minutes per day total, for special transfers into and out of the shower/bath. (Testimony; Ex. 11, p. 7). When the PCM agency submitted its last reevaluation, it stated that the appellant required maximum assistance with these transfers. (Testimony; Ex. 11, p. 7). In the adjustment, the PCM agency requests 20 minutes per day for bathing, and washing her hair in addition to the transfers. (Testimony; Ex. 11, p. 7). The MassHealth representative asked the appellant to provide a detailed description of how her need for assistance has changed since June 2023.

The appellant said that prior to her losing most of her vision in August, the PCA would help the appellant from her bed into the bathroom, then into the tub, and the appellant sits on her shower chair. (Testimony). Although this routine has not changed, it now takes much longer because the appellant cannot see at all. (Testimony). Everything is now just shadows and no details. (Testimony). The appellant stated she has not gotten used to having virtually no vision. The appellant stated the PCA then assists the appellant by locating and handing the appellant the soap, shampoo, and sponge. (Testimony). The PCA turns the shower on and off, since the appellant cannot see the faucet to regulate temperature. (Testimony). After the appellant cleans herself, the PCA will give the appellant the detachable shower head to rinse her body, but the PCA rinses the shampoo from the appellant's hair while the appellant covers her face. (Testimony).

The MassHealth representative stated that the PCA program does not pay for the PCA assisting the appellant by handing the appellant soap, shampoo, wash cloths, and towels. (Testimony). The appellant's attorney argued that in the situation the appellant described, the PCA was doing more than just handing the appellant objects in the shower. (Testimony). Now that the appellant can no longer see, the PCA is providing more hands on assistance in addition to increased assistance with set up and with helping the appellant to get into and out of the shower. (Testimony). She argued that since June 2023, the appellant's need has increased from minimal to at least moderate assistance. (Testimony).

3. Dressing, Undressing

The MassHealth representative stated the appellant is currently allotted seven minutes per day for dressing and seven minutes per day for undressing. (Ex. 11, p. 7; Testimony). The PCM agency requested an increase to 15 minutes per day for dressing and 10 minutes per day for undressing. (Ex. 11, p. 7; Testimony). The PCM agency wrote that the appellant was dependent for these activities and requires assistance with both upper and lower body dressing and undressing. (Ex. 11, p. 7; Testimony).

The appellant stated that before she lost her sight, the PCA would pick out the appellant's clothing and put it on. (Testimony). The appellant used to be able to put on and button a shirt by herself, for instance. (Testimony). Since losing her sight, the PCA now does everything for her. (Testimony). The appellant is not able to see sufficiently to allow her to button up a shirt easily or

correctly. (Testimony). The appellant testified that her arthritis has made it increasingly difficult for her to pull on non-button shirts. The appellant stated she cannot bend to pull on socks or pull up her pants by herself. (Testimony). The PCA now has the appellant sit and then puts on the appellant's underclothes and pants to make sure the appellant does not put them on backwards. (Testimony). While the appellant is sitting, the appellant grabs hold of her pants and underwear and the PCA pulls her to a standing position to help the appellant pull them up. (Testimony). The same type of procedure is followed for the appellant's other clothing. (Testimony). For undressing, the PCA will have the appellant sit in order to take her shirt off. (Testimony). The appellant used to be able to remove her underclothes easily and now the PCA has to do this. (Testimony).

Prior to the hearing, the appellant's attorney submitted 45 pages of document by fax. (Ex. 12). This included an affidavit from the appellant's PCA, who wrote the following. (Ex. 12, pp. 3-4). The PCA has worked for the appellant for roughly a year (Ex. 12, pp. 3-4). Initially, the appellant required minimal assistance (Ex. 12, pp. 3-4). However, following a surgery in August 2023, the appellant's needs escalated considerably because she was now blind. (Ex. 12, pp. 3-4). Tasks that were once routine became arduous endeavors requiring extended time for completion. (Ex. 12, pp. 3-4). Dressing and undressing stretched to 20 and 15 minutes respectively (Ex. 12, pp. 3-4). Bathing and washing hair demanded 20-25 minutes. (Ex. 12, pp. 3-4). Even navigating stairs became a slow, cautious process, consuming at least 3-5 minutes each ascent or descent. (Ex. 12, pp. 3-4). Complicating matters, the appellant's impaired balance slowed her pace considerably. (Ex. 12, pp. 3-4). Despite the increased workload, the allocated time for assistance fell drastically short. (Ex. 12, pp. 3-4). The PCA often found herself rationing the insufficient time, occasionally extending aid beyond approved hours without compensation. (Ex. 12, pp. 3-4). It became evident that the appellant's needs exceeded the current allowance of PCA hours, necessitating a reassessment of their support plan (Ex. 12, pp. 3-4).

The pre-hearing submission also included the following;

1. a copy of the Time for Task Guidelines MassHealth uses in order to determine the amount of PCA time required to perform ADLs and IADLs on average. (Ex. 12, pp. 6-19)
2. A letter from one of the appellant's physicians stating that due to her bilateral blindness the appellant has difficulty with ADLs and requires reevaluation of her PCA hours. (Ex. 12, p. 20).
3. Medical records dated June 12, July 27, August 24, September 20, September 26, October 10, and October 23, 2023 from the appellant's eye surgeons documenting her eye surgery and subsequent loss of vision. (Ex. 12, pp. 21-45).

At the conclusion of the hearing, the appellant's representative requested time to submit a memorandum of law. The record was therefore left open for her to do so and for the MassHealth representative to offer a response. (Ex. 13).

The appellant's attorney subsequently did submit the promised memorandum of law arguing the

following. (See Ex. 14, pp. 2-11). MassHealth has established guidelines, including time-for-task guidelines, to determine the appropriate amount of PCA time. However, there seems to be a discrepancy in the evaluation process, as the MassHealth Representative did not consider these guidelines adequately. The requested additional hours were for mobility (including transfers), bathing, dressing, and undressing. The requested adjustment to these activities aligned with the average time allotted for these tasks according to the guidelines. Furthermore, the guidelines differentiate assistance levels, from minimal to total dependence, and the requested assistance falls within these categories. Medically necessary services are defined as those reasonably calculated to prevent, alleviate, or cure conditions endangering life or causing suffering. The argument posits that the currently approved time for many tasks does not meet this criterion for the individual in question, who faces increased risk due to bilateral blindness. The appellant's deteriorating medical condition, supported by medical records and testimonies, justifies the need for additional PCA hours. The argument concludes that the appellant's changed medical condition warrants an adjustment in PCA hours, as her functional abilities have been significantly affected. The evidence provided, including medical records, testimony from healthcare providers, and the PCA's affidavit, supports this need.

The MassHealth representative responded to the submission, and stated:

1. Mobility requests for two minutes, eight times a day, seven days a week remain denied due to the appellant's ability to navigate with the walking stick provided by the Massachusetts Commission for the Blind.
2. Mobility/stair requests for four minutes, four times a day, seven days a week have been approved due to the appellant being a fall risk.
3. Bathing requests for 20 minutes per day, seven days a week remain at 15 minutes per day due to the appellant's ability to bathe independently for 75% of the time.
4. Dressing requests for 15 minutes per day, seven days a week have been modified to 10 minutes per day by MassHealth.
5. Undressing requests for 10 minutes per day, seven days a week remain at seven minutes per day with minimal assistance.
6. The prior authorization request was originally denied but has been partially approved, resulting in a total of 18 hours per week of assistance. (Ex. 16).

The appellant's attorney was given an opportunity to respond to the MassHealth representative's offer but wrote that she had nothing further to say. (Ex. 17).

Findings of Fact

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

1. The PCM agency submitted a reevaluation prior authorization submission to MassHealth in June 2023. (Testimony).
 - a. The PCM agency indicated that the appellant had been diagnosed with glaucoma in both eyes since 2020. (Testimony).
 - b. The appellant has no vision in her left eye and experiences significant fogging in her right eye. (Testimony).
 - c. During that previous evaluation, the appellant informed the evaluating nurse of arthritis diagnoses in her back and knees, made in February 2022. (Testimony).
 - d. Additionally, the appellant reported experiencing depression, anxiety, and sleep apnea. (Testimony).
 - e. The appellant reported back pain of 7 out of 10 and knee pain when climbing stairs. (Testimony).
 - f. The appellant's peripheral vision is absent. (Testimony).
 - g. The appellant possesses a certificate of legal blindness and reported worsening vision, hindering her ability to perform certain ADLs and IADLs. (Testimony).
2. The appellant underwent right eye surgery on August 23, 2023, and has experienced complications since then. (Testimony; Ex. 12, pp. 21-45).
 - a. Prior to the surgery, the appellant, who is legally blind, had no vision in her left eye. (Testimony).
 - b. Subsequent to the August 23, 2023 surgery, the appellant lost vision in her right eye as well. (Testimony; Ex. 12, pp. 21-45).
3. The PCM agency submitted an adjustment prior authorization request to MassHealth on October 3, 2023, seeking to increase the appellant's PCA hours from 15 hours and 45 minutes to 21 hours and 30 minutes per week to run from October 3, 2023 through July 14, 2024. (Testimony; Ex. 11, p. 9).
4. According to submitted documentation, the appellant is under the age of 65 years old with a primary diagnosis of corneal opacity with complications from the surgery she had on August 23, 2024. (Testimony).

5. MassHealth denied the adjustment request on October 25, 2023, based on the regulation 130 CMR 422.416, which states that when an adjustment increase is requested there has to be a significant change in the member's medical or functional status that affects the member's ability to perform ADLs and IADLs with or without physical assistance. (Ex. 1; Ex. 11, pp. 3-6).
6. The denied adjustments were for ADLs, and were discussed as follows:
 - a. Mobility, Transfers, Repositioning (Mobility and Stairs)
 1. The appellant is not currently authorized to receive any assistance with mobility. (Testimony; Ex. 11, p. 7).
 2. The PCM agency requested an adjustment authorizing two minutes eight times per day, seven days per week for assistance with mobility in the appellant's home. (Testimony; Ex. 11, p. 7).
 3. The PCM agency stated the appellant required minimum assistance in and out of bed, and on and off low furniture and the appellant was a fall risk with decreased vision in her right eye. (Testimony; Ex. 11, p. 7).
 4. The PCM agency also requested four minutes, four times per day for assistance with stairs. (Testimony; Ex. 11, p. 7).
 5. The PCM agency stated that the appellant was dependent for assistance up and down stairs to her bedroom and bathroom. (Testimony; Ex. 11, p. 7).
 6. Mobility assistance is receiving hands on assistance from the PCA to help the member move in her home. (Testimony).
 7. MCB provided the appellant with her cane, and helped the appellant re-arrange her living space to make it more navigable. (Testimony).
 8. The appellant is able to navigate the lower level of her home, although she does bump into things. (Testimony).
 9. The appellant cannot navigate her stairs without assistance because she is a fall risk. (Testimony).
 10. The PCA provides hands-on assistance in going up and down her stairs. (Testimony).
 - b. Bathing (Special Transfers, Bathing, Washing Hair)
 1. The appellant is currently receiving 15 minutes per day total for special transfers

into and out of the shower. (Testimony; Ex. 11, p. 7).

2. When the PCM agency submitted its last reevaluation, it stated that the appellant required maximum assistance with these transfers. (Testimony; Ex. 11, p. 7).
3. The PCM agency has requested an adjustment to 20 minutes per day for bathing, and washing her hair in addition to transfers. (Testimony; Ex. 11, p. 7).
4. The PCA continues to assist the appellant in navigating into and through the bathroom, and getting in the shower.
5. The PCA now also assists the appellant by locating and handing the appellant soap, shampoo, and sponge. (Testimony).
6. The PCA washes and rinses the appellant's hair. (Testimony).

c. Dressing, Undressing

1. The appellant is currently allotted seven minutes per day for dressing and seven minute per day for undressing. (Ex. 11, p. 7; Testimony).
2. The PCM agency requested an increase to 15 minutes per day for dressing and 10 minutes per day for undressing. (Ex. 11, p. 7; Testimony).
3. The PCM agency wrote that the appellant was dependent for these activities and required assistance with both upper and lower body dressing and undressing. (Ex. 11, p. 7; Testimony).

Analysis and Conclusions of Law

The PCA Program is a MassHealth program under which PCA services and associated Personal Care Management and Fiscal Intermediary functions are available to MassHealth members. (130 CMR 422.402). 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: the PCA services are authorized for the member in accordance with 130 CMR 422.416; 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; 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); and MassHealth has determined that the PCA services are medically necessary. (130 CMR 422.403(C)).

The PCM agency must request prior authorization from the MassHealth agency as a prerequisite to payment for PCA services. (130 CMR 422.416). Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment. (Id.). PCM agencies may request an adjustment to the member's authorized number of

hours of PCA services if there is a change in the member's medical or functional status that affects the member's ability to perform ADLs or IADLs without physical assistance. (130 CMR 422.416(E)(2)).

MassHealth will then determine whether the adjustment is medically necessary and will not pay a provider for services which are not medically necessary. (130 CMR 450.204). A service is medically necessary if 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)). Furthermore, for a service to be considered medically necessary there must be 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. (130 CMR 450.204(A)(2)).

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, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;

(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;

(G) surrogates, as defined in 130 CMR 422.402; or (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

(130 CMR 422.412).

The PCM agency, acting on behalf of the appellant, submitted a request for increase in PCA

services to MassHealth, seeking adjustments to certain ADLs. Following the appellant's reevaluation in June 2023, the appellant had surgery resulting in a near-total loss of vision.

Based on the appellant's testimony at the hearing, the MassHealth representative expressed willingness to approve the requested time for PCA assistance with mobility on the stairs. Accordingly, the appeal with regard to PCA assistance with mobility on the stairs is approved.

The appellant also requested PCA assistance with general mobility. The appellant has the functional ability to independently ambulate around her home with the aid of a cane, following rearrangements. The PCA acts more as a safety guard for the appellant. Assistance provided in the form of supervision, or guiding is not a covered PCA service. MassHealth's denial of time requested for PCA assistance with general mobility is upheld and the appeal is denied as to this issue.

The appellant requested an additional five minutes a day for PCA assistance with bathing, beyond the approved 15 minutes per day for assistance with transferring in and out of the shower/bath. The MassHealth representative rightly noted that certain forms of assistance, such as handing items or coaching, fall outside the scope of PCA program coverage because they are assistance provided in the form of cueing, prompting, supervision, guiding, or coaching. (See 130 CMR 422.412(C)). While the appellant mentioned increased reliance on the PCA for faucet operation and hair rinsing due to her vision impairment, the appellant has the functional ability to turn on the faucet and test the water for temperature before entering the shower, and has the functional ability to wash and rinse her hair. 15 minutes of assistance is reasonable and more than sufficient to help the appellant get into the shower and to exit the shower, due to her vision impairment. MassHealth's denial of the request for additional PCA time for assistance with bathing is upheld and the appeal is denied as to this issue.

The appellant requested increased time for PCA assistance with dressing and undressing. MassHealth approved 10 minutes a day for PCA assistance with dressing, after review of post hearing documentation. The appellant is currently approved for 7 minutes a day for PCA assistance with undressing. Although the appellant's vision has decreased, her functional ability to dress and undress herself has not changed. The appellant mentioned a diagnosis of arthritis in a previous request for PCA services, however there was no medical documentation to support that the appellant's arthritis has worsened requiring additional assistance with dressing and undressing. Rather the appellant's reduced vision was given as support for increased PCA assistance. While lack of vision can make the dressing and undressing task take longer for an individual, a blind individual still retains the functional ability to put clothes on and off. MassHealth approved time for PCA assistance with the tasks of dressing and undressing, perhaps to assist with laying clothes out and adjusting clothing. MassHealth approved a total of 17 minutes a day for PCA assistance with dressing and undressing and such time is reasonable based on the appellant's functional ability. The appeal with regard to time requested for PCA assistance with dressing is approved in part as MassHealth approved 10 minutes a day for PCA assistance with dressing, after the hearing. The appeal with regard to time requested for PCA assistance with

undressing is denied.

For the above stated reasons, with regard to mobility on the stairs, the appeal is APPROVED in full. 10 minutes a day for PCA assistance with dressing is approved, however the additional time requested is DENIED. With regard to general mobility, bathing, and undressing, the appeal is DENIED.

Order for MassHealth

Issue a notice approving the requested adjustments to assistance with stair mobility in full and 10 minutes a day for PCA assistance with bathing. The effective date for the adjustments should be from October 3, 2023 through the end of the PA period.

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 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.

Scott Bernard
Hearing Officer
Board of Hearings

cc:

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

[REDACTED]

