

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2500860
<b>Decision Date:</b>	03/27/2025	<b>Hearing Date:</b>	02/26/2025
<b>Hearing Officer:</b>	Radha Tilva		

**Appearances for Appellant:**



**Appearances for CCA:**

Cassandra Horne, Operations Manager,  
Appeals & Grievances; CCA; Jeremiah  
Mancuso, R.N., Clinical RN Manager, Appeals &  
Grievances, CCA



*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>	Denied	<b>Issue:</b>	ICO; Denial of Level 1 Appeal; HHA services
<b>Decision Date:</b>	03/27/2025	<b>Hearing Date:</b>	02/26/2025
<b>CCA's Reps.:</b>	Cassandra Horne; Jeremiah Manusco	<b>Appellant's Reps.:</b>	
<b>Hearing Location:</b>	Via Microsoft Teams	<b>Aid Pending:</b>	Yes

### Authority

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

### Jurisdiction

Through an internal appeal determination notice dated January 4, 2025, the Commonwealth Care Alliance (CCA), an Integrated Care Organization (ICO) and managed care contractor (MCC) for MassHealth, notified appellant that it had denied her level 1 appeal regarding her prior authorization (PA) request for home health aide services (Exhibit 1). The appellant filed this appeal in a timely manner on January 14, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).<sup>1</sup>

### Action Taken by ICO

Through an internal level 1 appeal, CCA upheld its denial of appellant's PA request for home health aide hours.

### Issue

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<sup>1</sup> Fair Hearing regulations at 130 CMR 610.032(B) set forth the specific bases under which any enrollee of an MCC, including ICO enrollees, may request a fair hearing. Grounds for appeal include, but are not limited to, the MCC's failure to provide services in a timely manner, a decision to deny or provide limited authorization of a requested service; and a decision to reduce, suspend or terminate a prior authorization for a service.

The appeal issue is whether CCA, in its capacity as an ICO and managed care contractor for MassHealth, correctly upheld its determination to deny appellant's request for home health aide services.

## Summary of Evidence

Commonwealth Care Alliance (CCA) representatives appeared at the hearing via video and presented the following evidence through testimony and documentary submissions: Appellant is [REDACTED] with a primary diagnosis of muscular dystrophy, and was enrolled in CCA's One Care plan, and Integrated Care Organization, effective November 1, 2013. Appellant's provider made a request for 84 home health aide (HHA) hours per week on November 4, 2024. This request was reviewed and denied on December 2, 2024, with a termination date of HHA services set for December 13, 2024. A Level 1 appeal was filed on the denial on January 2, 2025, which was reviewed by the CCA Medical Director and denied on January 4, 2025. The appellant did receive a continuation of services and is under aid pending during the pendency of this appeal, which is set to expire on March 19, 2025, or until the Board of Hearings renders a decision on the case.

This member was initially approved for HHA services back in October 2022, due to lack of Personal Care Attendants (PCA) to fill her approved PCA hours. The HHA hours were then continuously approved, alongside approximately 115 hours per week of PCA services until now. The CCA representative testified that per Tempus Unlimited (PCM agency), the appellant is currently filling all PCA hours in full and has 3 PCA workers on payroll. CCA feels that HHA services are a duplication in service, because with both services combined, the appellant is receiving 28 hours in a day of a round-the-clock care (4 hours of overlap). The representative explained that per CCA Medical Necessity Guideline #112, when a service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities, the service is limited/excluded.

The CCA representative testified that the HHA notes did not provide proper documentation of what the HHAs were doing everyday (see Exhibit 5, pp. 45-53). Although the notes do not provide a description of what the HHAs did each day, the tasks portion of the form is checked off with completed tasks such as making bed, shampooing hair, range of motion, etc. (*Id.*). A copy of the PCA care plan, dated December 7, 2023, was submitted with CCA's hearing submission as proof that it explicitly stated that the appellant was not receiving HHA services (Exhibit 5, p. 61). The prior authorization request for HHA hours does not document that appellant is also receiving PCA hours (Exhibit 5, pp. 35-57). The CCA representative explained that it is not clearly documented as to what is going on. The representative further stated that CCA can authorize a two-person assist for transfers, but it can only be for the transfers, not for the entire day. The representative stated that it is not documented that they are using two people to assist the appellant, and that two people do not need to be with the appellant for 12 hours a day. The representative explained that



121.25 hours per week was requested for PCA services, and CCA authorized approximately 111.25 hours. The appellant appealed this determination separately, and the CCA representative reported that it was currently undergoing a Level 1 internal review.

The appellant appeared at hearing along with her disability advocate. The appellant testified that she is approved for 121.25 hours of PCA, and that she requires both PCA and HHA services because of the severity of her condition, muscular dystrophy, which is a progressive disease. The appellant stated that she weighs over 180 pounds, is wheelchair-bound, requires a two-person assist for transfers, and has a Hoyer lift. The appellant testified that she also requires assistance in the night turning in bed so that she does not develop pressure sores. She presently has two HHA's and one PCA (appellant testimony). The representative explained that sometimes appellant's PCA does not show up. For example, the appellant testified that on the morning of the appeal hearing, her PCA still had not arrived and so she was still in her bed. The appellant later testified that her two HHA's arrive at 8:00 a.m., and stay until 12:00 p.m.; one HHA continues to stay from 12:00 p.m. to 4:00 p.m. The PCA arrives at around 4:00 p.m. and stays until 2:00 or 3:00 a.m. The appellant testified that she has 2 PCA's at night to help get her into bed, notwithstanding her earlier testimony that she has only one PCA.<sup>2</sup>

## Findings of Fact

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

1. Appellant is [REDACTED] wheelchair-bound, and has a primary diagnosis of muscular dystrophy, and she has been enrolled in CCA's One Care plan since November 1, 2013.
2. Appellant was initially started on HHA services back in October 2022 due to lack of Personal Care Attendants (PCAs) to fill her approved PCA hours.
3. Appellant's provider made a request with CCA for 84 home health aide (HHA) hours per week on November 4, 2024.
4. CCA reviewed the request and denied it on December 2, 2024, with a termination date of HHA services set for December 13, 2024.
5. A Level 1 appeal was filed, which was reviewed by the CCA Medical Director, and denied on January 4, 2025.
6. Appellant's HHA hours have been approved since October 2022 and have been provided alongside approximately 115 hours per week of PCA services.

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<sup>2</sup> This also conflicts with the documentation from Tempus Unlimited, that the appellant has three PCAs on payroll.

7. Per appellant's PCM agency, the appellant is currently filling all PCA hours in full and has 3 PCA workers on payroll.
  - a. With both HHA and PCA services combined the appellant is receiving 28 hours in a day of round-the-clock care (4 hours of overlap).
8. The appellant has multiple PCA and/or HHA workers present at a time because she requires a two-person assist for transfers.

## Analysis and Conclusions of Law

Commonwealth Care Alliance's Medical Necessity Guidelines state that Certified Home Health Services are skilled and supportive care services provided to One Care members in their home or a non-institutional setting, which may include, without limitation, a homeless shelter or other temporary residence or a community setting.<sup>3</sup> Home-health aides are trained personnel who provide health-related personal care and/or assist members following an established plan of care ordered by the prescribing practitioner, and member-specific home health aide care instructions created by the RN or therapist supervising the HHA.

CCA does not cover home health services when the service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities (see f.n. 1, p. 11). The appellant has concurrently been receiving PCA services averaging approximately 16.25 hours a day. When combined with the number of hours she has been receiving for HHA, both services combined result in a total of 28 hours per day of care. The HHA hours started in October 2022 because the appellant was having difficulty having her PCAs show up. Although the appellant testified that her PCAs are not showing up, the testimony of the CCA representative (who testified that the PCM agency verified that the approved PCA hours are being filled in full by three PCAs) is credible. The appellant can reach out to her PCM agency if her hours are not being filled.

The PCA evaluation dated December 7, 2023, explicitly states that the appellant is not receiving HHA hours. While this appeal is not to decide whether the omission of that information affects the approval of appellant's PCA hours, it raises questions. Similarly, the request for HHA hours makes no mention of the PCA hours appellant was receiving. It is unclear from the record what the home health aide is doing versus what the PCA is doing, and it seems that some if not all the HHA hours provided are for duplicative services that are approved for appellant's PCA.

The appellant has failed to prove by a preponderance of the evidence that the concurrent services she is receiving from her HHAs does not replicate the services she is receiving from her PCAs. It

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<sup>3</sup> See, [https://www.commonwealthcarealliance.org/ma/wp-content/uploads/2024/12/Home-Health-Services\\_Certified\\_Senior-Care-Options-and-One-Care-.112\\_03.19.25.pdf](https://www.commonwealthcarealliance.org/ma/wp-content/uploads/2024/12/Home-Health-Services_Certified_Senior-Care-Options-and-One-Care-.112_03.19.25.pdf) (last visited March 26, 2025).

should be noted that the appellant is not precluded from having her provider resubmit the request with proper documentation and evidence to demonstrate that the requested HHA services are differentiated from the PCA hours authorized by her PCM agency.

For the reasons listed above, this appeal is DENIED.

## **Order for CCA**

Remove aid pending and terminate appellant's HHA hours.

## **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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Radha Tilva  
Hearing Officer  
Board of Hearings

cc: [REDACTED]

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