

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Approved in part	<b>Appeal Number:</b>	2501320
<b>Decision Date:</b>	4/14/2025	<b>Hearing Date:</b>	02/21/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rayen, RN (Optum) *via* telephone



*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; Approved in part	<b>Issue:</b>	Prior Authorization – Personal Care Attendant
<b>Decision Date:</b>	4/14/2025	<b>Hearing Date:</b>	02/21/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, RN	<b>Appellant's Rep.:</b>	
<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 January 7, 2025, MassHealth approved the appellant's PA request for PCA services with modifications. (See 130 CMR 422.410(A)(1),(2),(3),(4),(7); 450.204; Exhibit (Ex.) 1; Ex. 5, pp. 15-17). The appellant filed this appeal in a timely manner on January 21, 2025. (See 130 CMR 610.015(B) and Ex. 2). Modification of a PA request for PCA services is valid grounds for appeal. (See 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth approved the appellant's request for PCA services with modifications.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410(A)(1),(2),(3),(4),(7); and 450.204 in modifying the request for PCA services.

### Summary of Evidence

MassHealth was represented at the hearing by a registered nurse and clinical appeals reviewer.

The appellant, though present, was represented by his mother, who spoke on his behalf. All parties appeared telephonically.

The MassHealth representative testified first. According to the submitted documentation, the appellant is under the age of [REDACTED] and has a primary diagnosis of spina bifida and hypertension. (Testimony; Ex. 5). He has no functional use of his lower extremities and is dependent on a wheelchair for mobility. (Testimony; Ex. 5). Following an eviction from his apartment, the appellant now resides with his mother in a non-handicap accessible apartment, which poses significant challenges for maneuvering and accessing the bathroom using his wheelchair. (Testimony; Ex. 5).

On January 6, 2025, the [REDACTED] (the PCM agency) submitted a prior authorization request to MassHealth seeking an adjustment to the appellant's personal care attendant (PCA) hours. (Testimony; Ex. 5). The PCM agency requested an increase from 21 hours and 30 minutes per week to 50 hours and 30 minutes per week for the remainder of the current authorization period. (Testimony). This included an increase of 15 day/evening hours and 14 nighttime hours. (Testimony; Ex. 5). The current prior authorization has been in effect since September 7, 2024. (Testimony, Ex. 5).

On January 7, 2025, MassHealth approved a modified increase to 23 hours and 15 minutes per week, effective from January 6, 2025, through September 6, 2025. (Testimony; Ex. 1; Ex. 5). The decision was based on MassHealth regulations, specifically 130 CMR 422.410 (Activities of Daily Living) and 130 CMR 450.204 (Medical Necessity). (Testimony).

The request included time modifications for seven activities of daily living (ADLs). (Testimony; Ex. 5). During the hearing, the appellant's mother accepted MassHealth's modifications and/or denials for six of these ADLs: mobility, dressing, undressing, daytime toileting/general toileting, and wound care for the left heel and buttocks. (Testimony). However, she disputed the denial of nighttime hours for toileting assistance. (Testimony).

The MassHealth representative explained that the PCM agency requested 10 minutes of assistance, twice nightly, for toileting—specifically for bladder care. (Testimony; Ex. 5). MassHealth denied this request, citing the availability of less costly alternatives, such as the use of a urinal. (Testimony; Ex. 1; Ex. 5). The MassHealth representative also noted that the appellant had previously lived independently for several years prior to requesting the PCA adjustment. (Testimony).

The MassHealth representative inquired about the appellant's nighttime toileting needs, asking whether he woke independently or was prompted. (Testimony). The appellant's mother testified that he typically wakes once per night, around midnight, due to incontinence using an alarm. (Testimony). She stated that he goes to bed around 8:00 to 8:30 PM and wakes at 4:30 AM, maintaining this schedule nightly to avoid accidents. (Testimony). The MassHealth representative explained that prompting for bathroom use is not a covered service under the PCA program. (Testimony). She further asked whether the appellant was awakened by incontinence or by an

alarm. (Testimony). The appellant's mother explained that the appellant no longer wakes on his own, and for that reason they both rely on an alarm to awaken them at that time. (Testimony). She emphasized that this was necessary to prevent nighttime accidents, as he would otherwise sleep through episodes of incontinence. (Testimony).

When asked how long these issues had persisted, the appellant's mother testified that the incontinence began before he moved in with her. (Testimony). They had been managing his condition using alarms since 2020. (Testimony). Despite these measures, there were still occasional accidents, which made morning clean-up difficult and sometimes required the disposal of soiled linens. (Testimony). Finally, the MassHealth representative inquired whether the appellant would continue living with his mother permanently. She confirmed this was her plan, noting that her husband had recently passed away in [REDACTED] (Testimony).

## Findings of Fact

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

1. The appellant is under the age of [REDACTED] and has a primary diagnosis of spina bifida and hypertension. (Testimony; Ex. 5).
2. The appellant has no functional use of his lower extremities and is dependent on a wheelchair for mobility. (Testimony; Ex. 5).
3. Following an eviction from his apartment, the appellant now resides with his mother in a non-handicap accessible apartment, which poses significant challenges for maneuvering and accessing the bathroom using his wheelchair. (Testimony; Ex. 5).
4. On January 6, 2025, the PCM agency submitted a prior authorization request to MassHealth seeking an adjustment to the appellant's PCA hours. (Testimony; Ex. 5).
5. The PCM agency requested an increase from 21 hours and 30 minutes per week to 50 hours and 30 minutes per week for the remainder of the current authorization period. (Testimony).
6. This included an increase of 15 day/evening hours and 14 nighttime hours. (Testimony; Ex. 5).
7. On January 7, 2025, MassHealth approved a modified increase to 23 hours and 15 minutes per week, effective from January 6, 2025, through September 6, 2025. (Testimony; Ex. 1; Ex. 5).
8. The decision was based on MassHealth regulations, specifically 130 CMR 422.410 (Activities of Daily Living) and 130 CMR 450.204 (Medical Necessity). (Testimony).

9. The request included time modifications for seven ADLs. (Testimony; Ex. 5).
10. During the hearing, the appellant's mother accepted MassHealth's modifications and/or denials for six of these ADLs: mobility, dressing, undressing, daytime toileting/general toileting, and wound care for the left heel and buttocks. (Testimony).
11. The appellant and his mother disputed the denial of nighttime hours for toileting assistance. (Testimony).
12. The PCM agency requested 10 minutes of assistance, twice nightly, for toileting—specifically for bladder care. (Testimony; Ex. 5).
13. MassHealth denied this request, citing the availability of less costly alternatives, such as the use of a urinal. (Testimony; Ex. 1; Ex. 5).
14. The appellant had previously lived independently for several years prior to requesting the PCA adjustment. (Testimony).
15. The appellant has had issues with nighttime incontinence since before he moved in with his mother. (Testimony).
16. The appellant and his mother have been managing his condition using alarms since 2020. (Testimony).
17. The appellant goes to bed around 8:00 to 8:30 PM and wakes at 4:30 AM, maintaining this schedule nightly to avoid accidents. (Testimony).
18. The appellant typically wakes once per night, around midnight, due to incontinence. (Testimony).
19. The appellant does not awaken on his own due to incontinence, and relies on an alarm to awaken. (Testimony).
20. It is necessary for the appellant to set an alarm to prevent nighttime accidents, as he would otherwise sleep through episodes of incontinence. (Testimony).
21. Despite the use of the alarm, the appellant still occasionally has accidents, making morning clean-up difficult and sometimes requiring the disposal of soiled linens. (Testimony).
22. As of the date of the hearing, the appellant planned to continue to live with his mother in her home. (Testimony).

## Analysis and Conclusions of Law

BOH will dismiss a request for a hearing when the request is withdrawn by the appellant. (130 CMR 610.035(A)(2)). During the hearing, the appellant's mother accepted MassHealth's modifications and/or denials of these ADLs: mobility, dressing, undressing, daytime toileting/general toileting, and wound care for the left heel and buttocks. The appellant's mother therefore withdrew the appeal with regard to these ADLs and for that reason, the request for the hearing is hereby DISMISSED IN PART regarding these ADLs.

The PCM agency must request prior authorization from the MassHealth agency as a prerequisite to payment for PCA services. (130 CMR 422.416(A)). Prior authorization determines only the medical necessity of the authorized service. (Id.). MassHealth covers activity time performed by a PCA in aiding with activities of daily living (ADLs). (130 CMR 422.411(A)). ADLs include certain specified activities that are fundamental to an individual's self-care and include physically assisting a member with bladder needs. (130 CMR 422.410(A)(7)). MassHealth does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for prescribing a service where such service is not medically necessary. (130 CMR 450.204). A service is medically necessary if, amongst other things, 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. (130 CMR 450.204(A)(1)).

The preponderance of the evidence supports a finding that the requested nighttime PCA time for toileting assistance is medically necessary and should be authorized under 130 CMR 422.416(A). Testimony establishes that the appellant has a longstanding history of nighttime incontinence, requiring consistent intervention that predates his current living situation. While MassHealth denied the request based on the availability of a less costly alternative, such as a urinal, the evidence shows that this alternative is insufficient. The appellant cannot reliably wake on his own to use a urinal and continues to experience accidents even with the use of an alarm. Physical assistance remains necessary to manage bladder care—an activity explicitly covered under 130 CMR 422.410(A)(7). This need is not based on convenience but on the prevention of suffering, the mitigation of health risks, and the support of safe home-based living, satisfying the standard for medical necessity under 130 CMR 450.204(A)(1). The urinal does not reduce the need for assistance or prevent complications that may result in higher long-term costs. In contrast, the requested PCA time is a minimal, focused service that effectively addresses the appellant's condition. Accordingly, the request is both medically necessary and within the scope of covered services under MassHealth regulations.

MassHealth's argument that the use of an alarm constitutes non-covered assistance such as cueing, prompting, supervision, guiding, or coaching under 130 CMR 422.412(C) is not persuasive in this context, because the alarm is not being used as a behavioral cue or cognitive prompt, but rather as a mechanical aid to awaken the appellant from sleep due to his inability to do so

independently in response to incontinence. The regulation at 130 CMR 422.412(C) excludes coverage for services that involve verbal or cognitive support—like reminding or encouraging a member to perform an activity—typically associated with members who are physically able to perform the task but require mental guidance or oversight. In contrast, the appellant’s reliance on an alarm is rooted in a physical limitation: his inability to spontaneously awaken due to his condition. The alarm functions as an external sensory stimulus to overcome this limitation, similar in purpose to a mobility aid used to compensate for physical dysfunction. Once awakened by the alarm, the appellant still requires physical assistance from a PCA to manage bladder care—an activity explicitly covered under 130 CMR 422.410(A)(7). Therefore, the use of an alarm in this case does not fall within the category of non-covered prompting or supervision services, but instead operates as a necessary adjunct to the medically necessary physical assistance that follows, supporting the claim for PCA time.

With regard to nighttime bladder care, the appeal is APPROVED IN PART.

## **Order for MassHealth**

Approve 10 minutes of assistance, twice nightly, for assistance with bladder care effective from January 6, 2025.

## **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.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

---

Scott Bernard  
Hearing Officer  
Board of Hearings

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