

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved-in-part; Denied-in-part; Dismissed-in-part	<b>Appeal Number:</b>	2404528
<b>Decision Date:</b>	6/17/2024	<b>Hearing Date:</b>	04/22/2024
<b>Hearing Officer:</b>	Casey Groff, Esq.		

**Appearance for Appellant:**

*Pro se*

**Appearance for MassHealth:**

Kelly Rayen, R.N., Clinical Reviewer, Optum,  
MassHealth



*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>	Approved-in-part; Denied-in-part; Dismissed-in-part	<b>Issue:</b>	Personal Care Attendant Services
<b>Decision Date:</b>	6/17/2024	<b>Hearing Date:</b>	04/22/2024
<b>MassHealth's Rep.:</b>		<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Board of Hearings, Remote	<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 2/26/24, MassHealth informed Appellant that it modified her prior authorization (PA) request for personal care attendant (PCA) services. See 130 CMR 450.204.(A)(1) and Exhibit 1. On 3/21/24, Appellant filed a timely request to appeal the notice. See 130 CMR 610.015(B); Exhibit 2. Modification of a PA request for PCA services is a valid basis for appeal. See 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth modified Appellant's request for PCA services.

## Issue

The appeal issue is whether MassHealth was correct in modifying Appellant's request for PCA services.

## Summary of Evidence

At hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Appellant represented herself. All parties appeared by telephone.

Through testimony and documentary evidence, the MassHealth R.N. representative presented the following information: Appellant is a MassHealth adult member under the age of [REDACTED]. On 2/5/24, a registered nurse (R.N.) from [REDACTED] Appellant's personal care management (PCM) agency, performed a re-evaluation of Appellant at her home to determine the amount of personal care attendant (PCA) assistance needed for ongoing services. See Exh. 4, p. 6. Based on the assessment, the PCM nurse noted that Appellant has primary diagnoses of osteoarthritis of the knees and shoulders, carpal tunnel syndrome, and a past relevant medical history significant for leukemia (in remission), leukocytosis, bradycardia with pacemaker, asthma, fibromyalgia, anxiety, and depression. Id. at 7. The PCM nurse noted that Appellant lives in a two-story residence with three external steps to enter, and 13 stairs to reach her second-floor bedroom and bathroom. Id. Her adult son now lives in the home with her. Id.

Pursuant to its assessment, the PCM agency sent MassHealth an prior authorization (PA) request for PCA services on 2/6/24. See id. at 2. The request sought approval for 55 hours and 30 minutes per-week of PCA services for dates of service [REDACTED] See Exh. 1, p. 3 and Exh. 4.

On 2/26/2024, MassHealth modified Appellant's PA request to 47 hours per-week of PCA services. See Exh. 1. The modification was based upon MassHealth's decision to reduce time for requested assistance with the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs): (1) bathing, (2) undressing, (3) medication prefill (4) medication assistance, (5) meal preparation, and (6) housekeeping. It was noted that the total approved hours for the current PA was a reduction from Appellant's prior PA period.

Prior to hearing, Appellant submitted a letter from her primary care physician (PCP), [REDACTED] [REDACTED] advocating for the continuation of Appellant's allotted PCA hours. See Exh. 2(a). [REDACTED] wrote that Appellant demonstrated significant benefits from PCA assistance which have facilitated her ADLs, contributed to her emotional and psychological well-being, and has caused her to maintain a sense of independence that are paramount for her ongoing care and rehabilitation. Id. [REDACTED] opined that maintaining Appellant's "current level of PCA support is crucial for her overall health and quality of life" and that "reducing her PCA hours would pose a significant risk to [Appellant's] health and impede her progress toward achieving therapeutic goals." Id.

### ***Resolved Modification***

At hearing, the parties came to an agreed-upon resolution with respect to the modification of meal preparation. MassHealth initially modified Appellant's request for 95 minutes of daily meal preparation assistance to 60 minutes daily. See Exh. 4, p. 29. At hearing, MassHealth offered to increase the authorized time for meal preparation to 90 minutes per-day (90x1x7), which Appellant accepted. The parties discussed the remaining modifications as follows:

### ***Bathing***

The MassHealth R.N. representative testified that Appellant, through her PCM agency, requested 45 minutes per-day (45x1x7) for physical assistance with daily showering activities, including routine transfers. See Exh. 4. at 14. In support thereof, the PCM agency noted that Appellant requires assistance transferring in and out of the tub, and assistance with washing/drying her hair, back, legs, and feet, noting that Appellant is able to wash her face, chest, and peri-area unaided. Id. at 15. Appellant currently uses the shower on the 2<sup>nd</sup> floor. Id. The PA request noted that Appellant's limiting factors included decreased strength/grip of the right dominant hand and decreased range of motion (ROM)/flexion in the right shoulder and knee; and her tendency to "fatigue easily." The evaluating nurse indicated that the requested time was "reduced [from last PCA evaluation, related to] witnessed improvement in mobility in comparison to last PCA eval[uation]." Id.

MassHealth modified the request for showering to 30 minutes daily (30x1x7). See Exh. 1. The MassHealth representative testified that the modification was made, in part, due to documentation which classified Appellant as requiring "moderate assistance" with bathing, and because 45 minutes would exceed the time ordinarily required for someone with Appellant's physical needs. See id. at 4. MassHealth noted that under the category of transfers, Appellant only requested, and MassHealth approved, 5 minutes per-episode. Assuming it takes 5 minutes for transfers in and out of the tub, this still leaves Appellant more than enough time for the PCA to wash her back, bottom, and extremities.

Appellant appeared at hearing and testified that she tries to contribute as much as possible; however, her functional limitations prevent her from reaching her entire backside. Due to constructive hand surgery, she cannot grasp anything with right hand. For example, she cannot open a door, hold and/or squeeze a soap bottle, or grab a kitchen knife to prepare meals. Appellant testified that as a result of a prior stroke, her right side is weaker. Appellant testified that she felt the nursing evaluation was not reflective of her needs. When the PCM nurse asked her to step into the shower, she could not complete the task. She described that her PCA assists in this process by bringing one leg up and making sure her foot is then stable so that she can put her other leg in. Once in the shower, the PCA helps sit her on the shower chair, will wash the areas that Appellant cannot, including body and hair. There is no way for Appellant to hold the shampoo bottle and squeeze it. Even her left hand, which is more functional than the right, does not open entirely. Appellant felt that 30 minutes was inadequate for bathing assistance.

## ***Undressing***

Appellant's PCM agency requested 12 minutes per-day (12x1x7) for moderate assistance with undressing of the upper and lower body, as well as removing footwear. See Exh. 4, p. 18. During the evaluation, the PCM R.N. observed that Appellant was able to don a shirt but required assistance removing the shirt due to decreased ROM in her right shoulder. Id. She could independently remove slip-on sneakers while seated on a low couch but had difficulty reapplying them. Id. The PCM evaluator noted that Appellant has decreased use of her right dominant hand, which limits her precision, and decreased ROM in right knee which limits lower body coordination. Id. Appellant wears a knee brace as needed. Id. The evaluating PCM nurse indicated that the requested time was "to reflect witnessed capabilities." Id.<sup>1</sup>

MassHealth modified the time requested by approving 10 minutes per-day (10x1x7). Id. at 4. The MassHealth representative testified that the modification was made, in part, because the time requested was longer than ordinarily required for someone with Appellant's physical needs, and because of the PCM agency's noted improvement in function from past evaluations.

In response, Appellant testified that her PCA requires the full 12 minutes that was requested to help her get undressed. Appellant described that the PCA gathers her clothes for her, and places dirty clothes in her hamper. The PCA helps her with donning/doffing her pants and upper-body shirt(s). Removing shirts is the most difficult part of undressing due to her impaired ROM of her shoulder. Additionally, the PCA helps secure buttons, including buttons on shirts if needed. With respect to footwear, Appellant is unable to tie/untie shoelaces and cannot bend to remove shoes or socks; however, she can remove slip-on footwear by using one foot to take the shoe off the opposing foot. She wears a knee brace when she can tolerate it; it is typically worn whenever she needs more knee support, such as going out or walking. Because wearing the brace presses on her knee and can make knee pain worse, there are times that she cannot tolerate it. Appellant estimated she wears it 5 out of 7 days of the week, and sometimes it is put on and removed multiple times per-day.

## ***Medication (Prefill and Assistance)***

Appellant's PCM agency requested 20 minutes per-week (20x1x1) for assistance with medication prefill, and 5 minutes, 5 times per-day 7-days per-week (5x5x7) for assistance with medications. Id. at 22. In support thereof, the PCM agency noted that Appellant remains in need of physical assistance with medication management due to decreased strength in right dominant hand. Appellant's PCA continues to fill a weekly pillbox and dispenses pills from the container; she has medications that are taken at various intervals including once or twice daily, and as-needed dosages. Id. at 22-23. The PCM agency noted that the medication assistance

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<sup>1</sup> Appellant's PCM requested, and MassHealth approved, 15 minutes for dressing. Id.

includes times for maintaining inhalers. Id. Additionally, Appellant's "medication list" shows that Appellant takes a total of 19 medications, 15 of which are administered by mouth, 3 inhaled medications, and one subcutaneous injection that is administered by a doctor. Id. at 44. The list shows that Appellant's oral medications are to be taken either once daily (2 of which are taken at bedtime), twice, daily, or three times daily (Buspirone and Tramadol).

MassHealth modified the requests downward by approving 15 minutes per-week (15x1x1) for medication prefill, and 2 minutes, three-times daily (2x3x7) for medication assistance. The MassHealth representative testified that the modifications were made because the times requested were longer than ordinarily required. With respect to prefill, Appellant is prescribed 15 oral medications and MassHealth allots one minute for each medication to be placed in the medication planner. For medication assistance, MassHealth did not include time for any of Appellant's "as-needed" medications as these are considered anticipatory care for which MassHealth does not pay. Two minutes per-episode should be sufficient for the PCA to get the medications from the planner, prepare a glass of water, set up the inhalers, and hand them to Appellant three-times per-day.

Appellant testified that due to the number of medications she is prescribed, she is unable to "deal with" the medications herself. She has previously been hospitalized after she took too much medication. The PCA prefills her medication box every Monday. With respect to "medication assistance," the PCA has to prepare her three inhalers and hand them to her one at a time, as she needs to wait a minute or two between puffs. She also stated that under the direction of her pulmonologist, she needs to rinse her mouth afterwards to prevent an oral yeast infection. The PCA helps walk her to the bathroom so she can rinse her mouth. The PCA assists with medication more than just three times per-day given the number of medications she is prescribed and the various times she takes them throughout the day. Appellant also noted that she uses a nebulizer machine twice daily, in addition to the 3 inhalers. The nebulizer machine takes the PCA more time to prepare as each dose comes in a vial. When she is ready to use the nebulizer, the PCA takes the vial out, twists the cap, places it in the cup, and closes it.

In response, MassHealth noted that the PA request did not include any notation that Appellant uses a nebulizer machine.

### ***Housekeeping***

Appellant's PCM agency requested 60 minutes per week (60x1x1) for PCA assistance for the IADL of housekeeping. See id. at 30. In support thereof, the PCM agency noted that Appellant requires "total dependence" for housekeeping tasks; that she lives in a two-story home with a finished basement; that she has reduced standing tolerance and decreased functional use of her dominant right upper extremity; and has three small dogs in the home. See id. The PCM agency also noted that Appellant does not live with a legally responsible family member. Id.

MassHealth modified the request by approving 45 minutes per week for housekeeping. Id. at 3-4. The MassHealth R.N. testified that MassHealth modified the time because Appellant's son lives with Appellant and the PCA is only responsible for the consumer's personal space. Additionally, MassHealth does not pay for a PCA to assist with pet care.

In response, Appellant testified that the request was not intended to include time for the PCA to perform pet care or to help maintain any space other than the area Appellant occupies. Appellant reiterated that her PCA has "never been responsible for her dogs." Appellant also clarified that her son, who is [REDACTED] years old, lives in the furnished basement, which she cannot access due to the staircase and absence of railings. Moreover, her son works two jobs, and mostly stays with his girlfriend. For housekeeping tasks, the PCA will help sweep/clean floors, change bed linens, empty the trash, and clean her personal bathroom. Appellant testified that 45 minutes was insufficient for the PCA to assist with housekeeping.

## Findings of Fact

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

1. Appellant is a MassHealth adult member under the age of [REDACTED]
2. Appellant has primary diagnoses of osteoarthritis of the knees and shoulders, carpal tunnel syndrome, and a past relevant medical history significant for leukemia (in remission), leukocytosis, bradycardia with pacemaker, asthma, fibromyalgia, anxiety, and depression. Id. at 7.
3. On 2/6/24, Appellant's PCM agency sent MassHealth a PA request for PCA services on seeking approval for 55 hours and 30 minutes per-week of PCA services for dates of service [REDACTED]
4. On 2/26/2024, MassHealth modified Appellant's PA request by approving 47 hours per-week of PCA services, with modifications to the following ADLs and IADLs: (1) bathing, (2) undressing, (3) medication refill (4) medication assistance, (5) meal preparation, and (6) housekeeping. It was noted that the total approved hours for the current PA was a reduction from Appellant's prior PA period.
5. At hearing, MassHealth offered to increase the authorized time for meal preparation from 60 minutes, as approved in the 2/26/24 notice, to 90 minutes per-day (90x1x7), which Appellant accepted.

### ***Bathing/Shower***

6. Appellant requested 45 minutes per-day (45x1x7) for the PCA to provide physical assistance with daily showering activities, including routine transfers.
7. The requested time was reduced from the prior PA period based on the PCM R.N. evaluator's observed improvements from her last evaluation.
8. MassHealth modified the request by approving 30 minutes daily (30x1x7) for showering.
9. Appellant has limited function, decreased strength/grip of the right dominant hand, decreased ROM/flexion in the right shoulder and knee, and she "fatigues easily."
10. Appellant requires moderate assistance transferring in and out of the tub, and assistance with washing/drying her hair, back, legs, and feet.

### ***Undressing***

11. Appellant's PCM agency requested 12 minutes per-day (12x1x7) for assistance with undressing.
12. MassHealth approved 10 minutes per-day (10x1x7) for assistance with dressing.
13. Appellant requires moderate physical assistance with upper and lower extremity dressing, as well as removing footwear; Appellant has particular difficulty removing her shirt or upper-body clothing due to decreased ROM in her right shoulder; and she requires assistance securing and removing her knee brace.

### ***Medication (Prefill & Assistance)***

14. Appellant's PCM agency requested 20 minutes per week (20x1x1) for PCA assistance prefilling her medication box and requested 5 minutes, 5 times per-day 7-days per-week (5x5x7) for assistance with medications.
15. MassHealth modified the requests downward by approving 15 minutes per-week (15x1x1) for medication prefill, and 2 minutes, three times daily (2x3x7) for medication assistance.
16. Appellant takes a total of 19 medications, 15 of which are administered by mouth, three inhaled medications, and one subcutaneous injection that is periodically administered by a doctor.
17. Appellant's oral medications are prescribed to be taken once daily (two of which are to be taken at bedtime), twice daily, and three-times-daily.



18. Appellant remains in need of physical assistance with medication management due to decreased strength in right dominant hand; her PCA continues to fill a weekly pillbox and dispenses pills from the container; she has medications that are taken at various intervals including once or twice daily, and as-needed dosages; and requires assistance preparing and maintaining three inhalers.
19. Appellant requires physical assistance to rinse her mouth following use of her inhaler to prevent yeast infection, pursuant to her pulmonologist's advice.

### ***Housekeeping***

20. Appellant requested 60 minutes per week (60x1x1) for PCA assistance for housekeeping.
21. MassHealth modified housekeeping to 45 minutes per-week.
22. Appellant lives in a two-story home with a finished basement; she has reduced standing tolerance and decreased functional use of her dominant right upper extremity.
23. Appellant does not live with a legally responsible person/family member.
24. It takes 60 minutes per-week for the PCA to perform housekeeping tasks related to the Appellant's personal space, including sweeping floors, changing bed linens, emptying the trash, and cleaning her bathroom; and does not include housekeeping tasks related to pet-care.

## **Analysis and Conclusions of Law**

MassHealth covers personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:<sup>2</sup> First, the services must be "prescribed by a physician or nurse practitioner who is responsible for the member's...care." See 130 CMR 422.403(C)(1). Additionally, the "member's disability [must be] permanent or chronic in nature and impair the member's functional ability to perform [at least two] ADLs ... without physical assistance." See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). A service is "medically necessary" if:

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<sup>2</sup> PCA services are defined as "physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410." See 130 CMR 422.002.

(1) 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; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A).

Here, there is no dispute that Appellant meets all the prerequisites to qualify for PCA services. This appeal addresses whether MassHealth allotted sufficient time, in accordance with program regulations, for Appellant to receive PCA assistance to meet her care needs.

The MassHealth PCA program covers medically necessary assistance with the following ADLs:

(A) Activities of Daily Living (ADLs). Activities of daily living include the following:

(1) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;

(2) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;

***(3) bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;***

(4) dressing or undressing: physically assisting a member to dress or undress;

(5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;

(6) eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and

***(7) toileting: physically assisting a member with bowel and bladder needs.***

See 130 CMR 422.410 (emphasis added).

In addition, MassHealth reimburses for PCA assistance with certain IADLs, which include tasks that are “instrumental to the care of the member’s health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.” 130 CMR 422.402. In determining the amount of time it takes the PCA to physically assist a member with an IADL, MassHealth requires the PCM agency to consider the presence of live-in family members. See 130 CMR 422.410(C). MassHealth will also consider the consumer’s individual circumstances when determining the amount of physical assistance required to complete an IADL. Id.

With respect to both ADLs and IADLs, MassHealth will approve time in accordance with the “activity time performed by a PCA in providing assistance with the [task].” See 130 CMR 422.411. “Activity time” is defined as the actual amount of time spent by the PCA “physically assisting the member” with his or her ADL/IADL. See 130 CMR 422.402. MassHealth does not pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

***Bathing***

Appellant requested 45 minutes of physical assistance for a daily shower. MassHealth modified the request and approved 30 minutes for this task. Based on the evidence presented, Appellant demonstrated that 30 minutes daily is insufficient for the PCA meet Appellant’s bathing care needs. The evidence shows that despite Appellant’s ability to contribute to certain aspects of showering, she still requires PCA assistance at all phases of the bathing process, including transferring into and out of the shower; assisting with opening soap/shampoo bottles; washing areas that Appellant cannot access, including her entire backside; transferring her out of the shower; and assistance with drying. The PCM agency noted that the requested time of 45 minutes was a reduction from the amount of time requested in the prior year due to observed functional improvements. Thus, the request itself already factored in Appellant’s increased capabilities, and would not justify grounds for MassHealth to further modify downward the approved time on this basis. These factors, considered together, support Appellant’s need for the full amount of PCA assistance requested for showering at 45x1x7. Accordingly, the appeal is APPROVED-in-part with respect to bathing.

***Undressing***

Appellant demonstrated that the 10 minutes MassHealth authorized for dressing is insufficient to meet her care needs. The PCM agency requested 12 minutes per-day (12x1x7) for dressing. The

time requested is consistent with the level of assistance Appellant requires and is supported by the evidence in the record. According to the PCM R.N. evaluation, Appellant requires moderate assistance with both upper and lower extremity dressing, as well as donning on and off her footwear and a knee brace. Despite Appellant's ability to contribute to dressing/undressing tasks within her capabilities, she still requires PCA assistance at most every step of the process. The documentation shows that Appellant has limited range of motion, particularly in her right shoulder making it difficult to perform upper body dressing. Similar to bathing, the requested time for this ADL was a reduction from the prior year due to observed functional improvement. Because such improvements were accounted for by the PCM agency in making its request, MassHealth would not be justified from further modifying the request downward on this basis. Based on Appellant's needs, as evidenced through the documentation submitted and testimony presented at hearing, the appeal is APPROVED with respect to undressing at 12x1x7.

### ***Medication Assistance & Prefill***

Next, MassHealth modified Appellant's request for 20 minutes of assistance per-week (20x1x7) with medication prefill to 15 minutes per-week (15x1). In addition, Appellant had requested five minutes, five times daily (5x5x7) for medication assistance. MassHealth modified medication assistance to 2 minutes, 3 times per-day (2x3x7). The evidence indicates that Appellant is prescribed 15 oral medications that are taken at various times, once to three-times daily; and is prescribed 3 inhaler medications, to be taken daily. Appellant demonstrated that while she can take the medication once handed to her, she relies on the PCA to do all the preparation work, including filling the medication planner, giving her the correct medications at the right dosing time, preparing the inhalers, and bringing Appellant to wash out her mouth after the inhalers for prevention of yeast infection. Appellant also testified that in addition to the 3 inhalers, she uses a nebulizer machine for treatment of her asthma. Although not noted in the PA request, physical assistance with nebulizer treatment would fall within the ADL task of "medication assistance."

In consideration of the totality of medications Appellant is prescribed, their varying dosages and administration times, the additional processes required to prepare and/or maintain her inhalers, Appellant sufficiently demonstrated that the requested time for medication assistance at 5x5x7 was appropriate and made in accordance with the regulations. Based on the foregoing, the appeal is APPROVED-in-part with respect to Appellant's request for physical assistance with medications at 5x5x7.

Appellant did not, however, present sufficient evidence to suggest MassHealth erred in reducing the time for physical assistance with prefilling the medication box to 15 minutes per-week. The appeal is DENIED-in-part with respect to the modification of medication prefill.

### ***Housekeeping***

Lastly, Appellant successfully demonstrated that her request for 60 minutes per-week for physical

assistance with housekeeping was appropriate and within the regulations governing the PCA program. MassHealth modified the request to 45 minutes. The evidence shows that Appellant lives in a two-story home, with her bedroom on the upper floor. Based on her physical limitations, including impaired use of her right dominant hand and impaired range of motion for both upper and lower extremities, she cannot perform basic housekeeping tasks, such as keeping her floors clean, emptying trash, changing bed linens, and other basic aspects of household maintenance. Appellant credibly testified that the time requested was not intended to include any physical housekeeping assistance related to areas that her son occupies, nor does it involve any aspects of pet care. Based on the facts and evidence, Appellant demonstrated that 60 minutes per-week, broken down as less than 10 minutes per-day, is necessary and within the scope of the PCA regulations.

Based on the foregoing, this appeal is APPROVED with respect to housekeeping at 60x1x1.

### ***Resolved Modification***

At hearing, the parties resolved the modification to “meal preparation” by agreeing to 90 minutes per-day (90x1x7) for this IADL task. Based on the adjustment at hearing, the appeal is DISMISSED-in-part with respect to meal preparation.

## **Order for MassHealth**

For the PA period [REDACTED] adjust the times allotted for the following ADLs and IADL as follows: bathing at 45x1x7, undressing at 12x1x7, medication assistance at 5x5x7, and housekeeping at 60x1x1. In addition, adjust meal preparation to 90x1x7 as agreed-upon at hearing. The modification to medication pre-fill of 15x1x1 will remain in effect pursuant to 2/26/24 notice.

## **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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Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:

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