

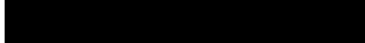
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Denied in part	<b>Appeal Number:</b>	2415004
<b>Decision Date:</b>	12/13/2024	<b>Hearing Date:</b>	10/30/2024
<b>Hearing Officer:</b>	Marc Tonaszuck	<b>Record Open to:</b>	

**Appearance for Appellant:**



**Appearance for MassHealth:**

Robin Brown, OTR/L, Optum

**Interpreter:**

Spanish



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

# APPEAL DECISION

<b>Appeal Decision:</b>	Dismissed in part; Denied in part	<b>Issue:</b>	Prior Authorization – Personal Care Attendant Services
<b>Decision Date:</b>	12/13/2024	<b>Hearing Date:</b>	10/30/2024
<b>MassHealth's Rep.:</b>	Robin Brown, OTR/L, Optum	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

Through a notice dated 09/18/2024, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services from a requested 42 hours and 30 minutes (42:30) day/evening hours per week to 21:45 day/evening hours per week for dates of service from 09/18/2024 to 09/17/2025 (130 CMR 422.410; Exhibit 1). A timely appeal was filed by the appellant on 09/30/2024 (130 CMR 610.015(B); Exhibit 2). Modifications of a request for assistance are valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for personal care attendant services.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410 and 450.204, in modifying appellant's prior authorization request for personal care attendant services.

## Summary of Evidence

The MassHealth representative testified that she is registered occupational therapist who works for Optum, the MassHealth contractor that makes the personal care attendant (PCA) decisions. She testified that a prior authorization request for PCA services was received on appellant's behalf on 09/12/2024 from her PCA provider, [REDACTED] (Provider), and is a re-evaluation request for the dates of service of 09/18/2024 to 09/17/2025. In the prior authorization request for PCA services, the provider requested 42:30<sup>1</sup> day/evening hours per week.

The appellant is in her 60's and she lives independently in the community with her adult children. The primary diagnoses affecting her ability to function independently are osteoarthritis, neuropathy of hands and feet, diabetes mellitus, dizziness, a history of falls and urinary incontinence. The appellant lives in a two-story home. Her bedroom and bathroom are on the second floor. The living area and kitchen are on the first floor (Exhibit 4).

The Optum representative testified that on 09/18/2024, MassHealth modified the PCA request to 21:45 day/evening hours per week. MassHealth modified the request for PCA services in the Activity of Daily Living (ADL) tasks of mobility, transfers, bathing, bladder care, and in the instrumental activities of daily living (IADL) tasks of assistance with medications, meal preparation and clean up, and housekeeping (Exhibits 1 and 4).

### Mobility

The appellant's PCA provider requested 3 minutes, 5 times per day, 7 times per week (3 X 5 X 7)<sup>2</sup> for PCA assistance with mobility. The provider noted that the appellant

Requires minimum one arm assist indoors, outdoors. Minimum assist with stairs, bedrooms and bathroom on second floor. Appellant spends most of her time in bed due to severe pain, weakness. Minimum assist with bed, furniture transfers. Arthritis pain all over joints. Right side/hip pain and inflammation. neuropathy hands, feet. Finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. She has generalized weakness, pain. Shoulder mobility is impaired. Appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

(Exhibit 4.)

MassHealth modified the request to 1 X 5 X 7. The MassHealth representative testified that the provider noted the appellant needs "minimum assistance" for mobility, which is assisting her

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<sup>1</sup> PCA time is referred to in this format, 42:30, to signify 42 hours and 30 minutes.

<sup>2</sup> PCA time designated in this manner, (i.e., 3 X 5 X 7) means 3 minutes, 5 times per day, 7 times per week.

from room to room. The time requested for assistance with mobility up and down stair was approved as requested. According to guidelines, "minimum assistance," means that the appellant should be able to do at least 75% of the work, while the PCA does 25%. The time requested is more than ordinarily required for someone with the appellant's abilities.

The appellant and her adult son testified telephonically with the assistance of a Spanish language interpreter. They stated that the appellant "loses her grip" and "doesn't use a walker." She gets dizzy and suffers spasms in her fingers. She cannot do 75% of the work. Getting her up takes time, because the PCA must wait if she is dizzy so she can "get her balance." The son testified that the appellant needs "hands on assistance" 100% of the time for mobility. The son testified that he has to "hold her hands like a toddler" so that she can balance. She "stops a lot." The son testified that the time necessary for this task is "definitely more than one minute," but he could not give an exact amount of time.

### Transfers

The appellant's PCA provider requested 3 X 5 X 7 for assistance with transfers. The provider provided the same notes as above for mobility. MassHealth modified the request for assistance with transfers to 1 X 5 X 7. The MassHealth representative testified that the provider noted the appellant requires minimum assistance with transfers, which means she can do at least 75% of the task independently and she needs assistance with 25% of the task. The time requested is longer than ordinarily required for someone with the appellant's abilities.

The appellant and her son testified that the nurse evaluator from the PCA provider came and asked questions. She did not see what goes on in the home when the PCA is actually assisting the appellant. The son testified that the full 3 minutes is necessary for the PCA to assist the appellant with transfers.

### Transfers at Night

The appellant's provider requested 3 X 3 X 7 for assistance with transfers at night (between 12:00 a.m. and 6:00 a.m.) The provider provided no explanation for the request. MassHealth denied the request for assistance with transfers at night.

The appellant and her son testified that the appellant needs to be kept hydrated and she needs to use the bathroom at least 3 times per night.

The MassHealth representative testified that no time was requested for assistance with night-time toileting.

### Bladder Care

The appellant's provider requested 10 X 5 X 7 for assistance with bladder care. The provider noted that the appellant

requires moderated assistance with urinary incontinence, and she needs help changing clothes and cleaning up after accidents. She has arthritis pain all over/joints and right side/hip pain & inflammation. neuropathy hands, feet. She has finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. generalized weakness, pain. Shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

(Exhibit 4.)

MassHealth modified the request for assistance with bladder care to 7 X 5 X 7. The MassHealth representative testified that the time requested is longer than ordinarily required for someone with the appellant's abilities. Time for toileting is "hands on" time, not the time the PCA is waiting for the appellant to complete a task on her own.

The appellant's son testified that the PCA requires 10 minutes to assist the appellant with toileting. He stated he "has to hold her up," during her toileting.

#### Assistance with Medications

The appellant's PCA provider requested 3 X 2 X 7 for assistance with medications. The provider note that the appellant requires "moderate assistance administering medications due memory loss, poor fine motor skills, hand pain, and stiffness" (Exhibit 4).

MassHealth modified the request for assistance with medications to 2 X 2 X 7. The MassHealth representative testified that the appellant is prescribed four tablets every morning and two at nighttime. Two minutes should be adequate to assist the appellant to take her pills.

The appellant's son responded that the time approved for assistance with medications "sounds about right."

#### Meal preparation and Clean-up

The appellant's provider requested 20 X 1 X 7 for assistance with breakfast, 20 X 1 X 7 for assistance with lunch, and 20 X 1 X 7 for assistance with dinner. The total is 60 minutes per day. The provider noted that the appellant requires

moderate assist with this task. The PCA prepares diabetic meals for the appellant. She has arthritis pain all over/joints and right side/hip pain and inflammation. She has neuropathy in her hands and feet and finger stiffness throughout the day. She falls due to dizziness; she

has 5 min standing tolerance with support. She has generalized weakness and pain. Her shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, and her shoulder mobility is limited.

(Exhibit 4.)

MassHealth modified the request for assistance with meal preparation and clean-up to a total of 50 minutes per day. The appellant lives with adult family members and she requires moderate assistance. The time requested is longer than ordinarily required for someone with the appellant's abilities.

The appellant's son testified that the PCA spends more than 60 minutes per day assisting the appellant with her meal preparation and clean-up. She has a diabetic diet, so her meals must be prepared separately from the family's.

#### Housekeeping

The appellant's provider requested 45 X 1 X 1 (45 minutes per week) for assistance with housekeeping. The provider noted that the appellant needs "moderate assistance" with housekeeping. MassHealth modified the request for assistance with housekeeping to 30 X 1 X 1; however, after hearing testimony from the appellant's son, MassHealth restored all time as requested for this task.

## **Findings of Fact**

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

1. MassHealth received a prior authorization request for PCA services on appellant's behalf on 09/12/2024 from her PCA provider, [REDACTED] and is a re-evaluation request for the dates of service of 09/18/2024 to 09/17/2025 (Testimony; Exhibit 4).
2. In the prior authorization request for PCA services, the provider requested 42:30 day/evening hours of assistance per week (Testimony; Exhibit 4).
3. The appellant is an adult who lives independently in the community with her adult children. The primary diagnoses affecting her ability to function independently are osteoarthritis, neuropathy of hands and feet, diabetes mellitus, dizziness, a history of falls and urinary incontinence. The appellant lives in a two-story home. Her bedroom and bathroom are on the second floor. The living area and kitchen are on the first floor (Testimony; Exhibit 4).

4. On 09/18/2024, MassHealth modified the PCA request to 21:45 day/evening hours per week (Testimony; Exhibits 1 and 4).
5. A timely appeal was filed on the appellant's request on 09/30/2024 (Exhibit 2).
6. A fair hearing took place on 10/30/2024 before the Board of Hearings (Exhibits 2 and 3). The appellant appeared telephonically, as did the MassHealth representative.
7. The appellant's PCA provider requested 3 X 5 X 7 for PCA assistance with mobility. The provider noted that the appellant

Requires minimum one arm assist indoors, outdoors. Minimum assist with stairs, bedrooms and bathroom on second floor. Appellant spends most of her time in bed due to severe pain, weakness. Minimum assist with bed, furniture transfers. Arthritis pain all over joints. Right side/hip pain and inflammation. neuropathy hands, feet. Finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. She has generalized weakness, pain. Shoulder mobility is impaired. Appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

(Testimony; Exhibit 4.)

8. MassHealth modified the request for assistance with mobility to 1 X 5 X 7 (Testimony; Exhibits 1 and 4).
9. Moderate assistance means the member can independently assist with at least 75% with the task.
10. The appellant's PCA provider requested 3 X 5 X 7 for assistance with transfers. The provider provided the same notes as above for mobility (Testimony; Exhibit 4).
11. MassHealth modified the request for assistance with transfers to 1 X 5 X 7 (Testimony; Exhibit 4).
12. The appellant's provider requested 3 X 3 X 7 for assistance with transfers at night (between 12:00 a.m. and 6:00 a.m.) The provider provided no explanation for the request (Testimony; Exhibit 4).
13. MassHealth denied the request for assistance with transfers at night. (Testimony; Exhibit 4).
14. No time was requested for nighttime toileting (Testimony; Exhibit 4).

15. The appellant's provider requested 10 X 5 X 7 for assistance with bladder care. The provider noted that the appellant

requires moderated assistance with urinary incontinence, and she needs help changing clothes and cleaning up after accidents. She has arthritis pain all over/joints and right side/hip pain & inflammation. neuropathy hands, feet. She has finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. generalized weakness, pain. Shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

(Testimony; Exhibit 4.)

16. MassHealth modified the request for assistance with bladder care to 7 X 5 X 7 (Testimony; Exhibit 4).

17. The appellant's PCA provider requested 3 X 2 X 7 for assistance with medications. The provider note that the appellant requires "moderate assistance administering medications due memory loss, poor fine motor skills, hand pain, and stiffness" (Testimony; Exhibit 4).

18. MassHealth modified the request for assistance with medications to 2 X 2 X 7 (Testimony; Exhibit 4).

19. The appellant is prescribed four tablets every morning and two at nighttime (Exhibit 4.)

20. The appellant's son responded that the time approved for assistance with medications "sounds about right" (Testimony; Exhibit 4).

21. The appellant's provider requested 20 X 1 X 7 for assistance with breakfast, 20 X 1 X 7 for assistance with lunch, and 20 X 1 X 7 for assistance with dinner. The total is 60 minutes per day. The provider noted that the appellant requires

moderate assist with this task. The PCA prepares diabetic meals for the appellant. She has arthritis pain all over/joints and right side/hip pain and inflammation. She has neuropathy in her hands and feet and finger stiffness throughout the day. She falls due to dizziness; she has 5 min standing tolerance with support. She has generalized weakness and pain. Her shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, and her shoulder mobility is limited.

(Testimony; Exhibit 4.)

22. MassHealth modified the request for assistance with meal preparation and clean-up to a total of 50 minutes per day (Testimony; Exhibit 4).



23. The appellant's provider requested 45 X 1 X 1 (45 minutes per week) for assistance with housekeeping. The provider noted that the appellant needs "moderate assistance" with housekeeping (Testimony; Exhibit 4).
24. MassHealth modified the request for assistance with housekeeping to 30 X 1 X 1; however, after hearing testimony from the appellant's son, MassHealth restored all time as requested for this task.

## **Analysis and Conclusions of Law**

Regulations at 130 CMR 450.204 described medical necessity, as follows:

The MassHealth agency will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(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 (emphasis added).

Regulations at 130 CMR 422.412 describe non-covered PCA 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;
- (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; or
- (G) surrogates, as defined in 130 CMR 422.402.

To qualify for services under the PCA program, the member must meet the conditions defined at 130 CMR 422.403, below:

(C) 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 personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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) medications,
  - (c) bathing/grooming;
  - (d) dressing or undressing;
  - (e) range-of-motion exercises;
  - (f) eating; and
  - (g) toileting
- (4) The MassHealth agency has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services (emphasis added).

The type of PCA services available are described in 130 CMR 422.410 below:

- (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 personal care 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 personal care 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 personal care 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 appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *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).

MassHealth made modifications to the appellant's request for PCA services submitted on 09/12/2024 from her PCA provide, [REDACTED]. The request is a re-evaluation for dates of service from 09/18/2024 to 09/17/2025. In the prior authorization request for PCA services, the provider requested 42:30 hours per week. The appellant is an adult who lives independently in the community with her adult children. The primary diagnoses affecting her ability to function independently are osteoarthritis, neuropathy of hands and feet, diabetes mellitus, dizziness, a history of falls and urinary incontinence. The appellant lives in a two-story home. Her bedroom and bathroom are on the second floor. The living area and kitchen are on the first floor.

MassHealth modified the PCA request to 21:45 hours per week. The appellant timely appealed MassHealth's modification and a fair hearing was held before the Board of Hearings. In the modification notice, MassHealth modified the request for PCA services in the Activity of Daily Living (ADL) tasks of mobility, transfers, bathing, bladder care, and in the instrumental activities of daily living (IADL) tasks of assistance with medications, meal preparation and clean up, and housekeeping.

At the fair hearing, MassHealth restored all time as requested in the area of housekeeping. This portion of the appeal is therefore dismissed.

#### Mobility

The appellant's PCA provider requested 3 X 5 X 7 for PCA assistance with mobility. The provider noted that the appellant

Requires minimum one arm assist indoors, outdoors. Minimum assist with stairs, bedrooms and bathroom on second floor. Appellant spends most of her time in bed due to severe pain, weakness. Minimum assist with bed, furniture transfers. Arthritis pain all over joints. Right side/hip pain and inflammation. neuropathy hands, feet. Finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. She has generalized weakness, pain. Shoulder mobility is impaired. Appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

MassHealth modified the request for assistance with mobility to 1 X 5 X 7. The MassHealth representative testified that the provider noted that the appellant needs minimum assistance. The son stated that he needs to help the appellant and that sometimes she is "dizzy," and needs to stop for a minute in order to stabilize herself. MassHealth's decision is supported by the regulations above, since time for cueing, guiding or supervision is not included. Only "hands-on" time is included. Accordingly, this portion of the appeal is therefore denied.

#### Transfers

The appellant's PCA provider requested 3 X 5 X 7 for assistance with transfers. The provider provided the same notes as above for mobility. MassHealth modified the request for assistance with transfers to 1 X 5 X 7. MassHealth based its modification on the provider's documentation that the appellant needs "moderate assistance," which means she can assist at least 75% in this task. The son testified that the appellant needs more than 25% assistance for this task; however, his statement is not supported by the documentation. This portion of the appeal is therefore denied.

#### Transfers at Night

The appellant's provider requested 3 X 3 X 7 for assistance with transfers at night (between 12:00 a.m. and 6:00 a.m.) The provider provided no explanation for the request. MassHealth denied the request for assistance with transfers at night. The appellant's son testified that the appellant needs assistance toileting three times every night; however, the provider did not request time for nighttime toileting. Accordingly, this portion of the appeal is denied, as there is not stated purpose for this request.

#### Bladder Care

The appellant's provider requested 10 X 5 X 7 for assistance with bladder care. The provider noted that the appellant

requires moderate assistance with urinary incontinence, and she needs help changing clothes and cleaning up after accidents. She has arthritis pain all over/joints and right side/hip pain & inflammation. neuropathy hands, feet. She has finger stiffness throughout the day. falls due to dizziness, 5 min standing with support. generalized weakness, pain. Shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, shoulder mobility limited.

MassHealth modified the request for assistance with bladder care to 7 X 5 X 7, citing to the provider assessment that the appellant requires "moderate assistance." Although the appellant's son testified that he has to "hold her up," while she is toileting, the documentation does not support his statement. Therefore, this portion of the appeal is denied.

#### Assistance with Medications

The appellant's PCA provider requested 3 X 2 X 7 for assistance with medications. The provider note that the appellant requires "moderate assistance administering medications due memory loss, poor fine motor skills, hand pain, and stiffness." MassHealth modified the request for assistance with medications to 2 X 2 X 7. The appellant is prescribed four tablets every morning and two at nighttime. The appellant's son responded that the modified time, "sounds about right." This portion of the appeal is therefore denied.

## Meal Preparation and Clean-Up

The appellant's provider requested 20 X 1 X 7 for assistance with breakfast, 20 X 1 X 7 for assistance with lunch, and 20 X 1 X 7 for assistance with dinner. The total is 60 minutes per day. The provider noted that the appellant requires

moderate assist with this task. The PCA prepares diabetic meals for the appellant. She has arthritis pain all over/joints and right side/hip pain and inflammation. She has neuropathy in her hands and feet and finger stiffness throughout the day. She falls due to dizziness; she has 5 min standing tolerance with support. She has generalized weakness and pain. Her shoulder mobility is impaired. The appellant has difficulty reaching, bending, lifting due to pain, and her shoulder mobility is limited.

MassHealth modified the request for assistance with meal preparation and clean-up to a total of 50 minutes per day, based on information that the appellant requires "moderate assistance" with the task and that she lives with adult family members. Although the appellant needs a "diabetic diet," which is different than the other family members, she has not shown that the 50 minutes per day of PCA assistance will not meet her needs for moderate assistance with this task. This portion of the appeal is denied.

For the foregoing reasons, this appeal is dismissed in part; denied in part.

## **Order for MassHealth**

In the area of housekeeping, approve 45 X 1 X 1. Proceed with all other modifications.

## **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, Division of Medical Assistance, at the address on the first page of this decision.

## **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.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:

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