

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Denied in part; Approved in part	<b>Appeal Number:</b>	2401058
<b>Decision Date:</b>	5/13/2024	<b>Hearing Date:</b>	02/23/2024
<b>Hearing Officer:</b>	Scott Bernard	<b>Record Open to:</b>	03/18/2024

**Appearance for Appellant:**



**Appearance for MassHealth:**

Robin Brown, OTR/L *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

<b>Appeal Decision:</b>	Dismissed in part; Denied in part; Approved in part	<b>Issue:</b>	Personal Care Attendant
<b>Decision Date:</b>	5/13/2024	<b>Hearing Date:</b>	02/23/2024
<b>MassHealth's Rep.:</b>	Robin Brown, OTR/L	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 December 1, 2023, MassHealth approved the appellant's PA request for PCA services with modifications. (See 130 CMR 422.410(A)(1),(3),(4); 422.410(B)(3); 450.204(A)(1); 450.204(B); Exhibit (Ex.) 1; and Ex. 6, pp. 3-5). The appellant filed this appeal in a timely manner on January 22, 2024. (See 130 CMR 610.015(B) and Ex. 2). Modification of a PA request for PCA services is valid grounds for appeal. (See 130 CMR 610.032).

At the conclusion of the hearing, the record was left open in order for the appellant's representatives to submit medical information and for the MassHealth representative to respond. (Ex. 9). The record closed on March 18, 2024 after the appellant's representatives submitted their documentation and the MassHealth representative responded. (See Ex. 10; Ex. 11).

### Action Taken by MassHealth

MassHealth approved the appellant's request for PCA services with modifications.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410(A)(1),(3),(4);

422.410(B)(3); 450.204(A)(1); and 450.204(B), in modifying the request for PCA services.

## Summary of Evidence

MassHealth was represented by a registered occupational therapist and a clinical appeals reviewer. The appellant was represented by an advocate from the [REDACTED] the PCM agency, and her sister.<sup>1</sup> All parties attended the hearing by telephone.

The MassHealth representative testified to the following. According to the documentation submitted to MassHealth for review, the appellant is an individual under the age of 65. (Testimony; Ex. 6, p. 6). The appellant's primary diagnoses include rheumatoid arthritis, fibromyalgia, lichen planus, which is an oral infection, fibromyalgia, hypothyroidism, celiac disease, depression and anxiety. (Testimony; Ex. 6, pp. 7-8). On November 14, 2023, the PCM agency submitted a prior authorization request for 66 hours and 45 minutes per week of Personal Care Attendant (PCA) services for one year. (Testimony; Ex. 6, p. 35). On December 1, 2023, MassHealth modified this request to 54 hours and 0 minutes per week for one year. (Testimony; Ex. 1; Ex. 6, pp. 3-5). The dates of service are December 16, 2023 through December 15, 2024. (Id.).

MassHealth made modifications to seven activities of daily living (ADLs) and instrumental activities of daily living (IADLs) based on MassHealth regulations. (Testimony; Ex. 1; Ex. 6, pp. 3-5). During the course of the hearing, the MassHealth representative overturned the modifications to three ADLs and approved the times the PCM agency requested:

1. Mobility (Transfers): Five minutes, four times daily. (Testimony; Ex. 6, p. 11);
2. Grooming (Other): Two minutes, one time daily and five minutes, one time daily. (Testimony; Ex. 6, p. 16).
3. Dressing: 20 minutes, one time daily and 10 minutes, one time daily. (Testimony; Ex. 6, p. 18).

Furthermore, the appellant's representatives did not contest the modification MassHealth made to the time for transportation to the appellant's acupuncturist. (Testimony; See, Ex. 6, pp. 33, 43).

1. Mobility (General)

The PCM agency requested 15 minutes per day, two times per week for assistance with mobility. (Ex. 6, p. 11; Testimony). The PCM agency commented that: "[the appellant] continues to be able to walk-very slowly and very short distances. She is weaker she use [sic] her walker(rollator) for at least one 15 min walk-only twice a week now, it takes too much effort she tries quietly all walking

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<sup>1</sup> The [REDACTED] advocate will be referred to as "the appellant's representative" from this point but when speaking of both the appellant's representative and the appellant's sister collectively they will be known as "the appellant's representatives".

attempts are accompanied by her PCA providing close contact guard. Stiffness in joints prevents easy movement[.]” (Ex. 6, p. 12). MassHealth did not approve any time for mobility stating that the time requested was longer than ordinarily required for someone with the appellant’s physical needs and citing 130 CMR 422.410(A)(1) and 130 CMR 450.204(A)(1). (Ex. 1; Ex. 6, p. 4).

The MassHealth representative stated that time for mobility is meant for physically assisting the appellant to move around her living space. (Testimony). The submitted documentation shows that the appellant does have the capability to walk short distances with difficulty, relying on a walker/rollator for support but needed support from a personal care attendant to forestall joint stiffness and facilitate movement. (Testimony). Based on the PCM agency’s comments, it appeared that the time requested was for an exercise regimen rather than for essential mobility assistance within the home. (Testimony).

The appellant’s sister provided an overview of the appellant's condition, emphasizing her debilitation due to rheumatoid arthritis. (Testimony). She highlighted the necessity for assistance beyond mere mobility, such as help with daily tasks and relieving stiffness. (Testimony). The MassHealth representative countered, focusing on the specific request for mobility assistance twice a week. (Testimony). She stated that mobility in the context of the PCA program meant assistance helping a MassHealth member move around their living space. (Testimony). The appellant's representative argued that it could be considered an adjunct to passive range of motion exercises. (Testimony). The MassHealth representative stated that mobility assistance is different from the program's coverage for passive range of motion exercises. (Testimony). Regarding coverage for assistance with walking as a therapeutic exercise, the MassHealth representative stated that MassHealth does pay for medically necessary physical therapy but not under the PCA program. (Testimony).

## 2. Passive Range of Motion (PROM)

The PCM agency requested 32 minutes (eight minutes per extremity), twice daily for assistance with PROM. (Ex. 6, p. 13). The PCM agency commented that “PROM continues to be needed and tolerated by her[.] pca gently carries this out d/t the advancement of rheumatoid arthritis. PROM provides controlled movement, increases circulation, decreases any edema, and prevents development of contracted sites in her major joints. This encourages movement and comfort in mining her affected joints that are stiffer, as expected d/t her advanced [sic].” (Id.). MassHealth did not approve time for PROM because the documentation submitted indicated that the requested services did not meet professionally recognized standards of health care and cited 130 CMR 450.204(B).

The MassHealth representative explained that the request for passive range of motion exercises was denied because it was not standard care for rheumatoid arthritis due to the risk of severe injury. (Testimony). The representative emphasized the importance of consumer-directed care and stated that even trained individuals like physical therapists had a risk of causing harm if they performed passive range of motion incorrectly. (Testimony). The MassHealth representative also

highlighted that active range of motion exercises were typically preferred for RA. (Testimony).

The appellant's representative stated that prior to the hearing he faxed a copy of a letter from [REDACTED] one the appellant's physicians, to both BOH and the MassHealth representative. (Testimony; Ex. 7). In the letter [REDACTED] asked that MassHealth approve the time requested for PROM because it would benefit the appellant. (Id.). The appellant's sister argued that she was educated in physical therapy due to her profession and had received guidance from medical professionals, including [REDACTED] who understood passive range of motion. (Testimony). She emphasized the importance of passive range of motion in conjunction with active therapy for effective treatment and believed it could be done safely with proper training. (Testimony).

The MassHealth representative cited regulations requiring medically necessary services to meet professionally recognized standards of healthcare, indicating that the request did not meet these criteria without further substantiation. (Testimony). The MassHealth representative did state that she did not consider the letter from [REDACTED] to be persuasive in this case because he was not rheumatologist. (Testimony). The MassHealth representative did state that a similar letter from the appellant's rheumatologist might sway her in the direction of approving time for PROM. (Testimony).

The Hearing Officer suggested obtaining a letter from a rheumatologist supporting the request, acknowledging that such a recommendation would carry more weight. The appellant's representative agreed to obtain a letter from the rheumatologist and set up a plan for providing additional documentation and scheduling follow-up discussions.

At the conclusion of the hearing, the record was left open to allow the appellant's representatives to obtain and submit a letter from the appellant's rheumatologist stating that they endorse the PCA performing PROM for eight minutes per limb, two times per day, seven days per week and the MassHealth representative was given additional time to respond. (Ex. 9). On February 28, 2024, the appellant's representative submitted a letter from [REDACTED], RhMSUS, Rheumatology Musculoskeletal Ultrasound Program, [REDACTED] Hospital, which stated the following:

[The appellant] is a patient under my care in the Rheumatology department at [REDACTED] Hospital where she is followed for rheumatoid arthritis. [The appellant] experiences stiffness in her joints and soft tissues which causes severe pain, especially after sleeping or napping. Per [The appellant]'s family, passive range of motion (PROM) exercises have been very helpful in managing her pain when performed for 8 minutes per limb, twice a day, 7 days per week. It is my medical opinion that [the appellant] would benefit from receiving PROM via the PCA program to help provide pain relief. (Ex. 10).

The MassHealth representative responded by email, stating:

....

I have received and reviewed the letter from [REDACTED]

Upper Extremity Passive Range of Motion:

I am happy to inform you that MassHealth is changing its decision on the time for Passive Range of Motion from denied to approved as requested for upper extremity passive range of motion. 8 minutes 2x per day x 7 days a week for Right Upper extremity and 8 minutes 2x per day x 7 days a week for Left Upper extremity. The documentation and the testimony provided indicates that [the appellant] is not able to sufficiently use her upper extremities to maintain or improve her range of motion without passive assist from a caregiver. [REDACTED] letter indicates that she does not have concerns of possible injury as she has written in support of this being approved. Therefore, MassHealth approves the requested total of 32 minutes per day for upper extremity passive range of motion exercises.

Lower Extremity Passive Range of Motion:

I regret to inform you that MassHealth continues to deny the requested time for Passive Range of motion to the Lower Extremities for the following reasons:

- 1.) [REDACTED] letter states that her recommendation is based on family report of the benefit to [the appellant].
- 2.) [REDACTED] letter states her recommendation for passive range of motion is for the purpose of alleviating pain only.
- 3.) Per MassHealth Regulation 130 CMR 422.402 the definition of Passive Range of Motion Exercises (Passive ROM) is (emphasis added) "movement applied to a joint or extremity by another person solely for the purpose of maintain or improving the distance and direction through which a joint can move."
- 4.) The documentation and the testimony provided in the hearing have attested that [the appellant] is currently participating in actively repositioning herself daily, she participates in multiple transfers during the daytime, and takes a fifteen-minute walk twice per week. She also attends physical therapy regularly.
- 5.) Participating in these functional activities allow for active use of lower extremity joints. Therefore, passive range of motion exercises performed by a PCA caregiver are not medically necessary. (Ex. 11).

### 3. Medical Transportation (Hand Clinic)

The PCM agency requested 224 minutes per week for medical transportation. (Ex. 6, p. 33). The PCM agency based this overall calculation, in part, on the appellant needing 40 visits annually to a hand clinic. (Ex. 6, p. 43). MassHealth approved 156 minutes per week for medical transportation stating the time requested was longer than ordinarily required for someone with the appellant's physical needs and citing 130 CMR 422.410(B)(3) and 130 CMR 450.204(A)(1). (Ex. 1; Ex. 6, p. 4). As part of this modification, MassHealth approved 20 visits to the hand clinic.<sup>2</sup> (Ex. 1; Ex. 6, p. 4).

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<sup>2</sup> As noted above, MassHealth also approved fewer acupuncture visits than requested but the

The MassHealth representative explained that MassHealth will generally only approve a maximum of 20 visits per year for physical therapy (Testimony). The appellant's sister explained the frequency and duration of the appointments, emphasizing ongoing therapy needs (Testimony). The MassHealth representative defended the decision, stating that 20 visits were considered sufficient for hand therapy, drawing from her experience working in a similar clinic (Testimony). The appellant's representative sought further clarification from the appellant's sister regarding the medical necessity of 20 visits (Testimony). The appellant's sister explained that although MassHealth had already approved 20 physical therapy appointments, it was anticipated that the appellant's PT provider would request more PT appointments beyond this based on the appellant's medical needs. (Testimony). The MassHealth representative suggested that based on the conjectured approval of further PT visits, it was unnecessary to approve 40 PCA medical transportation visits to the PT provider at this time. (Testimony). The MassHealth representative suggested that once MassHealth approved 20 further PT visits, the PCM agency could submit a request to adjust the PCA hours to accommodate those additional appointments rather than assuming a set number of visits per year, highlighting the flexibility in submitting for adjustments based on actual appointments needed (Testimony). She also mentioned the possibility of requesting a waiver for medical necessity based on the appellant's disability (Testimony).

## Findings of Fact

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

1. The appellant is an individual under the age of 65. (Testimony; Ex. 6, p. 6).
2. The appellant's primary diagnoses include rheumatoid arthritis, fibromyalgia, lichen planus, which is an oral infection, fibromyalgia, hypothyroidism, celiac disease, depression and anxiety. (Testimony; Ex. 6, pp. 7-8).
3. On November 14, 2023, the PCM agency submitted a prior authorization request for 66 hours and 45 minutes per week of PCA services for one year. (Testimony; Ex. 6, p. 35).
4. On December 1, 2023, MassHealth modified this request to 54 hours and 0 minutes per week for dates of service from December 16, 2023 through December 15, 2024. (Testimony; Ex. 1; Ex. 6, pp. 3-5).
5. MassHealth made modifications to seven ADLs and IADLs based on MassHealth regulations. (Testimony; Ex. 1; Ex. 6, pp. 3-5).
6. During the course of the hearing, the MassHealth representative overturned the modifications to three ADLs and approved the times the PCM agency requested:

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appellant's representatives did not contest this reduction.

- a. Mobility (Transfers): Five minutes, four times daily. (Testimony; Ex. 6, p. 11);
  - b. Grooming (Other): Two minutes, one time daily and five minutes, one time daily. (Testimony; Ex. 6, p. 16).
  - c. Dressing: 20 minutes, one time daily and 10 minutes, one time daily. (Testimony; Ex. 6, p. 18).
7. The appellant's representatives did not contest the modification MassHealth made to the time for transportation to the appellant's acupuncturist. (Testimony; See, Ex. 6, pp. 33, 43).
8. Mobility (General)
- a. The PCM agency requested 15 minutes per day, two times per week for assistance with mobility. (Ex. 6, p. 11; Testimony).
  - b. The PCM agency commented that: "[the appellant] continues to be able to walk-very slowly and very short distances. She is weaker she use [sic] her walker(rollator) for at least one 15 min walk-only twice a week now, it takes too much effort she tries quietly all walking attempts are accompanied by her PCA providing close contact guard. Stiffness in joints prevents easy movement[.]" (Ex. 6, p. 12).
  - c. MassHealth did not approve any time for mobility stating that the time requested was longer than ordinarily required for someone with the appellant's physical needs and citing 130 CMR 422.410(A)(1) and 130 CMR 450.204(A)(1). (Ex. 1; Ex. 6, p. 4).
  - d. PCA time for mobility is meant for physically assisting the appellant to move around her living space. (Testimony).
  - e. Based on the PCM agency's comments, it appeared that the time requested was for an exercise regimen rather than for essential mobility assistance within the home. (Testimony).
  - f. The submitted documentation shows that the appellant is capable of walking short distances with difficulty, relying on a walker/rollator for support but needing support from a personal care attendant to forestall joint stiffness and facilitate movement. (Testimony).
9. PROM
- a. The PCM agency requested 32 minutes (eight minutes per extremity), twice daily for assistance with PROM. (Ex. 6, p. 13).
  - b. The PCM agency commented that "PROM continues to be needed and tolerated by



her[.] pca gently carries this out d/t the advancement of rheumatoid arthritis. PROM provides controlled movement, increases circulation, decreases any edema, and prevents development of contracted sites in her major joints. This encourages movement and comfort in mining her affected joints that are stiffer, as expected d/t her advanced [sic]." (Id.).

- c. MassHealth did not approve time for PROM because the documentation submitted indicated that the requested services did not meet professionally recognized standards of health care and cited 130 CMR 450.204(B).
- d. Generally, PROM was not recommended for treatment of rheumatoid arthritis because of the risk of serious injury. (Testimony).
- e. The appellant's representatives submitted a letter from [REDACTED] one the appellant's physicians, asking that MassHealth approve the time requested for PROM. (Ex. 6).
- f. The MassHealth representative indicated that if the appellant's representatives were to submit a letter from a rheumatologist, she would reconsider approving the time for PROM in the appellant's case. (Testimony).
- g. After the hearing, the appellant's representatives submitted a letter from the appellant's rheumatologist stating the following:

[The appellant] is a patient under my care in the Rheumatology department at [REDACTED] Hospital where she is followed for rheumatoid arthritis. [The appellant] experiences stiffness in her joints and soft tissues which causes severe pain, especially after sleeping or napping. Per [The appellant]'s family, passive range of motion (PROM) exercises have been very helpful in managing her pain when performed for 8 minutes per limb, twice a day, 7 days per week. It is my medical opinion that [the appellant] would benefit from receiving PROM via the PCA program to help provide pain relief. (Ex. 10).

- h. After considering the appellant's rheumatologist's statement, MassHealth decided to approve PROM for the appellant's upper extremities but not for her lower extremities stating the following:

Upper Extremity Passive Range of Motion:

I am happy to inform you that MassHealth is changing its decision on the time for Passive Range of Motion from denied to approved as requested for upper extremity passive range of motion. 8 minutes 2x per day x 7 days a week for Right Upper extremity and 8 minutes 2x per day x 7 days a week for Left Upper extremity. The documentation and the testimony provided indicates that [the appellant] is not able to sufficiently use her upper extremities to maintain or

improve her range of motion without passive assist from a caregiver. [REDACTED] letter indicates that she does not have concerns of possible injury as she has written in support of this being approved. Therefore, MassHealth approves the requested total of 32 minutes per day for upper extremity passive range of motion exercises.

Lower Extremity Passive Range of Motion:

I regret to inform you that MassHealth continues to deny the requested time for Passive Range of motion to the Lower Extremities for the following reasons:

- 1.) [REDACTED] letter states that her recommendation is based on family report of the benefit to [the appellant].
- 2.) [REDACTED] letter states her recommendation for passive range of motion is for the purpose of alleviating pain only.
- 3.) Per MassHealth Regulation 130 CMR 422.402 the definition of Passive Range of Motion Exercises (Passive ROM) is (emphasis added) "movement applied to a joint or extremity by another person solely for the purpose of maintain or improving the distance and direction through which a joint can move."
- 4.) The documentation and the testimony provided in the hearing have attested that [the appellant] is currently participating in actively repositioning herself daily, she participates in multiple transfers during the daytime, and takes a fifteen-minute walk twice per week. She also attends physical therapy regularly.
- 5.) Participating in these functional activities allow for active use of lower extremity joints. Therefore, passive range of motion exercises performed by a PCA caregiver are not medically necessary. (Ex. 11).

10. Medical Transportation (Hand Therapy)

- a. The PCM agency requested 224 minutes per week for medical transportation. (Ex. 6, p. 33).
- b. The PCM agency based this overall calculation, in part, on the appellant needing 40 visits annually to a hand clinic. (Ex. 6, p. 43).
- c. MassHealth approved 156 minutes per week for medical transportation stating the time requested was longer than ordinarily required for someone with the appellant's physical needs and citing 130 CMR 422.410(B)(3) and 130 CMR 450.204(A)(1). (Ex. 1; Ex. 6, p. 4).
- d. As part of this modification, MassHealth approved 20 visits to the hand clinic. (Ex. 1; Ex. 6, p. 4).
- e. MassHealth generally only approves 20 visits per year for physical therapy. (Testimony).

- f. The appellant's PT provider requested that MassHealth pay for 20 PT visits, which MassHealth has approved. (Testimony).
- g. It is anticipated that the PT provider will request a further 20 PT visits beyond this in the future, but that was speculative at that time. (Testimony).

## **Analysis and Conclusions of Law**

MassHealth may make an adjustment in the matters at issue before or during an appeal period and 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 in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. (130 CMR 610.051(B)). After considering the appellant's mother's testimony, the MassHealth representative overturned the modifications to mobility/transfers, grooming/other, and dressing and approved the times as requested. As the adjustments resolve the dispute in favor of the appellant with regard to these ADLs, the appeal is hereby DISMISSED.

BOH will also dismiss a request for a hearing when the request is withdrawn by the appellant. (130 CMR 610.035(A)(2)). At the hearing, the appellants' representatives stated that they did not contest the modification MassHealth made to the time requested for medical transportation to acupuncture. The request for the hearing is hereby DISMISSED as to medical transportation to acupuncture.

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 activities of daily living (ADLs) and Instrumental Activities of Daily Living (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 walking; physically assisting a member to perform range-of-motion exercises. (130 CMR 422.410(A)(1),(5)). IADLs are those specific activities that are instrumental to the care of the member's health and are performed by a PCA, and include transportation to medical providers. (130 CMR 422.402; 422.410(B)(3)).

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)). 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. (130 CMR 450.204(B)).

### 1. Mobility (General)

The record does not demonstrate that there is a medical necessity for assistance with mobility. Assistance with mobility in the context of the PCA program means assisting the member in moving within their home. The PCM agency's submitted material as well as the appellant's representatives' testimony clearly indicates the time requested for mobility was for assisting the appellant with walking outside of the home as part of the appellant's therapeutic exercise regimen. The appellant is able to move with the assistance of her walker/rollator, even though it may be painful. Nothing in the record suggested that the appellant was incapable of moving around her own domicile without assistance.

The appeal is therefore DENIED with regard to mobility (general).

### 2. PROM

MassHealth initially denied the request for Passive Range of Motion (PROM) for all four extremities, citing that it was not the standard care for the treatment of rheumatoid arthritis due to potential risks. Prior to the hearing the appellant's representatives submitted a letter from one of the appellant's physicians advocating for the approval of PROM. Despite this, the MassHealth representative questioned the weight of the opinion, noting the physician's specialization was not in rheumatology. The MassHealth representative, however, expressed openness to reconsidering MassHealth's decision if supported by evidence from a rheumatologist. Subsequently, the appellant's representatives presented a letter from a rheumatologist endorsing PROM for all four extremities.

After reviewing the new evidence, the MassHealth representative approved PROM for the upper extremities but not for the lower extremities. This decision was based on the assessment that while the appellant required assistance for maintaining or improving upper extremity motion, there was sufficient evidence to suggest independence in lower extremity mobility, including daily repositioning, transfers, regular physical therapy, and scheduled walks. In conclusion, the evidence supports the necessity of PROM for the upper extremities, but not for the lower extremities, as determined by a preponderance of evidence in the record.

The appeal is therefore APPROVED IN PART and DENIED IN PART with regard to PROM.

### 3. Medical Transportation (Hand Therapy)

In determining the time that should be allotted for medical transportation, MassHealth modified the number of visits to the appellant's hand therapist from 40 to 20 visits per year. MassHealth concluded that the time requested was longer than ordinarily required for someone with the appellant's physical needs. The MassHealth representative indicated that MassHealth limits the number of visits to PTs and OTs to 20 per year. Referring to MassHealth's regulations for

Rehabilitation Center Services at 130 CMR 430.601, MassHealth requires rehabilitation centers to obtain prior authorization for more than 20 occupational-therapy visits or 20 physical-therapy visits, including group-therapy visits, for an eligible MassHealth members in a 12-month period. (See 130 CMR 430.601(D)(1)(a)). There is no evidence that the appellant, through her PT provider, has submitted such a prior authorization request. MassHealth correctly reduced the number of visits for this reason. Should the PT provider submit and MassHealth approve a PA request for more than 20 visits, the appellant can submit an adjustment to her PCA services at that point.

The appeal is therefore DENIED with regard to Medical Transportation to hand therapy.

## **Order for MassHealth**

Issue a new PCA determination showing that the appellant has been approved for the following:

1. Mobility (Transfers): Five minutes, four times daily, seven days per week;
2. Grooming (Other): Two minutes, one time daily and five minutes, one time daily, seven days per week.
3. Dressing: 20 minutes, one time daily and 10 minutes, one time daily, each seven days per week.
4. PROM: Eight minutes, two times per day, seven days per week for the left and right upper extremities (16 minutes, two time per day, seven days per week over all).

These changes are effective from December 16, 2023 through December 15, 2024.

## **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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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

[REDACTED]