

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2419280
Decision Date:	3/14/2025	Hearing Date:	01/29/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Robin Brown, Occupational Therapist



*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:	Denied	Issue:	Prior Authorization – PCA Services
Decision Date:	3/14/2025	Hearing Date:	01/29/2025
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (phone)	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 December 10, 2024, MassHealth denied appellant's prior authorization request for personal care attendant (PCA) services. (Ex. 1). Appellant filed this appeal in a timely manner on December 27, 2024. (Ex. 2). Modification and/or denial of PCA hours is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization request for PCA services.

Summary of Evidence

Appellant appeared with an employee of the [REDACTED] acting as her appeal representative. MassHealth was represented by an occupational therapist. All parties

appeared by phone. The hearing commenced, all were sworn and documents were marked as evidence. The MassHealth representative stated a prior authorization request, initial evaluation, was submitted by appellant's provider, [REDACTED], on November 27, 2024. They requested 19 hours and 30 minutes a week for one year. MassHealth denied the prior authorization request, stating the clinical record indicates appellant does not require physical assistance with two or more activities of daily living (ADLs). MassHealth also stated the documentation submitted on appellant's behalf indicates there is a comparable medical service or site of service available that is less costly to the division. (Testimony; Ex. 1). The MassHealth representative stated prior to the denial, the decision was sent to a physician medical reviewer who agreed with the denial after a review of the documentation. (Testimony). The MassHealth representative testified the Occupational Therapy Functional Status Report completed by the PCA agency (OT report) included a level of assist report for ADLs and mobility. (Ex. 4, p. 7). She noted Bathing was a minimal assist, meaning that twenty five percent of the task or less is done by the PCA. Toileting, Dressing and in and out of the tub are all minimal assistance. (Testimony). The MassHealth representative noted appellant did not request time for the ADLs of Mobility or Passive Range of Motion (PROM). (Testimony).

The MassHealth representative testified appellant is a female in her late fifties with a diagnosis of chronic back pain and sciatica. Appellant is 5' 4" and 180 pounds.¹ Appellant also has numbness and tingling of both feet. Appellant lives independently. (Testimony; Ex 4, p. 11). The MassHealth representative stated the OT report noted appellant can ambulate independently, manage stairs, is able to drive, uses a walker and has grab bars in her hand-held shower in her home. (Testimony; Ex. 4, pp. 6-9). The MassHealth representative stated the OT report recommended adaptive equipment that would benefit appellant, including a shower seat, toilet aid, peri bottle, elastic shoelaces, a reacher, sock aid and a shoehorn. The MassHealth representative testified the OT report explains an adaptive technique for appellant to reach her feet. She explained appellant can turn sideways in a chair or on the edge of the bed, which would allow appellant to reach the back of her feet rather than bending forward to reach her feet. (Testimony; Ex. 4, p. 8). The MassHealth representative testified she included pictures of the adaptive equipment in the MassHealth packet. (Ex. 4, pp. 52-59).

Appellant requested prior authorization for 3 ADLs, Bathing,² Dressing³ and Toileting (bowel care). (Ex. 4).

Bathing:

Appellant requested 15 minutes an episode, 1 episode a day, 7 days a week for Bathing. (Ex. 4, p. 18). MassHealth denied this request. The MassHealth representative noted the reviewing nurse wrote that appellant required maximum assistance with this task while the OT report stated

¹ Appellant testified she weighs 280 pounds, however the documentary evidence states appellant is 180 pounds. (Ex. 4, pp. 2, 11).

² Grooming is included in the ADL of Bathing. (130 CMR 422.410 (A)(3).

³ Undressing is included in the ADL of Dressing. (130 CMR 422.410 (A)(4).

appellant required minimal assistance with this task. (Testimony; Ex. 43, pp. 7, 18). The MassHealth representative stated there are devices and adaptive techniques that would allow appellant to do this task. A shower chair would assist appellant in and out of the tub. Long handed devices, such as a shower sponge or a reacher would allow appellant to reach her feet without triggering pain and these devices are a less costly option and are covered by MassHealth. The MassHealth representative stated there has been no indication from appellant why these options have not been pursued rather than PCA options. (Testimony). The record shows the OT report noted the level of assist getting in and out of tub/shower as minimal. (Ex. 4, p. 7).

Appellant was asked questions by her appeal representative. She testified she is 280 pounds. She testified she has a tub with a shower. She stated she needs help getting in and out of the tub and needs help washing. She stated as far as the “gadgets” mentioned by the MassHealth representative, she does not have them. She testified she was given a shower chair but one of the legs broke. (Testimony). Appellant stated the PCA⁴ washes her with a washcloth and the only thing she can do by herself is under her arms. She said she cannot raise her arms above her head. She testified the PCA washes her legs and private parts. The appeal representative stated he believed the testimony showed the necessity for PCA assistance with this task and stated the letter submitted by appellant at Exhibit 5 backs up the need for PCA assistance with Bathing.

The MassHealth representative responded that to bathe her lower body, appellant does not have to raise her arms above her head and that the appellant’s testimony that she can wash under her arms tells her as an OT that appellant has the upper extremity function and ability to use adaptive devices. The MassHealth representative stated there are transfer benches, a picture of which is included in MassHealth’s submission, that would allow appellant to get in and out of the tub without stepping over the edge. She stated there are transfer benches made specifically for people who are at appellant’s weight that are covered by MassHealth. She stated MassHealth also covers adaptive devices for lower body bathing and stated appellant is young and it is better for her if she is able to do these things.

The appeal representative responded to the MassHealth representative by again referencing the letter in evidence from a doctor from Boston Medical Center. (Ex. 5). He stated that perhaps “there is equipment out there, but appellant cannot use it and appellant does not use any of it and whether it can be utilized in the future is not the question right now. If appellant decides to get the adaptive equipment, then she does not need the program.” The appeal representative asked appellant about how her hair is washed because this shows appellant cannot raise her hands to wash her hair. The MassHealth representative noted appellant asked for assistance for lower body bathing. The evidence shows appellant did not request time for hair washing. (Ex. 4, p. 18).

Appellant offered in evidence a letter from Dr. Alexa Adele Tabackman. (Ex. 5). When appellant was asked by her appeal representative how long she had been seeing Dr. Tabackman, she said

⁴ Appellant testified she currently pays for a PCA herself.

“doctor Tabackman was temporary, my regular doctor was, um... I can’t even think of her name.” (Testimony). Regarding Bathing, the letter from Dr. Tabackman states appellant “requires assistance with getting in and out of the shower.” (Ex. 5).

Under Bathing, regarding grooming, nail care, the MassHealth representative stated appellant requested 10 minutes an episode, 1 episode a day, 1 day a week for lower body nail care. MassHealth denied this request and the MassHealth representative noted the OT evaluator stated appellant was independent for level of assist for grooming tasks. (Testimony; Ex. 4, p. 7).

Appellant was asked by her appeal representative if she can do her nails by herself. She said no. Appellant answered that the PCA files her nails and keeps them short. Appellant was asked how often the PCA takes care of her nails, she testified “my nails don’t grow like normal people’s nails. They split in half and are filed down and clip with nail clippers.” (Testimony). The documentation in evidence does not show appellant requested time for fingernails, only lower body nail care. (Ex. 4, p. 20). Appellant testified the PCA “does her toes as well as Boston Medical Center does them every three months because I have an ingrown toenail that grows.” (Testimony).

Dressing:

The MassHealth representative stated appellant requested 10 minutes an episode, 1 episode a day, 7 days a week for Dressing. She stated the evaluation nurse indicated the level of assist was maximum while the OT reviewer stated it was minimal. (Ex. 4, pp. 7, 22). The MassHealth representative stated the OT reviewer recommended long handled devices that are covered by MassHealth and to have an OT teach appellant how to use the devices effectively. The MassHealth representative testified that if appellant is only wearing a nightgown and she can wash her upper body and walk independently, then appellant should be able to slip on a nightgown. (Testimony).

Appellant testified she cannot put on pants or a shirt because her body feels like it is burning and tingling. She stated the PCA takes the nightgown out of the drawer and puts it on her. (Testimony).

Undressing-Appellant requested 8 minutes an episode, 1 episode a day, 7 days a week. The MassHealth representative noted the reviewing nurse found a level of assistance of maximum while the OT reviewer found the level at minimum. The MassHealth representative stated if appellant is only wearing a nightgown and socks, she should independently be able to undress. After appellant testified that she does wear other clothing when she leaves the house, the MassHealth representative stated appellant can use devices, after being taught by an OT, to undress. The device and teaching are covered by MassHealth. The MassHealth representative indicated a picture of the appropriate devices, a dressing stick and reacher, are in evidence. (Ex. 4, p. 53).

Appellant stated she does leave the house on multiple days during the week and she does not

wear a nightgown during that time.

Toileting (bowel care):

Appellant requested time for bowel care at 5 minutes an episode, 2 episodes a day, 7 days a week. MassHealth denied this request. (Ex. 4, p. 24). The MassHealth representative noted there was no time requested for bladder care, transfers, meaning walking to toilet, sitting down and standing up. All these can be done independently. (Testimony; Ex. 4, p. 15). Appellant is independent getting on and off the toilet. (Ex. 4, p. 7). The MassHealth representative noted that contained in MassHealth's evidence is an illustration for a toilet aid, which, if used, allows appellant to remain independent. (Ex. 4, p. 59).

Appellant testified her PCA "wipes my behind." She stated the reviewing nurse recommended appellant obtain a "hip kit". The appeal representative stated appellant does not have these recommended devices right now. He referenced the letter from Boston Medical Center. (Testimony). That letter states appellant "requires assistance with dressing and hygiene." (Ex. 5).

The MassHealth representative responded that she understands appellant may not have the recommended devices now, but they are easily obtained. There is an illustration of a "hip kit" contained in evidence. (Ex. 4, p. 53). She stated it is called this because people with hip injuries use this device. (Testimony).

The MassHealth representative testified appellant requested time for the following IADLs: Meal Preparation, Laundry, Housekeeping, Shopping and Equipment Maintenance. (Ex. 4, pp. 31-32). They were not approved because of the determination by MassHealth that appellant did not meet requirements for at least two ADLs. (Testimony). She testified regarding Meal Preparation appellant requested 665 minutes a week which equals 95 minutes a day. She testified that MassHealth typically only approves a maximum of 90 minutes a day for this task and that is for people who are not mobile and cannot use their upper extremities. Regarding the remainder IADLs, the MassHealth representative stated she had no concerns with the time requested by appellant for these tasks. (Testimony).

Regarding the IADLs, the appeal representative did not have any further argument or evidence, but reiterated appellant had provided evidence to support her position she met the requirements for at least two qualifying ADLs.

Findings of Fact

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

1. Appellant is a female in her late fifties with a diagnosis of chronic back pain and sciatica. Appellant is 5' 4" and 280 pounds and also has numbness and tingling of both feet. Appellant lives independently. (Testimony; Ex 4, p. 11).
2. A prior authorization request, initial evaluation, was submitted by appellant's provider, [REDACTED], on November 27, 2024 requesting 19 hours and 30 minutes a week for one year. (Testimony).
3. MassHealth denied the prior authorization request, stating the clinical record indicates appellant does not require physical assistance with two or more activities of daily living (ADLs). (Testimony).
4. Prior to the denial being sent to appellant, the decision was sent to a physician medical reviewer who agreed with the denial after a review of the documentation. (Testimony).
5. The OT report noted appellant can ambulate independently, manage stairs, is able to drive, uses a walker and has grab bars in her hand-held shower in her home. (Testimony; Ex. 4, pp. 6-9).
6. Appellant requested time for Bathing and Grooming, which is classified as one ADL. (130 CMR 422.410 (A)(3)). Bathing was requested for 15 minutes a day, 1 episode a day, 7 days a week. (Ex. 4, p. 18). Grooming, nail care, was requested at 10 minutes an episode, 1 episode a day, 1 day a week for lower body nail care. (Testimony; Ex. 4, p. 20).
7. MassHealth denied this request for grooming because documentation showed appellant was independent for level of assist for grooming tasks. (Testimony; Ex. 4, p. 7).
8. Appellant requested time for Dressing and undressing, which is classified as one ADL. (130 CMR 422.410 (A)(4)). Dressing was requested for 10 minutes an episode, 1 episode a day, 7 days a week. (Testimony). Undressing was requested for 8 minutes an episode, 1 episode a day, 7 days a week. (Testimony; Ex. 4, p. 22).
9. MassHealth denied the request for Dressing because documentation showed appellant was minimum level of assist for this task and appellant could use long handled devices that are covered by MassHealth and have an OT teach appellant how to use the devices effectively. (Testimony; Ex. 4, p. 7). MassHealth denied time for undressing because if appellant is only wearing a nightgown and socks, she should be able to undress independently. If appellant wears other clothing when she leaves the house, the MassHealth representative stated appellant can use devices, after being taught by an OT, to undress. The device and teaching are covered by MassHealth. (Testimony).
10. Appellant requested time for Toileting, bowel care, at 5 minutes an episode, 2 episodes a day, 7 days a week. MassHealth denied this request. (Testimony; Ex. 4, p. 24). Appellant is independent in getting on and off the toilet. (Ex. 4, p. 7). Appellant requested no time for bladder

care, transfers, meaning walking to toilet, sitting down and standing up. All these can be done independently. (Testimony; Ex. 4, p. 15).

Analysis and Conclusions of Law

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). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

422.416: PCA Program: Prior Authorization for PCA Services

(A) Initial Request for Prior Authorization for PCA Services. With the exception of 130 CMR 422.416(D), PCM agencies must submit the initial request for prior authorization for PCA services to the MassHealth agency within 45 calendar days of the date of the initial inquiry about a member to the PCM agency for PCA services. Requests for prior authorization for PCA services must include:

(1) the completed MassHealth Application for PCA Services and MassHealth Evaluation for PCA Services;

(2) the completed MassHealth Prior Authorization Request form;

(3) any documentation that supports the member's need for PCA services. This documentation must:

(a) identify a permanent or chronic disability that impairs the member's ability to perform ADLs and IADLs without physical assistance; and

(b) state that the member requires physical assistance with two or more ADLs as defined in 130 CMR 422.410(A).

(4) the completed and signed assessment of the member's ability to manage the PCA program independently. **(emphasis added)**.

PCA 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. (**Emphasis added**).

(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. **(Emphasis added).**

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).** **(Emphasis added).**

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

MassHealth denied appellant's prior authorization requests for the ADLs of Bathing/grooming, Dressing/undressing and Toileting, bowel care. (Testimony Ex. 4, p. 19-20, 22, 24).

Bathing:

The appellant requested PCA assistance of 15 minutes an episode, 1 episode a day, 7 days a week for Bathing. MassHealth modified this to zero time. The MassHealth representative stated MassHealth denied the prior authorization for this task because there are devices and adaptive techniques that would allow appellant to do this task. A shower chair would assist appellant in and out of the tub. Long handed devices, such as a shower sponge or a reacher, would allow appellant to reach her feet without triggering pain and these devices are a less costly option and are covered by MassHealth. The MassHealth representative stated there has been no indication from appellant why these options have not been pursued rather than PCA options. Appellant stated she needs help getting in and out of the tub and needs help washing. She stated as far as the "gadgets" mentioned by the MassHealth representative, she does not have them. She testified she was given a shower chair but one of the legs broke. Appellant stated the PCA washes her with a washcloth and the only thing she can do by herself is under her arms. She said she cannot raise her arms above her head. She testified the PCA washes her legs and private parts. The appeal representative referenced the letter from appellant's doctor in evidence. Regarding Bathing, all that letter states is appellant "requires assistance getting in and out of shower." Regarding the doctor who drafted the letter, appellant was asked how long she had been seeing the doctor, appellant said "doctor Tabackman was temporary, my regular doctor was, um... I can't even think of her name." The fact appellant cannot remember her own doctor's name brings into question the accuracy of her testimony.

The MassHealth representative responded that for appellant to bathe her lower body, appellant does not have to raise her arms above her head and that appellant's testimony that she can wash

under her arms tells her as an OT that appellant has the upper extremity function and ability to use adaptive devices. The MassHealth representative stated there are transfer benches, which she included pictures of in MassHealth's submission, that would allow appellant to get in and out of the tub without stepping over the edge. She stated there are transfer benches made specifically for people who are at appellant's weight that are covered by MassHealth. She stated MassHealth also covers adaptive devices for lower body bathing.

I credit the MassHealth representative's testimony and find MassHealth's modification of time for Bathing to zero is supported by the record. Appellant did not request time for Mobility transfer or Toileting transfer and the record shows appellant can independently get in and out of bed and independently get on and off the toilet. The evidence shows appellant did not request time for hair washing, which one would believe appellant would request if she could not raise her arms above her head. (Ex. 4, p. 18). Appellant did not request time for Eating, indicating appellant can feed herself. This independence indicates appellant can move her body and has dexterity in her hands and fingers. Further lending support to the denial for time for this task is that it is not medically necessary as appellant can obtain a shower chair, transfer bench, and long handled devices and be taught adaptive techniques to be independent and will not then need assistance with this task. These devices and teaching are covered by MassHealth at no cost to appellant. This is a medical service available and suitable for the appellant that is less costly to the MassHealth agency. There was no error in MassHealth denying prior authorization for time for Bathing as their decision is supported by the record.

Regarding grooming, nail care, appellant requested 10 minutes an episode, 1 episode a day, 1 day a week for lower body nail care. MassHealth denied this prior authorization request because the OT report showed that appellant was independent for level of assist for grooming tasks. (Ex. 4, p. 7).⁵ I credit the report of the OT that appellant is independent for grooming tasks and find appellant has not shown a medical necessity and therefore, has not met her burden for grooming, nail care. There was no error by MassHealth in denying time for this task.

Dressing:

Appellant requested 10 minutes an episode, 1 episode a day, 7 days a week for dressing. MassHealth modified this request to zero time. As a less costly alternative, MassHealth recommends long-handled devices that are covered by MassHealth and to have an OT teach appellant how to use the devices effectively. The MassHealth representative testified that if appellant is only wearing a nightgown and she can wash her upper body and walk independently, then appellant should be able to slip on a nightgown. Appellant stated she does leave the house on multiple days during the week and she does not wear a nightgown during that time. However, the long-handled devices can assist appellant in dressing with any article of clothing. Appellant has

⁵ Regarding the discrepancy between the reviewing nurse's opinion of level of assist as maximum for Bathing, Dressing/undressing and the OT report that finds appellant's level of assist with the same tasks as minimal, I find the overall record belies a level of assist for these tasks as maximum and I credit the OT's finding of minimal assist for these tasks.

not met her burden to show medical necessity for dressing and I find no error in MassHealth denying appellant's request for time for this task.

Regarding undressing, appellant requested 8 minutes an episode, 1 episode a day, 7 days a week. Similar to the Dressing task, as a less costly alternative, MassHealth recommends long handled devices that are covered by MassHealth and to have an OT teach appellant how to use the devices effectively. Appellant has not met her burden to show medical necessity for this task. I find no error in MassHealth denying time for this task.

Toileting:

Appellant requested time for bowel care at 5 minutes an episode, 2 episodes a day, 7 days a week. MassHealth denied this request. Appellant did not request time for bladder care, transfers, meaning walking to the toilet, sitting down and standing up. All these can be done independently. (Testimony; Ex. 4, p. 15). Appellant is independent getting on and off the toilet. A toilet aid, which, if used, allows appellant to remain independent and an illustration of the device is in evidence. (Ex. 4, p. 59). The reviewing nurse recommended to appellant she obtain a "hip kit" for toileting. The record shows there are less costly alternatives for appellant regarding toileting. I find appellant has not met her burden to show medical necessity for this task. I find there was no error by MassHealth in denying the requested time for Toileting.

I find there are other medical services, long-handled devices and appropriate training provided by an OT, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Therefore, I find appellant has failed to show medical necessity for at least 2 ADLs and any discussion regarding the prior authorization request for IADLs is unnecessary. The appeal is denied.

Order for MassHealth

None.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

cc: Appellant Representative: [REDACTED]
[REDACTED]

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