Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part Denied in Part	Appeal Number:	2500379
Decision Date:	4/30/2025	Hearing Date:	02/25/2025
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:

Appearance for MassHealth:

Cassandra Horne and Jeremiah Mancuso (Commonwealth Care Alliance)



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	Issue:	Prior Authorization - PCA
Decision Date:	4/30/2025	Hearing Date:	02/25/2025
MassHealth's Rep.:	Cassandra Horne CCA	Appellant's Rep.:	Pro se
Hearing Location:	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 November 21, 2024, MassHealth's agent, Commonwealth Care Alliance (CCA) denied Appellant's first level appeal seeking to overturn or modify CCA's denial of some of the time requested under a prior authorization request (PA) for continued Personal Care Attendant (PCA) services (<u>Exhibit A</u>). Appellant filed this appeal in a timely manner on January 7, 2025 (see 130 CMR 610.015(B) and <u>Exhibit A</u>). PCA determinations constitute valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth's agent, CCA, denied Appellant's first level appeal seeking to overturn or modify CCA's denial of some of the time requested under a prior authorization request (PA) for continued Personal Care Attendant (PCA) services.

lssue

The appeal issue is whether MassHealth's agent properly applied the controlling regulation(s) to accurate facts when it denied Appellant's first level appeal seeking to overturn or modify CCA's

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denial of some of the time requested under a prior authorization request (PA) for continued Personal Care Attendant (PCA) services.

Summary of Evidence

Both parties appeared by telephone. Prior to hearing, MassHealth's agent, CCA, submitted a packet of documentation including a copy of its member handbook, the PA request, and the PCA evaluation (collectively, Exhibit B). Appellant submitted a photocopy of a one-page letter from a physician's assistant (Exhibit C).

CCA was represented by its appeals coordinator and a registered nurse who testified that the Level I appeal upheld a determination by CCA to reduce Appellant's current PA request for renewed PCA hours from 46.5 hours per week down to 18.5 hours per week. According to the request, Appellant is in her mid-fifties with a past medical history significant for diabetic neuropathy, asthma, Crohn's disease, arthritis, depression, and anxiety.

CCA modified time for the following areas of assistance: mobility (ambulation, stairs and transfers); dressing and undressing; bladder care; bowel care; overnight hours; and medication administration (orals & topicals, subcutaneous injections and glucometer checks). After exchanging testimony, CCA agreed to restore time as requested for bowel care, overnight hours, medication management and subcutaneous injections. Appellant did not dispute the modifications made to time to assist with bladder care and glucometer checks. By the end of the hearing the only modifications which remained in dispute were the three areas of mobility assistance and dressing and undressing.

Mobility (ambulation, stairs and transfers)

The CCA representatives testified in September 2024, a registered nurse performed an inperson PCA evaluation inside Appellant's home. CCA compared the evaluation to a wellness assessment performed by a Matrix nurse practitioner in April 2024 during which the nurse met with Appellant and assessed her functional capacity and care needs as they relate to her ability to perform her Activities of Daily Living (ADLs) (Exhibit B, page 5). According to the CCA representatives, Appellant had previously been assessed to require moderate assistance with ambulation and transfers, but the assessing nurse found Appellant to be independent with both activities. Although Appellant was found to need an assistive device from time to time to ambulate, her gait was found to be steady. The assessing nurse based her conclusions on witnessing Appellant ambulate and from speaking with Appellant. The CCA representatives further testified that the findings in the assessment were supported by another in-person review performed by CCA's Long Term Services/Supports Coordinator (LTSC) in July 2024; the reviewer also reported that Appellant is independent with ambulation using a cane or a walker. Lastly, the CCA representatives noted that the PA request failed to indicate what, if anything, the PCA is doing to assist Appellant with mobility. Accordingly, CCA awarded no time for any of the three areas of mobility.

Appellant was accompanied by her adult daughter who serves as her PCA. Appellant and her daughter/PCA testified that Appellant has significant lower extremity neuropathy which does not allow her to stand independently. The PCA testified that she has to remain behind Appellant when she is standing or walking to steady her or catch her if she slips or falls. The PCA also testified that Appellant requires the use of a walker when she walks due to pain.

With regard to the stairs, the PCA testified that Appellant needs help with going up and down the stairs because she cannot hold onto the railing due to dizziness. The PCA repeated that Appellant has neuropathy which extends from her feet up to her knees as well as arthritis in her lower back.

The PCA testified that Appellant also requires assistance with transfers in and out of the car and to get out of bed in the morning. The PCA reiterated that Appellant experiences dizziness and fatigue from her conditions as well as from the medications she takes. She also testified that Appellant experiences "pins and needles" in her feet which makes her unsteady. According to the PCA, Appellant is unable to wear normal shoes and must wear Crocs instead.

Dressing/Undressing

The CCA representatives testified that time for dressing and undressing were both reduced from the requested time, appropriate for a person needing maximum assistance, to time consistent with a person needing only minimal assistance. Again, the modifications were based on the findings reported in both the assessment and the LTSC report that Appellant requires only minimum assistance with both dressing and undressing.

Appellant's PCA testified that Appellant requires assistance with dressing and undressing due to arthritis and shaking in both hands. Appellant testified that she needs help with pulling up her pants and putting on her socks and shoes. Appellant stated that she cannot bend over due to a hernia. The PCA testified that she also helps Appellant with her shirts because of Appellant's arthritic hands and neuropathy.

Appellant submitted a copy of a photo of a one-page letter drafted on letterhead from dated December 16, 2024. The letter contains only two sentences which states: *"It is my medical opinion that [Appellant] is in need of additional PCA hours due to her medical conditions worsening. If you have any questions or concerns, please don't hesitate to call."* The letter is signed by *"Concerns"* (Exhibit C).

Findings of Fact

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

- 1. Appellant is a MassHealth member who is covered by CCA, an agent of MassHealth.
- 2. CCA conducted a Level I appeal which upheld a determination by CCA to reduce Appellant's current PA request for renewed PCA hours from 46.5 hours per week down to 18.5 hours per week.
- 3. Appellant is in her mid-fifties with a past medical history significant for diabetic neuropathy, asthma, Crohn's disease, arthritis, depression, and anxiety.
- 4. CCA modified time for the following areas of assistance: mobility (ambulation, stairs and transfers); dressing and undressing; bladder care; bowel care; overnight hours; and medication administration (orals & topicals, subcutaneous injections and glucometer checks).
- 5. After exchanging testimony, CCA agreed to restore time as requested for bowel care, overnight hours, as well as administration of oral & topical medications and subcutaneous injections.
- 6. Appellant did not dispute the modifications made to time to assist with bladder care and glucometer checks.
- 7. By the end of the hearing the only modifications which remained in dispute were the three areas of mobility assistance, and dressing and undressing.
- 8. The CCA representatives testified a PCA evaluation was performed in person inside Appellant's home by a registered nurse.
- CCA compared the evaluation to a wellness assessment performed by a nurse reviewer in April 2024 during which a nurse met with Appellant and assessed her functional capacity and care needs as they relate to her ability to perform her Activities of Daily Living (ADLs).
- 10. In prior years, Appellant had been assessed to require moderate assistance with ambulation and transfers, but the assessing nurse found Appellant to be independent with both activities although Appellant was found to need an assistive device from time to time to ambulate.
- 11. The assessing nurse based her conclusions on witnessing Appellant ambulate and from speaking with Appellant.

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- 12. The findings in the assessment were supported by another review performed by CCA's Long Term Services/Supports Coordinator (LTSC) in July 2024.
- 13. The current PA request failed to indicate what, if anything, the PCA is doing to assist Appellant with mobility.
- 14. CCA awarded no time for any of the three areas of mobility.
- 15. CCA reduced time for dressing and undressing from the requested time, appropriate for a person needing maximum assistance, to time consistent with a person needing only minimal assistance.
- 16. Modifications to dressing/undressing were again based on the findings reported in both the assessment and the LTSC report that Appellant requires only minimum assistance with both dressing and undressing.
- 17. Appellant submitted a copy of a photo of a one-page letter drafted on letterhead from dated December 16, 2024.
- 18. The letter contains only two sentences which states: *"It is my medical opinion that [Appellant] is in need of additional PCA hours due to her medical conditions worsening. If you have any questions or concerns, please don't hesitate to call"*; the letter is signed by **"**

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 not met her burden relative to the modifications which remained in dispute at the end of the hearing.

Mobility (ambulation, stairs and transfers) and Dressing/Undressing – modifications upheld:

The modifications made by MassHealth's agent, CCA, were based on findings derived from two in-person assessment conducted in April and July of 2024, both of which found Appellant to be independent with mobility and transfers needing only a walker as needed when ambulating. Additionally, the PCA evaluation made no indication of how the PCA was assisting Appellant with ambulation. Given these factors, CCA's modification to no time for assistance with mobility and transfers is reasonable. The same reasoning was used to modify time for dressing and undressing from maximum assistance to minimum assistance. Those modifications are also

reasonably based on the two corroborating in-person assessments.

At hearing, Appellant presented only her own testimony and that of her PCA. They pointed to no objective information to support their contention that Appellant requires an increased degree of assistance in these two areas, a contention that is at odds with the two in-person assessments. Appellant did produce the two-sentence letter from the physician's assistant, but this too is revealing in a way that is not helpful to Appellant. Already knowing what specific modifications CCA had made in the first instance, as well as upheld during the Level 1 appeal, one might anticipate a letter from a medical professional that would address the specific bases of CCA's modifications. The fact that the letter is vague and cursory, where it could have ben specific and corroborative of Appellant's testimony, is noted and weighs against Appellant. Appellant's medical provider could have provided a statement corroborating Appellant's testimony covering the extent of her limitations, but for some reason, the provider chose not to do this and instead provided no detail about Appellant's condition(s) and limitations whatsoever (Exhibit C).

This record provides no reasonable basis in fact and/or law to disturb the agency's determination relative to the modifications it made to Appellant's PA request relative to time to assist with mobility and dressing/undressing.

For the foregoing reasons, the appeal is APPROVED as to the restored modifications made at the time of hearing, and DENIED as to the modifications made to time to assist with mobility and dressing/undressing

Order for MassHealth's Agent CCA

Restore time as agreed at hearing to time requested to assist with bowel care, overnight hours, and medication administration (oral & topicals) and subcutaneous injections.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this notice, you should contact CCA. If you any problems with implementing this decision, you should report this in writing to the Director of the Board of Hearings, Office of Medicaid, 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.

Kenneth Brodzinski Hearing Officer Board of Hearings

cc:

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108