

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2419754
<b>Decision Date:</b>	6/18/2025	<b>Hearing Dates:</b>	01/31/2025 and 05/01/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rayen, RN



*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>	DENEID	<b>Issue:</b>	Prior Authorization - PCA
<b>Decision Date:</b>	6/18/2025	<b>Hearing Date:</b>	01/31/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, RN	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

### Authority

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

### Jurisdiction

Through notice dated December 13, 2024, MassHealth modified a request for prior authorization for Personal Care Attendant (PCA) services by denying some of the requested time for service (Exhibit A). Appellant filed for this appeal in a timely manner on December 23, 2024 seeking approval for the denied time (see 130 CMR 610.015(B) and Exhibit A). Denial of prior authorization for assistance constitutes valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth modified a request for prior authorization for PCA services by denying some of the requested time for service.

### Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it modified Appellant's request for prior authorization for PCA services by denying some of the requested time for service.

## Summary of Evidence

Both parties appeared by telephone.

MassHealth was represented by a Registered Nurse and clinical appeals reviewer who testified that a Prior Authorization (PA) request for a Personal Care Attendant (PCA) re-evaluation was submitted to MassHealth on November 27, 2024 by [REDACTED] requesting 30 hours/week for one year.

According to the documentation submitted with the written PA request, Appellant is a male in his [REDACTED] with the following physical conditions: reported bulging discs resulting from an industrial accident/fall; osteoarthritis; pain in upper extremities, back and knees when bending; heart disease; and a history of MI with surgical placement of 4 cardiac stents. During the in-person nursing assessment conducted in Appellant's home, Appellant was observed ambulating with a cane and transferring without physical assistance.

MassHealth modified the PA request on December 13, 2024 and approved 13 day/evening hours per week which is the same amount of time that was approved last year. The effective dates of service are January 3, 2025 through January 2, 2026.

The MassHealth representative testified that the agency made 2 modifications based on MassHealth regulations 130 CMR 422.410(A)(7) AND 130 CMR 450.204(A)(1). The two areas of assistance that were modified pertain to bladder care during the day and bladder care during the evening.

The MassHealth representative testified that Appellant requested assistance with daytime bladder care in the amount of 5 minutes, 5 times per day, 7 days per week. All time requested for assistance with daytime bladder care was denied on the grounds that Appellant has the functional capacity to perform the activity without the need for hands-on physical assistance. The MassHealth representative testified that Appellant was observed to be independent with all mobility (using a cane) and transfers. He was also found to be independent with getting in and out of a car and has the fine motor skills to feed and groom himself. The MassHealth representative also noted that Appellant was independent with this activity last year and there were no changes in his functional status or medical condition noted in the current PA request. Accordingly, MassHealth determined that the PA request did not demonstrate the medical necessity for assistance with daytime bladder care.

Appellant appeared on his own behalf accompanied by his PCA. Appellant testified that the nurse who came to his home for last year's reevaluation failed to document that he needed assistance with daytime bladder care. Appellant testified that he cannot hold his bladder. The PCA agreed with this assertion, noting that they have to change Appellant's bed linens and

underwear often. They noted that Appellant's medications are causing him to urinate more. The PCA also repeatedly mentioned Appellant's age as a contributing factor for his need to urinate more. At one point, they asserted that Appellant experienced bladder incontinence every day, but later in their testimony they stated that it happens "sometimes," maybe four times per week.

During their testimony, both Appellant and his PCA made statements evidencing confusion about the PCA program, proper terminology and what forms of assistance are and are not covered. Efforts were made by the hearing officer and the MassHealth representative to explain and clarify, but the PCA grew defensive and resistant to such efforts, eventually stating that she felt that she was being "disrespected." The PCA ultimately refused to follow the hearing officer's instructions and disconnected the call. Consequently, the second modification concerning assistance with nighttime bladder care was not addressed.

The hearing was re-opened and reconvened on May 1, 2025 in order to address the second modification. Both parties again appeared by telephone and Appellant was accompanied by a woman who identified herself as [REDACTED] and stated that she served as Appellant's "surrogate."

Overnight bladder care – MassHealth denied all time requested for assistance with overnight bladder care insofar as the PA request indicates Appellant has the functional capacity to independent with this activity. Appellant was independent with this activity last year. The current request indicates that Appellant uses a bedside commode at night. It also indicates that Appellant has the gross and fine motor skills needed to do the activity by himself insofar as he is independent with mobility and transfers, as well as shaving and grooming.

Appellant and his witness testified that Appellant is urinating more because of an increase in his medications. Appellant explained that at night, he does not wake up in time to either use a hand-held urinal or make it to the commode. He testified that he needs assistance with cleaning up after frequent overnight accidents.

In response, the MassHealth representative testified that before PCA time can be approved for this activity, Appellant would need to rule out less-costly alternatives by first seeing a urologist to determine the cause of the night time urination and whether it can be resolved or whether it will be a short-term or chronic condition. Then Appellant would have to consult with an occupational therapist to see if alternatives such as a condom catheter, a hand-held urinal or the use of bladder incontinent products could be used. According to the MassHealth representative, each of these constitutes a less-costly alternative to PCA time, assuming that the condition is even chronic, which it would need to be in order for PCA time to be granted.

While not addressed during the hearing, the hearing officer reviewed a copy of a letter that was submitted along with Appellant's fair hearing request (Exhibit A). The one-paragraph letter

dated [REDACTED] 2024 was signed by a family nurse practitioner (FNP). The letter states that the FNP treats Appellant, lists his diagnoses and concludes with the sentence: “[Appellant] needs the required PCA hours, as he needs assistance with all ADL’s” (Id).

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. A Prior Authorization (PA) request for a Personal Care Attendant (PCA) re-evaluation was submitted to MassHealth on November 27, 2024 by [REDACTED] requesting PCA assistance for Appellant in the amount of 30 day/evening hours per week for one year.
2. According to documentation submitted with the written PA request, Appellant is a male in his [REDACTED] with the following physical conditions: reported bulging discs resulting from an industrial accident/fall; osteoarthritis; pain in upper extremities, back and knees when bending; heart disease; and a history of MI with surgical placement of 4 cardiac stents.
3. During the in-person nursing assessment conducted in Appellant’s home, Appellant was observed ambulating (using a cane) and transferring without physical assistance.
4. During the in-person nursing assessment conducted in Appellant’s home, Appellant was found to be independent with getting in and out of a car and has the fine motor skills to feed and groom himself.
5. MassHealth modified the PA request on December 13, 2024 and approved 13 day/evening hours per week - the same amount of time that was approved last year.
6. The effective dates of service for the current PA are January 3, 2025 through January 2, 2026.
7. MassHealth made two modifications based on MassHealth regulations 130 CMR 422.410(A)(7) AND 130 CMR 450.204(A)(1).
8. The two areas of assistance that were modified pertain to bladder care during the day and bladder care during the evening.
9. Appellant requested assistance with daytime bladder care in the amount of 5 minutes, 5 times per day, 7 days per week.
10. MassHealth denied all time requested for assistance with daytime bladder care on the

grounds that Appellant has the functional capacity to perform the activity without the need for hands-on physical assistance.

11. Appellant was independent with all bladder care last year.
12. No changes in Appellant's functional status or medical conditions from last year were noted in the current PA request.
13. MassHealth determined that the PA request did not demonstrate the medical necessity for assistance with daytime bladder care.
14. MassHealth denied all time requested for assistance with overnight bladder care.
15. Appellant was independent with overnight bladder care last year.
16. The current request indicates Appellant uses a bedside commode at night.
17. The current request indicates Appellant has the gross and fine motor skills needed to perform overnight bladder care by himself insofar as he is independent with mobility and transfers, as well as shaving and grooming.
18. Appellant is currently experiencing an increased need to urinate with urgency during the overnight.
19. Appellant has yet to be evaluated medically to determine the cause of this problem, whether it can be resolved, and whether it is expected to be a short-term or chronic problem.
20. A one-paragraph letter dated [REDACTED] 2024, signed by a family nurse practitioner (FNP) states that the FNP treats Appellant, lists his diagnoses and concludes with the sentence: "[Appellant] needs the required PCA hours, as he needs assistance with all ADL's" (Exhibit A).

## **Analysis and Conclusions of Law**

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet his burden.

MassHealth demonstrated adequate grounds for denying all time to assist with daytime bladder care. The record shows that Appellant is independent with ambulation and transfers and has the fine motor skills to be independent with grooming and feeding. Incontinence was not documented anywhere in the PA request nor was it mentioned in the FNP's letter that accompanied Appellant's fair hearing request. Appellant's own statements concerning bladder incontinence are entirely uncorroborated. As such, they cannot establish medical necessity for the service (130 CMR 450.204).

The same reasoning applies to the matter of overnight bladder care. Additionally, should Appellant get medically evaluated for the asserted incontinence, MassHealth would have to be informed of the nature of the diagnosis, the treatment plan, and the short and long-term prognoses. Then Appellant would need to trial the less-costly alternatives identified during the hearing before PCA time to assist with this activity could be approved. MassHealth's denial for this time was proper as it complies with the medical necessity requirements set forth at 130 CMR 450.204(A).

On this record, there is no basis in fact and/or law to disturb MassHealth's actions. The appeal is DENIED.

Should Appellant's condition change and his care needs increase, he may consult with his PCM agency to see if an "adjustment" for increased services is warranted.

## **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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

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