

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501947
Decision Date:	5/12/2025	Hearing Date:	03/18/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:



Appearance for Respondent:

Dr. Susan Coutinho McAllister, Long Term Care
Medical Director *via* video conference



*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:	Managed Care Organization – Denial of Internal Appeal
Decision Date:	5/12/2025	Hearing Date:	03/18/2025
Respondent's Rep.:	Dr. Susan Coutinho McAllister	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	Aid Pending:	Yes

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 23, 2025, United Healthcare, a contracted Senior Care Organization (SCO) for MassHealth (the managed care provider or respondent), denied the appellant's Level 1 appeal concerning the determination of her PCA hours. (See 130 CMR 508.008; 422.000 et seq. and Exhibit (Ex.) 1). The appellant filed this appeal in a timely manner on January 30, 2025. (See 130 CMR 610.015(B) and Ex. 2). A managed care provider's decision regarding a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit is valid grounds for appeal. (See 130 CMR 610.032(B)(2)).

On January 31, 2025, the Board of Hearings sent the appellant a letter notifying her that it would dismiss her appeal within 10 days unless she submitted an entire copy of the notice she was appealing. (Ex. 4). The appellant submitted the requested notice by mail on February 11, 2025. (Ex. 5). Once it received this submission, the Board scheduled the appellant's hearing. (Ex. 7).

Action Taken by Respondent

The respondent approved 17.25 hours per week in day/evening PCA services and 14 hours per

week for a nighttime attendant for a total of 31.25 hours per week.

Issue

The appeal issue is whether the respondent was correct, pursuant to 130 CMR 508.008 and 422.001 *et seq.*, in determining the total of 31.25 hours per week for PCA services.

Summary of Evidence

At the hearing, the respondent managed care organization was represented by its Long Term Care Medical Director. Although the appellant attended the hearing, she did not actively participate, instead allowing her daughter — who also acts as her personal care attendant (PCA) — to speak on her behalf. All parties attended the hearing by video conference.

The respondent's representative stated the following. The appellant is an individual over the age of ■ who resides with her daughter, the primary caregiver, and her son-in-law. (Testimony; Ex. 8, pp. 324–325). In September 2024, the appellant transitioned to the respondent from another managed care organization, bringing with her an existing allocation of 43.5 hours per week of PCA services. (Testimony; Ex. 1; Ex. 8, p. 1). This allocation remained in effect until January 2025, after the respondent conducted its own assessment. (*Id.*).

According to the respondent's representative, a nurse evaluator conducted an in-home assessment of the appellant's need for PCA services on December 30, 2024. (Testimony; Ex. 8, pp. 4–38, 317–329). Based on this evaluation, and using the time-for-task tool and MassHealth PCA regulations, the evaluator determined that the appellant required 31.25 hours per week of PCA assistance for activities of daily living (ADLs) and instrumental activities of daily living (IADLs). (Testimony; Ex. 8, pp. 1, 317–329). This total included 17.25 hours of day and evening assistance, and 14 hours of night-time assistance. (Testimony; Ex. 8, p. 329).

The time determinations were made for the following ADLs: bed repositioning, ambulation (inside and outside the home), transfers, bathing (including related transfers), hair care (washing/drying), personal hygiene, dressing (upper and lower body), eating, toileting, and medication management. For IADLs, determinations were made for meal preparation, housekeeping/laundry, shopping, telephone use, managing finances, and attending medical appointments. (Ex. 8, pp. 317–324; Testimony).

A. ADLs:

1. Bed Repositioning:

The respondent's representative testified that the nurse evaluator determined the appellant required "Extensive Assistance" for bed repositioning and approved a total of 30 minutes per week, equal to approximately two minutes, twice per day, including during nighttime hours.

(Testimony; Ex. 8, p. 318). The category of bed positioning includes PCA assistance with repositioning the member in both a bed and a chair. (Id.).

According to the respondent's representative, the appellant reported she can turn from side to side and reposition herself in bed but has difficulty transitioning between lying and sitting positions, as well as lifting her legs in and out of bed. These difficulties are attributed to back pain caused by sciatica and pain in both knees following bilateral knee replacements. (Ex. 8, p. 318). The appellant further reported that her daughter assists by lifting her under her upper back to help her sit up or lie down, and by lifting her legs in and out of bed in the morning, evening, and overnight when going to and from the bathroom. (Id.).

The evaluator noted that bed repositioning was not directly observed during the visit, as the appellant remained on the lower level of the home. She explained that she only goes downstairs in the morning and returns upstairs in the evening due to difficulty climbing stairs, again related to her knee pain. (Id.).

The appellant's daughter did not dispute the respondent's time allocation for this ADL. (Testimony).

2. Walking/Ambulation:

The respondent's representative testified that the nurse evaluator determined the appellant was "Independent (with or without modifications)" for walking/ambulation both inside and outside the home and, as a result, approved no time for these ADLs. (Testimony; Ex. 8, pp. 318–319). According to the respondent's representative, the appellant reported using a standard cane for ambulation and denied experiencing symptoms such as dizziness or shortness of breath, as well as any falls within the previous three months. (Id.).

During the evaluation, the nurse observed the appellant ambulating on the lower level of her two-story home, but did not observe her navigating the interior stairs. (Testimony; Ex. 8, p. 318). Although the appellant claimed to use stairs, she was observed using the exterior stairs with difficulty, relying on a handrail. (Testimony; Ex. 8, pp. 318–319).

The appellant's daughter, who also serves as her PCA, interrupted to clarify that her mother does not ambulate fully independently. She testified that she provides physical support on the appellant's weaker left side while the appellant uses her cane on the right. (Testimony). She emphasized that ambulation—even within the home—requires hands-on assistance. (Testimony).

When asked whether she was present during the nurse's evaluation, the daughter confirmed that she was and stated that she demonstrated how she assists her mother with ambulation, including use of the stairs. (Testimony). She also noted that while the appellant showed the nurse how she climbs stairs, she never does so without assistance. (Testimony). In response,

the respondent's representative acknowledged the daughter's statements, explaining that the evaluating nurse had documented independent ambulation and had therefore sought clarification. (Testimony).

3. Transfers:

Regarding transfers, the respondent's representative testified that the evaluator determined the appellant required "Extensive Assistance" and approved 105 minutes per week—or approximately 15 minutes per day—for PCA assistance with this ADL. (Testimony; Ex. 8, p. 319). The appellant reported experiencing difficulty rising from a seated to a standing position, particularly from the kitchen chair and couch, due to back pain with sciatica and bilateral knee pain stemming from prior knee replacement surgeries. (Ex. 8, p. 319). She stated that her PCA assists her by lifting under her left arm while she uses a cane in her right hand for support (Id.). The appellant also reported that while she is able to sit on the couch and kitchen chair independently, she uses her cane to assist with sitting (Id.). The nurse evaluator observed the described behavior during the assessment (Id.).

The appellant's daughter confirmed in the hearing that the evaluator's observations were accurate and did not contest the allocated assistance time. (Testimony).

4. Bathing/Bathing Transfers:

The respondent's representative stated that the appellant was approved 220 minutes per week for PCA assistance with bathing and 70 minutes per week for PCA assistance with bath-related transfers, a total of 290 minutes per week or 41 minutes daily. (Testimony; Ex. 8, pp. 319-320). She noted that this did not include hair care or personal hygiene, which were determined separately.

The nurse evaluator determined the appellant required "Extensive Assistance" with bathing, as well as for bathing transfers. (Ex. 8, pp. 319-320). Regarding bathing, the evaluator observed the appellant was able to open and close both hands, hold her arms in front of her body, touch her shoulders and move arms across upper body with some difficulty reporting increased pain in her shoulders. (Ex. 8, p. 319). The evaluator also noted the appellant had difficulty raising her arms to her head reporting pain in both shoulders. (Id.). The appellant was able to reach her knees while seated but reported back pain when bending to the lower body. (Id.). The appellant had difficulty lifting and bending both legs while seated, reporting pain in her back and knees. (Id.). The evaluator was not able to observe the appellant transferring in and out of the bathtub since the bathtub was upstairs and the appellant was downstairs during the day (and at the time of the assessment). (Ex. 8, pp. 319-320).

The appellant's daughter stated that the assessment sounded accurate. (Testimony). She commented that bathing often took longer because her mother became fatigued or had incontinence during the process, requiring pauses and recovery time. (Id.). She expressed that

the process was hard to quantify. (Id.). The respondent's representative acknowledged both the difficulty of time determination and the validity of the need to take breaks but stated that only active assistance was billable PCA time. (Id.). She also stated that the appellant was allotted some further time for washing of face and hands as part personal hygiene. (Testimony).

5. Hair:

The appellant was determined to require "Maximal Assistance" for washing and drying of hair. The evaluator approved 70 minutes per week or 10 minutes per day for PCA assistance with this task. (Testimony; Ex. 8, p. 320). The evaluator observed the appellant's reported limited shoulder mobility, which prevented her from washing or rinsing her hair on her own. (Id.).

The appellant's daughter did not comment concerning this ADL.

6. Personal Hygiene:

The respondent's representative testified that the nurse evaluator determined that the appellant required "Extensive Assistance" with personal hygiene and approved 45 minutes per week or six minutes daily for PCA assistance with this task. (Testimony; Ex. 8, p. 320). In the appellant's case, personal hygiene encompasses washing of face, hands and dentures, brushing her hair, and trimming her fingernails. (Id.). The evaluator wrote that the appellant reported that she can wash her face and hands but the PCA reported that the appellant will forget to clean her upper and lower dentures, will not clean them thoroughly, and the PCA cleans them daily. (Ex. 8, p. 320). The appellant was seen having difficulty raising her arms to her head and moving both arms to brush her hair due to pain in both shoulders. (Id.). The PCA brushes the appellant's hair daily. The PCA will cut the appellant's fingernails but the appellant sees a podiatrist to cut her toenails due to diabetes. (Id.).

The appellant's daughter confirmed that she performs all of these tasks, stressing that they were essential for maintaining her mother's dignity. (Testimony).

7. Dressing/Undressing (Lower and Upper Body):

The respondent's representative stated that the evaluator determined the appellant required "Extensive Assistance" with dressing and undressing of the upper and lower body. (Testimony; Ex. 8, p. 320-321). The appellant was approved about 14 minutes per day for PCA assistance with dressing and undressing, for a total of 100 minutes a week for assistance with dressing and undressing the upper and lower body. (Id.). The assessment indicated extensive assistance was required due to the appellant's shoulder and back pain. (Id.).

The appellant's daughter noted that her mother changed clothes more than twice a day due to incontinence. (Testimony). The respondent's representative responded that additional dressing time related to incontinence was accounted for under toileting. (Testimony).

8. Eating:

The respondent's representative stated that the evaluator determined that appellant was "Independent (with or without Modifications)" with eating. (Testimony; Ex. 8, p. 321). The evaluator noted that the appellant wore dentures and did not have issues using utensils. (Id.)

The appellant's daughter explained that she typically prepared meals, cut up food, and placed the food in front of her mother, who could then feed herself. (Testimony). She also noted that her mother required reminders to focus on eating. (Testimony). The respondent's representative confirmed that such setup tasks were classified as IADLs rather than hands on ADL time. (Testimony).

9. Toileting:

The respondent's representative testified that in the category of toileting and incontinence, the appellant was assessed as needing "Extensive Assistance." (Testimony; Ex. 8, p. 321). A total of 115 minutes per week or about 16 minutes per day was approved for PCA assistance with toileting during day/evening. An additional 120 minutes per day was approved for nighttime assistance with toileting for a total of 14 hours per week for a nighttime attendant to assist with toileting. The appellant uses a bedside commode, struggles with hygiene, and requires assistance changing pull-ups. (Id.). In the appellant's case toileting included toilet hygiene, clothing management, and changing absorbent products. (Ex. 8, p. 321).

The appellant's daughter asked how many toileting events per day this time represented, to which the respondent's representative replied that time was based on the average daily need, not the number of events. (Testimony).

10. Medications:

The respondent's representative testified that the appellant was assessed as having "Great Difficulty" with medication management. (Testimony; Ex. 8, pp. 321–322). The evaluator determined that she required a total of 55 minutes of assistance per week for this task, with 20 minutes approved as paid PCA time and the remaining 35 minutes classified as unpaid "Caregiver – Natural Support". (Id.). The appellant's daughter confirmed at the hearing that she fills a pillbox, administers Trulicity injections, and often hides medications in food to encourage compliance, noting that the appellant's dementia significantly affects her ability to manage medications independently. (Testimony).

B. IADLs

For IADLs, the respondent's representative outlined time approved for meal preparation and household chores. (Testimony). PCA assistance with breakfast preparation was approved for 20 minutes per week, PCA assistance with lunch was approved for 55 minutes a week, and PCA assistance with dinner was approved for 55 minutes a week. Accordingly, a total of 130

minutes a week was approved for PCA assistance with meal preparation. (Testimony; Ex 8, p. 322). PCA assistance with laundry was approved for 30 minutes weekly, and housekeeping 45 minutes weekly. (Testimony; Ex. 8, pp. 322-323). The appellant's daughter responded that laundry often took longer, especially given her mother's incontinence. (Testimony). The respondent's representative explained that the time approved for household tasks was adjusted under shared living arrangements in accordance with 130 CMR 422.410. (Testimony; Ex. 8, p. 12).

The respondent's representative stated that additional IADL time approved included 20 minutes per week for shopping, 30 minutes per week for telephone use (unpaid), and 30 minutes per week for managing finances (also unpaid, counted as natural support). (Testimony; Ex. 8, pp. 323-324). For medical appointments, 35 minutes per week were allotted to account for accompaniment. (Testimony; Ex. 8, p. 324).

Findings of Fact

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

1. The appellant is an individual over the age of ■ who lives with her daughter, the primary caregiver, and her son-in-law. (Testimony; Ex. 8, p. 324-325).
2. The appellant transitioned to the respondent in September 2024 from another managed care organization. (Testimony).
3. The appellant brought with her an existing PCA determination of 43.5 hours per week of PCA services, which remained in effect until January 2025, after the respondent conducted its own assessment. (Testimony; Ex. 1; Ex. 8, p. 1).
4. On December 30, 2024, a nurse evaluator conducted an in-home evaluation of the appellant's need for PCA services. (Testimony; Ex. 8, pp. 4-38, 317-329).
5. Based on her observations on December 30, 2024, the nurse evaluator used a time for task tool and MassHealth's PCA regulations to determine that the appellant required 31.25 hours per week of PCA assistance with ADLs and IADLs. (Testimony; Ex. 8, pp. 1, 317-329).
6. The allotment of hours consisted of 17.25 hours per week of day and evening PCA assistance and 14 hours of night-time PCA assistance. (Testimony; Ex. 8, p. 329).
7. The respondent made the following time determinations concerning ADLs:
 - a. Bed Repositioning:
 - i. The nurse evaluator determined the appellant required "Extensive Assistance"

for bed positioning and approved a total of 30 minutes per week, equal to approximately two minutes, twice per day, including during nighttime hours. (Testimony; Ex. 8, p. 318).

- ii. Bed repositioning includes PCA assistance with repositioning the member in both a bed and a chair. (Testimony; Ex. 8, p. 318).
- iii. The appellant's daughter did not dispute the respondent's time allocation for this ADL. (Testimony).

b. Walking/Ambulation (both inside and outside the home):

- i. The nurse evaluator determined that the appellant was "Independent (with or without modifications)" for ambulation inside and outside the home and therefore approved no time for these ADLs. (Testimony; Ex. 8, pp. 318–319).
- ii. The appellant reported using a standard cane, reported no dizziness, shortness of breath, or recent falls, and was observed walking on the lower level but using exterior stairs with difficulty, relying on a handrail. (Id.).
- iii. The appellant's daughter disputed the conclusion that the appellant is independent with ambulation both inside and outside the home, asserting instead that she requires hands-on support on her weaker left side, particularly when navigating stairs. (Testimony).

c. Transfers:

- i. The appellant was assessed as requiring "Extensive Assistance" for transfers and was allocated 105 minutes per week (15 minutes per day) for this ADL. (Testimony; Ex. 8, p. 319).
- ii. The appellant reported difficulty standing from the kitchen chair and couch due to back pain, sciatica, and bilateral knee pain from prior knee replacements, stating that her PCA assists by lifting under her left arm while she uses a cane in her right hand, and that although she can sit independently, she uses the cane to assist with sitting. (Ex. 8, p. 319).
- iii. The appellant's daughter confirmed the accuracy of the evaluator's observations and did not dispute the allocated time.(Testimony).

d. Bathing/Bathing Transfers:

- i. The appellant was approved 220 minutes per week for PCA assistance with bathing and 70 minutes per week for bath-related transfers, a total of 290 minutes per

week or 41 minutes daily. (Testimony; Ex. 8, pp. 319-320).

- ii. The nurse evaluator determined the appellant required “Extensive Assistance” with bathing as well as for bathing transfers. (Ex. 8, pp. 319-320).
 - iii. The evaluator observed that the appellant had limited upper body mobility with shoulder pain, difficulty lifting her legs and bending due to back and knee pain, and could only reach her knees while seated; her ability to transfer in and out of the bathtub was not assessed, as it was located upstairs and she remained downstairs during the evaluation. (Ex. 8, pp. 319–320).
 - iv. The appellant’s daughter commented that the evaluation was accurate. (Testimony).
- e. Hair:
- i. The appellant was determined to require “Maximal Assistance” for washing and drying of hair and approved for 70 minutes per week or 10 minutes per day for PCA assistance. (Testimony; Ex. 8, p. 320).
 - ii. The evaluator observed the appellant’s reported limited shoulder mobility, which prevented her from washing or rinsing her hair on her own. (Id.).
- f. Personal Hygiene:
- i. The nurse evaluator determined that the appellant required “Extensive Assistance” with personal hygiene and approved 45 minutes per week or around six minutes daily. (Testimony; Ex. 8, p. 320).
 - ii. In the appellant’s case, personal hygiene encompasses washing of face, hands and dentures, brushing her hair, and trimming her finger nails. (Testimony; Ex. 8, p. 320).
 - iii. The appellant reported that she can wash her face and hands but the PCA reported that the appellant will forget to clean her upper and lower dentures and will not clean them thoroughly and the PCA cleans them daily. (Ex. 8, p. 320).
 - iv. The appellant reported and was seen having difficulty raising her arms to her head and moving both arms to brush her hair due to pain in both shoulders. (Ex. 8, p. 320).
 - v. The PCA brushes the appellant’s hair daily and cuts the appellant’s fingernails, but the appellant sees a podiatrist to cut her toenails due to diabetes. (Ex. 8, p. 320).

- vi. The appellant's daughter confirmed that she performed all of these tasks, stressing that they were essential for maintaining her mother's dignity. (Testimony).
- g. Dressing/Undressing (Lower and Upper Body):
 - i. The evaluator determined the appellant required "Extensive Assistance" with dressing and undressing of the upper and lower body. (Testimony; Ex. 8, p. 320-321).
 - ii. The appellant was approved about 14 minutes per day, or 100 minutes for PCA assistance with dressing and undressing the upper and lower body. (Testimony; Ex. 8, p. 320-321).
 - iii. The assessment indicated extensive assistance was required due to the appellant's shoulder and back pain. (Testimony; Ex. 8, p. 320-321).
 - iv. Although the appellant may change her clothes more than twice a day due to incontinence additional dressing time related to incontinence was accounted for under toileting. (Testimony).
- h. Eating:
 - i. The evaluator determined that appellant was "Independent (with or without Modifications)" with eating and did not approve time for this ADL. (Testimony; Ex. 8, p. 321).
 - ii. The evaluator noted that the appellant wears dentures and did not have issues using utensils. (Testimony; Ex. 8, p. 321).
- i. Toileting:
 - i. The evaluator assessed the appellant as needing "Extensive Assistance" with toileting. (Testimony; Ex. 8, p. 321).
 - ii. A total of 115 minutes per week, or 16 minutes per day was approved for PCA assistance with day/evening toileting. Additionally, 14 hours per week for a nighttime attendant to assist with toileting overnight was also approved. (Testimony; Ex. 8, p. 321).
 - iii. In the appellant's case toileting included toilet hygiene, clothing management, and changing absorbent products. (Ex. 8, p. 321).
 - iv. The evaluator noted that the appellant uses a bedside commode, struggles with

hygiene, and requires assistance changing pull-ups. (Ex. 8, p. 321).

j. Medications:

- i. The appellant was assessed as having “Great Difficulty” with medication management. (Testimony; Ex. 8, pp. 321–322).
- ii. The evaluator determined that she required a total of 55 minutes of assistance per week for this task, with 20 minutes approved as paid PCA time and the remaining 35 minutes classified as unpaid “Caregiver – Natural Support” (Testimony; Ex. 8, pp. 321–322).
- iii. The appellant’s daughter confirmed fills a pillbox, administers Trulicity injections, and often hides medications in food to encourage compliance. (Testimony).

8. The respondent made the following time determinations concerning IADLs:

- a. PCA assistance with breakfast preparation was approved for 20 minutes per week, PCA assistance with lunch was approved for 55 minutes a week, and PCA assistance with dinner was approved for a total of 55 minutes per week; a total of 130 minutes per week for PCA assistance with meal preparation. (Testimony; Ex 8, p. 322).
- b. PCA assistance with laundry was approved for 30 minutes weekly, and housekeeping was approved for 45 minutes weekly. (Testimony; Ex. 8, pp. 322-323); the appellant’s incontinence did cause a greater amount of laundry but the time allotted was adjusted because of the appellant’s shared living arrangements. (Testimony; Ex. 8, p. 12).
- c. Additional IADL time approvals included 20 minutes per week for shopping, 30 minutes per week for telephone use, which was unpaid, and 30 minutes per week for managing finances, which was also unpaid. (Testimony; Ex. 8, pp. 323-324).
- d. For medical appointments, 35 minutes per week was approved for PCA assistance with this task. (Testimony; Ex. 8, p. 324).

Analysis and Conclusions of Law

MassHealth members who are ■ years of age or older may enroll in a Senior Care Organization (SCO) pursuant to 130 CMR 508.008(A). (130 CMR 508.001(C)). When a member chooses to enroll in an SCO in accordance with the requirements under 130 CMR 508.008, the SCO will deliver the member’s primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. (130 CMR 508.008(C)). The covered services include those services provided pursuant to MassHealth’s PCA program. (See 130 CMR 422.401 *et seq*).

MassHealth (through the SCO) covers activity time performed by a PCA in aiding with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). (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 mobility, taking medications, bathing or grooming, dressing, eating, and toileting. (130 CMR 422.402; 422.410(A)(1)-(4), (6), (7)). IADLs are those specific activities that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services. (130 CMR 422.402; 422.410(B)).

MassHealth does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service where such service is not medically necessary. (130 CMR 450.204). A service is medically necessary if 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 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 MassHealth. (130 CMR 450.204(A)).

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. (130 CMR 450.204(B)). Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines. (130 CMR 450.204(D)).

The respondent's determination to authorize 31.25 hours per week of PCA services is supported by the evidence in the record. The appellant, who is over [REDACTED] and resides with her daughter and son-in-law, transitioned to the respondent from another managed care organization in September 2024. At the time of transition, the appellant retained an existing PCA authorization of 43.5 hours per week, which remained in place until a new assessment was conducted on December 30, 2024.

During the in-home evaluation, the nurse evaluator observed the appellant's functional abilities and limitations and completed a time-for-task assessment. The evaluator concluded that 31.25 hours per week of PCA services were appropriate based on observed needs for assistance with both ADLs and IADLs. The assessment included detailed observations of the appellant's difficulties with transfers, bathing, dressing, toileting, personal hygiene, and medication management, many of which were corroborated by the testimony of the appellant's daughter. The record reflects that the appellant experiences chronic pain related to her back and knees, limited shoulder mobility, and cognitive impairments affecting her ability to manage medications.

Although the appellant's daughter disagreed with the finding that the appellant is independent with ambulation, the evaluator observed the appellant walking safely on the first floor of the home with a cane, with no reported dizziness, shortness of breath, or recent falls. There was no evidence

to suggest that daily PCA support was needed for ambulation beyond what was already being provided through natural supports. In contrast, the daughter did not dispute the time approved for PCA assistance with other ADLs, such as bed repositioning and transfers.

For IADLs, the time approved for PCA assistance with meal preparation, laundry, housekeeping, and shopping were appropriately adjusted based on the appellant's shared living situation. The evidence showed that natural supports played a role in tasks such as medication setup and management, and the time approved reflected this division of labor. Testimony from the appellant's daughter confirmed that she fills a pillbox, administers injections, and often disguises medications in food due to the appellant's dementia-related noncompliance. These caregiving tasks were considered in determining which portions of support qualified for paid PCA time and which were provided as unpaid natural support.

Overall, the respondent's assessment appropriately accounted for the appellant's physical and cognitive limitations and resulted in approved PCA time that is reasonably calculated to meet her needs. The revised total of 31.25 hours per week reflects an accurate evaluation of the medically necessary assistance required.

For the above stated reasons, the appeal is DENIED.

Order for Respondent

Rescind aid pending and proceed with the determination set forth in the notice dated January 23, 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.

Scott Bernard
Hearing Officer
Board of Hearings

United Healthcare SCO, Attn: Susan Coutinho McAllister, MD, LTC Medical Director, 1325
Boylston Street, 11th Floor, Boston, MA 02215