

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part, Dismissed in part	Appeal Number:	2408990
Decision Date:	8/20/2024	Hearing Date:	7/11/24
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Donna Burns, RN

Interpreter:

N/A



*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, Dismissed in part	Issue:	Prior Authorization, PCA Services
Decision Date:	8/20/2024	Hearing Date:	7/11/24
MassHealth's Rep.:	Donna Burns	Appellant's Rep.:	
Hearing Location:	Remote (Tel)	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 May 15, 2024, MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services indicated that some of the services for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) requested are not supported as medically necessary by the Appellant's clinical record and some requested times are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(3), 130 CMR 422.410(A)(7), 130 CMR 422.410(B)(4)(B), 130 CMR 450.204(A)(1) and Exhibit 1). The Appellant filed this appeal in a timely manner on June 5, 2024. (see 130 CMR 610.015(B)). A decision modifying assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services indicated that some of the services for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) requested are not supported as medically necessary by the Appellant's clinical record and some requested times are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(3), 130 CMR 422.410(A)(7), 130 CMR 422.410(B)(4)(B), 130 CMR 450.204(A)(1) and Exhibit 1)

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(3), 130 CMR 422.410(A)(7), 130 CMR 422.410(B)(4)(B), and 130 CMR 450.204(A)(1) in determining that the Appellant's request for PCA services indicated that some of the services for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) requested are not supported as medically necessary by the Appellant's clinical record and some requested times are longer than ordinarily required by someone with the Appellant's physical needs.

Summary of Evidence

The Appellant is a MassHealth member under the age of 65 who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 5). MassHealth received a prior authorization request for PCA services submitted by [REDACTED] the Appellant's Personal Care Management (PCM) Agency. (Testimony, Exhibit 1) The Appellant's primary diagnosis includes long COVID with dysautonomia symptoms and POTS. (Testimony, Exhibit 5, pg. 11) The Appellant's medical history includes erythromelalgia, cognitive dysfunction, orthostatic hypotension, Raynaud's phenomenon, chronic pain syndrome and nerve pain. (Testimony, Exhibit 5, pgs. 11) Additionally, it is noted the Appellant exhibits an unsteady gait, dizziness, fatigue, chronic pain to back and head. The Appellant is unable to raise her arm over her head and she tends to get dizzy with exertion. (Exhibit 5, pg. 12)

MassHealth, represented by a nurse from Optum, testified that MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services indicated that some of the services for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) requested are not supported as medically necessary by the Appellant's clinical record and some requested times are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(3), 130 CMR 422.410(A)(7), 130 CMR 422.410(B)(4)(B), 130 CMR 450.204(A)(1) and Exhibit 1). Specifically, MassHealth made multiple modifications discussed infra. (Testimony)

Regarding the modification of 1) ADL – Mobility, Assist with Mobility, from 1 minute, 6 times a day, 7 days a week, to 0 minutes, 0 times a day, 0 days a week, MassHealth testified that the requested time is not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pgs. 15-16) The Appellant testified that due to her long COVID, some days she is able to navigate without aid, and other days requires significant aid. (Testimony) The Appellant discussed her difficulty with transfers specifically from the couch. (Testimony) MassHealth explained that Mobility, Transfers, had been approved as requested. (Testimony).

MassHealth further explained that Mobility, assist with mobility, was specifically for help navigating room to room. (Testimony) Based upon the testimony of MassHealth, the Appellant agreed to the modification to 0 minutes, 0 times a day, 0 days a week. This resolved the appeal issue related to this modification.

Regarding the modification of 2) ADL – Mobility, Assist with Stairs from 3 minutes, 2 times a day, 7 days a week to 0 minutes, 0 times a day, 0 days a week, MassHealth testified that the requested time is not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pgs. 15-16) The Appellant testified that due to her long COVID, some days she is able to navigate without aid, and other days requires significant aid. (Testimony) The Appellant discussed her difficulty with navigating the stairs when her symptoms are exacerbated by conditions beyond her control. (Testimony) The Appellant explained the humidity tends to sap her strength throughout the day. (Testimony). MassHealth explained that Mobility, Assist with Stairs, was specifically for help navigating stairs within the household. (Testimony)

The Appellant explained that she resides in a 2-family building, and upon entering the main door to her residence, there is a staircase that needs to be navigated. (Testimony) MassHealth explained that help with these stairs would fall under the category of Medical Transportation. (Testimony). The Appellant then testified that she needs to exit her residence for mental health as well as physical therapy for general mobility as required by her doctors. (Testimony). MassHealth noted that during a Home Health visit, it was noted that she was able to navigate the stairs unassisted. (Testimony, Exhibit 5, pg. 60). The Appellant reiterated that there are good days and bad days for her symptom management, and the day of the evaluation was months prior to the Hearing, a cool non-humid day. (Testimony)

The Appellant further explained that there is a third floor in her residence where an additional bathroom and her daughter's bedroom are located. (Testimony) MassHealth inquired as to why the Appellant could not utilize the bathroom on the main floor. The Appellant explained that she has had issues with control regarding her bodily functions at times and could not necessarily wait for the main level's bathroom to be vacated without accidents. (Testimony) The Appellant explained that accidents have happened on multiple occasions. (Testimony) No compromise was reached between the parties on this issue (Mobility, Assistance with Stairs) and it is addressed in the Analysis and Conclusions of Law section below.

Regarding the modification of 3) ADL – Grooming, Other (Lotion), from 5 minutes, 1 time a day, 7 days a week, to 3 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Grooming, Other. (Testimony, Exhibit 5, pgs. 20-21) MassHealth explained that the documentation indicated she required minimal assistance with Grooming, Other (Lotion) and 5 minutes per episode was considers maximum assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 3 minutes, 1 time a day, 7 days a week. This resolved the appeal issue related to this modification.

Regarding the modification of 4) ADL – Toileting, Bladder Care, from 6 minutes, 6 times a day, 7 days a week, to 5 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Toileting, for bladder care. (Testimony, Exhibit 5, pgs. 24-25) MassHealth explained that the documentation indicated the Appellant required minimal assistance with Toileting and 6 minutes per episode was beyond the time generally considered minimal assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 5 minutes, 6 times a day, 7 days a week for Toileting, Bladder Care. This resolved the appeal issue related to this modification.

Regarding the modification of 5) ADL – Toileting, Bowel Care, from 7 minutes, 1 time a day, 7 days a week, to 5 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Toileting, bowel care. (Testimony, Exhibit 5, pgs. 24-25) MassHealth explained that the documentation indicated the Appellant required minimal assistance with Toileting and 7 minutes per episode was beyond the time generally considered minimal assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 5 minutes, 1 time a day, 7 days a week for Toileting, Bowel Care. This resolved the appeal issue related to this modification.

Regarding the modification of 6) IADL – Special Needs, Assistance with paperwork for the PCA program, 10 minutes per week to 0 minutes per week, MassHealth testified that the requested time is not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pg. 32) The Appellant explained her cognitive dysfunction and confusion specifically related to completed PCA paperwork. (Testimony) The Appellant explained that the last time she had an issue with PCA paperwork, it took hours and multiple telephone calls to resolve. Based upon the testimony of the Appellant, MassHealth agreed to APPROVE the 10 minutes per week as requested. This resolved the appeal issue related to this modification.

Findings of Fact

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

1. The Appellant is a MassHealth member under the age of 65 who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 5).
2. The Appellant's primary diagnosis includes long COVID with dysautonomia symptoms and POTS. (Testimony, Exhibit 5, pg. 11) The Appellant's medical history includes erythromelalgia, cognitive dysfunction, orthostatic hypotension, Raynaud's

phenomenon, chronic pain syndrome and nerve pain. (Testimony, Exhibit 5, pgs. 11) Additionally, it is noted the Appellant exhibits an unsteady gait, dizziness, fatigue, chronic pain to back and head. The Appellant is unable to raise her arm over her head and she tends to get dizzy with exertion. (Exhibit 5, pg. 12)

3. Regarding the modification of 1) ADL – Mobility, Assist with Mobility, from 1 minute, 6 times a day, 7 days a week, to 0 minutes, 0 times a day, 0 days a week, MassHealth testified that the requested time are not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pgs. 15-16) Due to the Appellant's long COVID, some days she is able to navigate without aid, and other days require significant aid. (Testimony) The Appellant exhibits difficulty with transfers specifically from the couch. (Testimony) MassHealth explained that Mobility, Transfers, had been approved as requested. (Testimony). MassHealth further explained that Mobility, assist with mobility, was specifically for help navigating room to room. (Testimony) Based upon the testimony of MassHealth, the Appellant agreed to the modification to 0 minutes, 0 times a day, 0 days a week. This resolved the appeal issue related to this modification.
4. Regarding the modification of 2) ADL – Mobility, Assist with Stairs from 3 minutes, 2 times a day, 7 days a week to 0 minutes, 0 times a day, 0 days a week, MassHealth testified that the requested time are not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pgs. 15-16) Due to the Appellant's long COVID, some days she is able to navigate without aid, and other days require significant aid. (Testimony) The Appellant has difficulty with navigating the stairs when her symptoms are exacerbated by conditions beyond her control. (Testimony) The humidity tends to sap the Appellant's strength throughout the day. (Testimony). MassHealth explained that Mobility, assist with stairs, was specifically for help navigating stairs within the household. (Testimony)
5. The Appellant resides in a 2-family building, and upon entering the main door to her residence, there is a staircase that needs to be navigated. (Testimony) The Appellant needs to exit her residence for mental health as well as physical therapy for general mobility as required by her doctors. (Testimony). MassHealth had noted that during the evaluation it was recorded that she was able to navigate the stairs unassisted. (Testimony, Exhibit 5, pg. 60). The Appellant experiences good days and bad days for her symptom management, and the day of the evaluation was months prior to the Hearing, a cool non-humid day. (Testimony)
6. The Appellant also has a third floor in her residence where an additional bathroom and her daughter's bedroom are located. (Testimony) The Appellant has had issues with control regarding her bodily functions at times and cannot necessarily wait for the main level's bathroom to be vacated without accidents. (Testimony) The Appellant has experienced accidents on multiple occasions. (Testimony).

7. Regarding the modification of 3) ADL – Grooming, Other (Lotion), from 5 minutes, 1 time a day, 7 days a week, to 3 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Grooming, Other. (Testimony, Exhibit 5, pgs. 20-21) MassHealth explained that the documentation indicated she required minimal assistance with Grooming, Other (Lotion) and 5 minutes per episode was considers maximum assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 3 minutes, 1 time a day, 7 days a week. This resolved the appeal issue related to this modification.
8. Regarding the modification of 4) ADL – Toileting, Bladder Care, from 6 minutes, 6 times a day, 7 days a week, to 5 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Toileting, for bladder care. (Testimony, Exhibit 5, pgs. 24-25) MassHealth explained that the documentation indicated the Appellant required minimal assistance with Toileting and 6 minutes per episode was beyond the time generally considered minimal assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 5 minutes, 6 times a day, 7 days a week for Toileting, Bladder Care. This resolved the appeal issue related to this modification.
9. Regarding the modification of 5) ADL – Toileting, Bowel Care, from 7 minutes, 1 time a day, 7 days a week, to 5 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Toileting, bowel care. (Testimony, Exhibit 5, pgs. 24-25) MassHealth explained that the documentation indicated the Appellant required minimal assistance with Toileting and 7 minutes per episode was beyond the time generally considered minimal assistance. Based upon the testimony of MassHealth, the Appellant agreed to the modification to 5 minutes, 1 time a day, 7 days a week for Toileting, Bowel Care. This resolved the appeal issue related to this modification.
10. Regarding the modification of 6) IADL – Special Needs, Assistance with paperwork for the PCA program, 10 minutes per week to 0 minutes per week, MassHealth testified that the requested time is not supported as medically necessary by the Appellant's clinical record. (Testimony, Exhibit 5, pg. 32) The Appellant explained her cognitive dysfunction and confusion specifically related to completed PCA paperwork. (Testimony) The Appellant explained that the last time she had an issue with PCA paperwork, it took hours and multiple telephone calls to resolve. Based upon the testimony of the Appellant, MassHealth agreed to APPROVE the 10 minutes per week as requested. This resolved the appeal issue related to this modification.

Analysis and Conclusions of Law

Personal Care Assistant services requested must meet medical necessity criteria as defined at 130 CMR 450.204, below:

(A) A service is "medically necessary" if:

(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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

In addition to being medically necessary as defined above, time requested for PCA services must comport with the following guidelines at 130 CMR 422.410:

(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/grooming: physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills;

(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.

(B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:

- (1) household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
- (2) meal preparation and clean-up: physically assisting a member to prepare meals;
- (3) transportation: accompanying the member to medical providers; and
- (4) special needs: assisting the member with:
 - (a) the care and maintenance of wheelchairs and adaptive devices;
 - (b) completing the paperwork required for receiving PCA services; and
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

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

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

The Regulation regarding the requirement of needing assistance with two or more ADLs cited by MassHealth at the Hearing and in the Notice is codified in 130 CMR 422.403(C):

422.403: Eligible Members

(C) MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416.
- (2) The member's disability is permanent or chronic in nature and impairs the

member's functional ability to perform ADLs and IADLs without physical assistance.

(3) The member, as determined by the PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).

(4) The MassHealth agency has determined that the PCA services are medically necessary.

Additionally, the Regulations regarding non-covered services, such as social services, cited by MassHealth at the Hearing and in the Notice is codified in 130 CMR 422.412(A):

422.412: Non-covered 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.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

Of the 6 modifications, 5 resolved between the parties. Specifically, Regarding the modification of 1) ADL – Mobility, Assist with Mobility, from 1 minute, 6 times a day, 7 days a week, to 0 minutes, 0 times a day, 0 days a week, the Appellant ACCEPTED this modification. Regarding the modification of 3) ADL – Grooming, Other (Lotion), from 5 minutes, 1 time a day,

7 days a week, to 3 minutes, 1 time a day, 7 days a week, the Appellant ACCEPTED this modification. Regarding the modification of 4) ADL – Toileting, Bladder Care, from 6 minutes, 6 times a day, 7 days a week, to 5 minutes, 6 times a day, 7 days a week, the Appellant ACCEPTED this modification. Regarding the modification of 5) ADL – Toileting, Bowel Care, from 7 minutes, 1 time a day, 7 days a week, to 5 minutes, 1 time a day, 7 days a week, the Appellant ACCEPTED this modification. Regarding the modification of 6) IADL – Special Needs, Assistance with paperwork for the PCA program, 10 minutes per week to 0 minutes per week, MassHealth APPROVED the requested 10 minutes per week.

Regarding the unresolved modification of ADL – Mobility, Mobility with Stairs, 3 minutes, 2 times a day, 7 days a week, modified to 0 minutes, 0 times a day, 0 days a week, I find that the Appellant has met the burden, by a preponderance of evidence, to show that MassHealth's administrative determination is invalid. Optum's review is based primarily upon analysis of the submissions. (Exhibit 5) Optum did not conduct an in-person review of the Appellant attempting to perform the actions for which she has requested help. Optum's analysis is limited to the submissions and review of the MassHealth Regulations.

In contrast, the request on behalf of the Appellant is based primarily on the assessment the Appellant underwent (Exhibit 5). Based upon this assessment, the assessing nurse submitted the request for ADL – Mobility, Mobility with Stairs, 3 minutes, 2 times a day, 7 days a week. As the Appellant explained there are multiple staircases within her residence. (Testimony) Additionally, although MassHealth highlighted that the Appellant was able to navigate the stairs as noted by the visiting nurse during a Home Health Visit, the assessing nurse still requested the time for help for Mobility, Mobility with Stairs, during the assessment for PCA services. Additionally, it is noted the Appellant exhibits an unsteady gait, dizziness, fatigue, chronic pain to back and head. The Appellant is unable to raise her arm over her head and she tends to get dizzy with exertion. (Exhibit 5, pg. 12) This requested time is buttressed by the testimony of the Appellant of her need to navigate the 2 staircases located within her residence. (Testimony)

Based upon the Record in the instant appeal, including the testimony of the Appellant as well as the submissions, I find that the Appellant has met the burden, by a preponderance of evidence, that MassHealth's administrative determination is invalid as it related to the 2nd Modification, ADL – Mobility, Mobility with Stairs, 3 minutes, 2 times a day, 7 days a week. According, this appeal is APPROVED, in part and DISMISSED, in part. The Appellant is APPROVED for the ADL – Mobility, Mobility with Stairs, 3 minutes, 2 times a day, 7 days a week. The other 5 modifications are Dismissed as agreed by the parties and incorporated in the Order infra as necessary by the agreement of MassHealth to Approve IADL – Special Needs, Assistance with paperwork for the PCA program, 10 minutes per week.

Order for MassHealth

APPROVE PCA services as requested by the Appellant for 2 modifications:

- 1) ADL – Mobility, Assist with Stairs, 3 minutes, 2 times a day, 7 days a week
- 2) IADL – Special Needs, Assistance with paperwork for the PCA program, 10 minutes per week, as agreed by the Parties at Hearing.

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.

Patrick Grogan
Hearing Officer
Board of Hearings

cc:

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