

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part; Dismissed in Part	Appeal Number:	2411891
Decision Date:	10/17/2024	Hearing Date:	08/30/2024
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kelly Rayen



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Approved in Part; Denied in Part; Dismissed in Part	Issue:	Prior Authorization PCA Services
Decision Date:	10/17/2024	Hearing Date:	08/30/2024
MassHealth's Rep.:	Kelly Rayen	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 June 11, 2024, MassHealth modified the appellant's prior authorization request for personal care services. (130 CMR 422.000; Exhibit 1). The appellant filed this appeal in a timely manner on July 21, 2024. (130 CMR 610.015(B); Exhibit 2). A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for personal care services. (130 CMR 422.000).

Issue

Whether MassHealth was correct in modifying the appellant's request for personal care services.

Summary of Evidence

All parties appeared by telephone. Documents presented by MassHealth were incorporated into the hearing record as Exhibit 4. The appellant is over the age of [REDACTED] and has a primary diagnosis of osteoarthritis. The appellant's relevant medical history includes: Type 2 diabetes mellitus with diabetic neuropathy; injury of ulnar nerve at upper arm level on the right arm; orthostatic hypotension; chronic pain syndrome; absolute glaucoma; depression; post-traumatic stress disorder; and spondylolisthesis in the lumbar region. (Testimony; Exhibit 4). On June 8, 2024, MassHealth received an initial evaluation request for Personal Care Attendant (PCA) services from [REDACTED] (Testimony; Exhibit 4).

The appellant requested 28.25 day/evening hours each week. (Testimony; Exhibit 4). MassHealth modified this request and approved 21 hours each week. (Testimony; Exhibit 4). Dates of service are June 11, 2024 to June 10, 2025. (Testimony; Exhibit 4). MassHealth modified the time requested for 14 tasks. (Testimony; Exhibit 4).

At hearing, MassHealth restored the time requested for 5 activities of daily living (ADLs):

- bathing (30 minutes, 1 time each day, 7 days each week);
- nailcare (10 minutes, one time each week);
- "other" grooming tasks (5 minutes, 1 time each day, 7 days each week);
- bladder care (6 minutes, 6 times each day, 7 days each week); and
- medication administration (3 minutes, 3 times each day, 7 days each week).

This decision will address the modifications made to the time requested for the 9 remaining modifications: physical assistance with stairs; passive range of motion; shaving; dressing; undressing; bowel care; meal preparation; housekeeping; and nighttime hours.

The appellant requested 3 minutes, 2 times each day, 7 days each week for physical assistance with stairs. MassHealth denied all of the time requested as the time was to allow the appellant to attend social and recreational activities which are not covered by the PCA program. (Testimony; Exhibit 4). The records presented by the Personal Care Management (PCM) agency state that the appellant can go from sitting to standing and ambulating with minimal assistance and a cane. (Testimony; Exhibit 4). The appellant can reposition independently. (Testimony; Exhibit 4). The appellant's gait is slow, he limps and is unsteady. (Testimony; Exhibit 4). The appellant lives in a third-floor walk-up apartment and needs minimal assistance to ascend and descend the stairs. (Testimony; Exhibit 4). The appellant experiences back pain shooting down his leg; easily fatigues; has decreased stamina and endurance; pain and limited range of motion in the hip, knees and ankles. (Testimony; Exhibit 4). The appellant has joint pain and rigidity bilaterally; poor standing tolerance; burning nerve pain and paresthesia in bilateral lower extremities and bilateral upper extremities; delayed motor processing; decrease trunk flexion/rotation; limited range of motion in

the right arm/shoulder; dizziness when changing position; poor motor control; headaches; and poor vision. (Testimony; Exhibit 4).

The appellant testified that he needs to go and supervise the PCA when he asks them to run errands such as mailing checks to pay bills. The appellant testified that as a parent he needs to perform tasks for his children such as picking up their prescriptions as well as attend meetings and activities at their school. The appellant testified that he needs the PCA to assist him in getting in and out of the house in order to perform these tasks. The MassHealth representative responded that the purpose of the PCA program is provide assistance to an individual, not a family. The MassHealth representative noted that MassHealth approved all of the time requested for assistance in getting to medical appointments as well as time for shopping for the appellant. The MassHealth representative noted that none of the time approved for these tasks included time to perform tasks for the family group.

The appellant requested 5 minutes, 2 times each day, 7 days each week for assistance with passive range of motion (PROM) on the right upper extremities. MassHealth denied all of the time requested as the service described in the documents presented by the PCM agency does not meet professionally recognized standards of care. The records state that the PROM provides controlled movement, eases spasms and pain, increases circulation, prevents the worsening or tightening of joints in the right upper extremities and prevents developing contractures due to pain and limited range of motion in the right arm and shoulder. (Exhibit 4). The records also state that decreased hand grip/grasp is worse on the right than on the left and the appellant has poor motor control. (Exhibit 4). The appellant's right hand is the dominant hand. The MassHealth representative testified that passive range of motion activities are for those who are unable to move the joint on their own and the PCA is there to move the joint. The MassHealth representative testified that what is described in the records is a type of physical therapy, not passive range of motion. The MassHealth representative noted that records indicate that the appellant receives physical therapy through All Care Visiting Nurses Association (All Care VNA).

The appellant testified that he cannot put clothes on with his right hand. The appellant testified that at times, his arthritis locks his hand and the PCA is there to massage the hand when it locks. The appellant testified that the PCA is there to help him lift his hand and massage it to see if he can hold things on his own. The appellant testified that the physical therapist said this would not be a covered service from their agency.

The appellant requested 5 minutes, 4 times each day, 4 days each week for assistance with shaving. MassHealth modified this request and approved 5 minutes, 1 time each day, 4 days each week for assistance with shaving. The MassHealth representative testified that the documentation submitted did not support the need to shave 4 times each day. The MassHealth representative noted that this may have been a clerical error.

The appellant did not dispute the fact that he only shaves one time each day. The appellant

testified that it takes longer than 5 minutes to shave as he has sensitive skin so is more likely to bleed unless the task is performed slowly and carefully. The appellant testified that it can take between 10 to 20 minutes to shave. Upon hearing this testimony, the MassHealth representative offered to approve 10 minutes, 1 time each day, 4 days each week for assistance with shaving as it appeared that some of the time was for waiting which is not covered by the PCA program. The appellant did not agree with this proposal testifying that it can take up to 20 minutes to complete the task.

The appellant requested 12 minutes each day for assistance with dressing and 10 minutes each day for assistance with undressing. MassHealth approved 7 minutes each day for dressing and 5 minutes each day for assistance with undressing. The MassHealth representative noted that the records indicate that the appellant requires minimal assistance for dressing and undressing the upper and lower body, donning/doffing socks, shoes and slippers. The appellant has difficulty with belts and buttons due to easily fatiguing, pain and limited range of motion in the hip, knees and ankles as well as poor motor control and vision. (Testimony; Exhibit 4). The MassHealth representative noted that the appellant does not use any durable medical equipment to assist with these tasks such as a device for assistance with threading buttons, pulling up socks and putting on shoes. The MassHealth representative noted that the PCA cannot be authorized time for waiting should the appellant experience any spasms which may interfere with completing the task.

The appellant testified that it can take between 30 to 35 minutes to get dressed and more on days when he gets ready for church. The appellant testified that he can experience blackouts which risk causing harm if he is in the middle of performing a task such as getting dressed or undressed. The appellant testified that he is unable to complete any of the task on his own.

The appellant requested 8 minutes each day for bowel care. MassHealth approved 7 minutes each day for bowel care. MassHealth determined that the time requested was longer than ordinarily required to complete this task. MassHealth had the same basis for modifying the time requested for bladder care (a modification from 6 minutes to 5 minutes) and at hearing, restored the time requested (6 minutes) based on the same testimony presented by the appellant regarding the need for assistance with clothing management and getting on and off the toilet. The MassHealth representative noted that the appellant has decreased stamina and muscular atrophy.

The MassHealth representative noted that the time approved by MassHealth for bowel care (7 minutes) was still longer than the time approved at hearing for bladder care (6 minutes). In the request and original adjustment in calculating time for bowel care, both parties allotted 2 additional minutes to the time for completing the task for bladder care (6 minutes in the request and 5 minutes in the modification for bladder care, and 8 minutes in the request and 7 minutes in the modification for bowel care). MassHealth restoring the time for bladder care and not bowel care provides only one more minute for assistance with bowel care rather than the 2 originally allotted by both parties.

The appellant requested 48 minutes each day for assistance with meal preparation. MassHealth modified this request and approved 40 minutes each day for assistance with meal preparation. The MassHealth representative testified that the time requested was longer than ordinarily required to complete this task. The MassHealth representative testified that the records indicate that the appellant requires moderate assistance with meal preparation. The time includes preparation for breakfast, lunch, dinner and a snack. The appellant testified that he cannot complete any of the tasks associated with meal preparation on his own. The appellant testified that he typically has eggs with his breakfast, and lunch and dinner typically include rice or pasta along with vegetables, beans and other ingredients. The records state that the appellant is unable to reach for ingredients on high or low shelves, carry items, safely use cooking utensils, chop, stir or stand at the stove due to back pain shooting down his leg, fatigue, decreased stamina and endurance, muscle atrophy, impaired balance, joint pain, limited range of motion, poor standing tolerance, poor motor control and poor vision.

The appellant requested 60 minutes each week for assistance with housekeeping. MassHealth modified this request and approved 45 minutes each week for assistance with housekeeping. The MassHealth representative testified that the appellant lives with others and the time for housekeeping is only for spaces utilized by the appellant. Records indicate that the appellant requires maximum assistance with housekeeping including sweeping, mopping, vacuuming, picking-up, wiping down surfaces, dusting and organizing.

The appellant testified that the PCA also takes out the trash and has to remove the carpet at times when cleaning as items get under the carpet by others in the home which can result in the appellant hurting his feet. The appellant testified that the PCA performs a deep cleaning in the living room, bedroom, hallway, bathroom and kitchen which can take 15 to 30 minutes each day.

The appellant requested time for nighttime assistance with mobility and transfers. Pursuant to MassHealth Transmittal Letter PCA-13, MassHealth will round up the time to two billable hours when the request for nighttime services is for 120 minutes or less per night and round up to the nearest billable hour for requests for activity time over 120 minutes. In this case, the appellant requested time that was rounded up to two billable hours for nighttime assistance.

The appellant requested 1 minute, two times each night for assistance with mobility and 3 minutes, 2 times each night for assistance with transfers. The MassHealth representative noted that the time requested for toileting does not include time for nighttime assistance. The records state "night hours indicated to allow for bringing consumer to [the] bathroom to allow for toileting to prevent episodes of incontinence [and/or] falls". While MassHealth denied the time requested for assistance with stairs (3 minutes 2 times each day, 7 days each week) to get into and out of the home to attend events and activities for his children, they did approve time for mobility (1 minute, 6 times each day, 7 days each week) and transfers (3 minutes, 6 times each day, 7 days each week) in the day/evening hours. MassHealth also approved time for bladder and bowel care in the

day/evening hours.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and has a primary diagnosis of osteoarthritis.
2. The appellant's relevant medical history includes: Type 2 diabetes mellitus with diabetic neuropathy; injury of ulnar nerve at upper arm level on the right arm; orthostatic hypotension; chronic pain syndrome; absolute glaucoma; depression; post-traumatic stress disorder; and spondylolisthesis in the lumbar region.
3. The appellant experiences back pain shooting down his leg; easily fatigues; has decreased stamina and endurance; as well as pain and limited range of motion in the hip, knees and ankles.
4. The appellant has joint pain and rigidity bilaterally; poor standing tolerance; burning nerve pain and paresthesia in bilateral lower extremities and bilateral upper extremities; delayed motor processing; decrease trunk flexion/rotation; limited range of motion in the right arm/shoulder; dizziness when changing position; poor motor control; headaches; and poor vision.
5. On June 8, 2024, MassHealth received an initial evaluation request for Personal Care Attendant (PCA) services from [REDACTED]
6. The appellant requested 28.25 day/evening hours each week.
7. MassHealth approved 21 hours each week.
8. Dates of service are June 11, 2024 to June 10, 2025.
9. At hearing, MassHealth restored the time requested for 5 activities of daily living (ADLs):
 - (a) bathing (30 minutes, 1 time each day, 7 days each week);
 - (b) nailcare (10 minutes, one time each week);
 - (c) "other" grooming tasks (5 minutes, 1 time each day, 7 days each week);
 - (d) bladder care (6 minutes, 6 times each day, 7 days each week); and
 - (e) medication administration (3 minutes, 3 times each day, 7 days each week).

10. The appellant requested 3 minutes, 2 times each day, 7 days each week for physical assistance with stairs.
11. MassHealth denied all of the time requested for physical assistance with stairs.
12. The appellant can go from sitting to standing and ambulating with minimal assistance and a cane.
13. The appellant is able to reposition independently.
14. The appellant's gait is slow, he limps and is unsteady.
15. The appellant lives in a third-floor walk-up apartment and needs minimal assistance to ascend and descend the stairs.
16. The time requested for physical assistance with stairs would allow the appellant to complete errands as well as attend to events and activities for his children.
17. MassHealth approved all of the time requested for assistance in getting to medical appointments as well as all of the time requested for shopping.
18. The appellant requested 5 minutes, 2 times each day, 7 days each week for assistance with passive range of motion (PROM) on the right upper extremities.
19. MassHealth denied all of the time requested for PROM on the right upper extremities.
20. The appellant is able to move all limbs on his own.
21. Records indicate that the appellant receives physical therapy through All Care Visiting Nurses Association (All Care VNA).
22. The appellant requested 5 minutes, 4 times each day, 4 days each week for assistance with shaving.
23. MassHealth approved 5 minutes, 1 time each day, 4 days each week for assistance with shaving.
24. The appellant shaves only one time each day.
25. At hearing MassHealth offered 10 minutes, one time each day for assistance with shaving.

26. The appellant requested 12 minutes each day for assistance with dressing and 10 minutes each day for assistance with undressing.
27. MassHealth approved 7 minutes each day for assistance with dressing and 5 minutes each day for assistance with undressing.
28. The appellant does not use any durable medical equipment to assist with these tasks.
29. The appellant cannot complete most of the tasks related to dressing or undressing on his own.
30. The appellant requested 8 minutes each day for bowel care.
31. MassHealth approved 7 minutes each day for bowel care.
32. At hearing, MassHealth restored the time requested for bladder care from 5 minutes to 6 minutes.
33. Both parties allotted 2 more minutes for completing tasks related to bowel care to the time allotted for bladder care.
34. The appellant requested 48 minutes each day for assistance with meal preparation.
35. MassHealth approved 40 minutes each day for assistance with meal preparation.
36. The time includes preparation for breakfast, lunch, dinner and a snack.
37. The appellant testified that he typically has eggs for breakfast and lunch and dinner typically include rice or pasta along with vegetables, beans and other ingredients.
38. The appellant is unable to reach for ingredients on high or low shelves, carry items, safely use cooking utensils, chop, stir or stand at the stove due to back pain shooting down his leg, fatigue, decreased stamina and endurance, muscle atrophy, impaired balance, joint pain, limited range of motion, poor standing tolerance, poor motor control and poor vision.
39. The appellant requested 60 minutes each week for assistance with housekeeping.
40. MassHealth approved 45 minutes each week for assistance with housekeeping.
41. The appellant lives with other family members.

42. The appellant requested 1 minute, two times each night for assistance with mobility and 3 minutes, 2 times each night for assistance with transfers.
43. The nighttime mobility and transfers allow the appellant to use the bathroom.
44. MassHealth approved day/evening hours for mobility (1 minute, 6 times each day, 7 days each week) and transfers (3 minutes, 6 times each day, 7 days each week).

Analysis and Conclusions of Law

MassHealth covers personal care services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in the MassHealth regulations. (130 CMR 422.403). MassHealth covers personal care 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 personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - a. mobility, including transfers;
 - b. assistance with medications or other health related needs;
 - c. bathing/grooming;
 - d. dressing or undressing;
 - e. passive range-of-motion exercises;
 - f. eating; and
 - g. toileting.
- (4) MassHealth has determined that the PCA services are medically necessary. (130 CMR 422.403(C)).

The appellant meets the conditions to receive such services. (130 CMR 422.403(C)).

Prior authorization for PCA services determines the medical necessity of the authorized service. (130 CMR 422.416). The regulations for MassHealth define a service as "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: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits. (130 CMR 450.204(A)).

Medically necessary services must be of a quality that meet 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)). A provider must make those records, including medical records, available to MassHealth upon request. (130 CMR 450.204(B)).

Upon hearing testimony and reviewing evidence at hearing, MassHealth adjusted their decision and approved the time requested for the following tasks:

- bathing (30 minutes, 1 time each day, 7 days each week);
- nailcare (10 minutes, one time each week);
- “other” grooming tasks (5 minutes, 1 time each day, 7 days each week);
- bladder care (6 minutes, 6 times each day, 7 days each week); and
- medication administration (3 minutes, 3 times each day, 7 days each week).

As MassHealth restored the time requested for these tasks, the issue on appeal has been resolved regarding these tasks. Therefore, this part of the appeal is dismissed. (130 CMR 610.035; 130 CMR 610.051).

Activities of daily living include physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment. (130 CMR 422.410(A)(1)). The appellant requested 3 minutes, 2 times each day, 7 days each week for physical assistance with stairs. The appellant noted that this task is associated with his being able to provide care for his children and attend school events, activities and delivering payments for household bills and other expenses. MassHealth does not cover social services as part of the PCA program. Social services include, but are not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies. (130 CMR 422.412(A)). Enabling the appellant to attend activities at his children’s school and other programs as well as assisting the appellant in delivering payments for housing and related expenses is not within the scope of the PCA program. The decision made by MassHealth denying the time for mobility to cover these services is correct. This

part of the appeal is denied.

Activities of daily living include physically assisting a member to perform range-of-motion exercises. (130 CMR 422.410(A)(5)). The appellant requested 5 minutes, 2 times each day, 7 days each week for assistance with passive range of motion (PROM) on the right upper extremities. Records indicate that the appellant is able to move the right upper extremities and receives physical therapy. The MassHealth "Time for Tasks Guidelines for the MassHealth PCA Program" describe passive range of motion as movement applied to a joint or extremity by another person solely for the purpose of maintaining or improving the distance and direction through which a joint can move; or to alleviate pain or reduce severe spasms/cramping. As noted by both parties at the hearing, the appellant has PT services. The appellant testified that the PT will not complete these tasks but failed to demonstrate that receiving services through the PCA would be necessary or appropriate. Additionally, the activity described by the appellant appears to be associated with completing tasks such as dressing and mobility, rather than a specific time dedicated to passive range of motion activities.

As noted above, medically necessary services must be of a quality that meet 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)). The records presented do not demonstrate that the time for PROM meets professionally recognized standards of health care and are of a quality that is appropriate for the appellant. The decision made by MassHealth denying time for this activity is correct, this part of the appeal is denied.

Activities of daily living include physically assisting a member with bathing, personal hygiene, or grooming. (130 CMR 422.410(A)(3)). Records and testimony presented at hearing demonstrate that the appellant requires 10 minutes, 1 time each day, 4 days each week for assistance with shaving. That was the time offered by MassHealth at hearing and while the appellant did not agree with that adjustment, testimony of both parties indicates that the task takes at least 10 minutes and possibly less at times. This modification is approved in part.

Activities of daily living include physically assisting a member with dressing and undressing. (130 CMR 422.410(A)(4)). The testimony and documentation presented by the appellant and PCM agency demonstrate that the time requested for assistance with dressing (12 minutes each day) and undressing (10 minutes each day) is appropriate. While the appellant should obtain and utilize durable medical equipment to assist with these tasks, it is unclear whether such equipment would provide the necessary assistance due to the appellant's pain, limited range of motion, delayed motor processing, dizziness when changing position, poor motor control and poor vision. The decision made by MassHealth modifying the time for dressing and undressing is not correct. (130 CMR 422.410(A)(4); 130 CMR 450.204). This part of the appeal is approved.

Activities of daily living include physically assisting a member with bowel or bladder needs. (130 CMR 422.410(A)(7)). As noted above, both parties initially indicate that it will take 2 additional

minutes to complete tasks associated with bowel care than those associated with bladder care. At hearing, MassHealth agreed to restore the time requested for bladder care but would not do the same for bowel care leaving only one additional minute to the time for bowel care. As MassHealth restored the time requested for bladder care, it should do the same for bowel care to keep consistency in the time approved for these tasks. As the appellant demonstrated that the time requested for toileting is medically necessary, the modification made by MassHealth is not correct. (130 CMR 422.410(A)(7); 130 CMR 450.204). This part of the appeal is approved.

Instrumental activities of daily living include physically assisting a member to prepare meals and clean-up. (130 CMR 422.410(B)(2)). The appellant's inability to reach for ingredients, carry items, safely use cooking utensils, chop, stir or stand at the stove indicate that he is dependent on the PCA to complete this task. The time requested (48 minutes each day) seems appropriate due to the appellant's condition, number of meals and snacks. The modification made by MassHealth appears arbitrary. This part of the appeal is approved.

Instrumental activities of daily living include physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping. (130 CMR 422.410(B)(1)). As the appellant resides with family members and the tasks he testified to at hearing involve cleaning up after others who live in the home, the decision made by MassHealth approving 45 minutes for assistance with housekeeping is correct. This part of the appeal is denied.

In addition to time for day/evening hours, the appellant requested 16 minutes for assistance with mobility and transfers at night. Pursuant to MassHealth Transmittal Letter PCA-13, MassHealth will round up the time to 2 billable hours when the request for nighttime services is for 120 minutes or less per night and round up to the nearest billable hour for requests for activity time over 120 minutes. In this case, the appellant requested less than 120 minutes so MassHealth would round up to two billable hours for nighttime assistance with mobility and transfers related to toileting.

As noted above, MassHealth approved time for mobility and transfers during the day, as well as time for bladder care. The records indicate that the nighttime hours would be for mobility and transfers to the bathroom to prevent episodes of incontinence and falls. It is unclear why MassHealth would approve time for such activities during the day and not at night. If the appellant requested an additional 6 minutes, two times each night for bladder care it would still result in MassHealth approving 2 nighttime hours. Leaving that out of the request should not change the outcome for approving nighttime hours. The appellant may consider including time for bladder care at night in future requests to avoid any possible confusion. The appellant demonstrated that the time requested for toileting at night is medically necessary and the modification made by MassHealth is not correct. (130 CMR 422.410(A)(7); 130 CMR 450.204; MassHealth Transmittal Letter PCA-13). This part of the appeal is approved.

As noted above, this appeal is dismissed in part, denied in part and approved in part.

Order for MassHealth

Adjust the modifications made to the time requested for PCA services and approve the following as of June 11, 2024:

- (a) bathing (30 minutes, 1 time each day, 7 days each week);
- (b) nailcare (10 minutes, one time each week);
- (c) “other” grooming tasks (5 minutes, 1 time each day, 7 days each week);
- (d) shaving (10 minutes, 1 time each day, 4 days each week);
- (e) dressing (12 minutes each day);
- (f) undressing (10 minutes each day);
- (g) bladder care (6 minutes, 6 times each day, 7 days each week);
- (h) bowel care (8 minutes each day, 7 days each week);
- (i) meal preparation (48 minutes each day)
- (j) medication administration (3 minutes, 3 times each day, 7 days each week).
- (k) Nighttime: 2 hours each night.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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