

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2502021
Decision Date:	4/8/2025	Hearing Date:	3/06/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN

Interpreter:



*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	Issue:	Prior Authorization, PCA hours, Modification
Decision Date:	4/8/2025	Hearing Date:	3/06/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (Tel)	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 14, 2025, MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services indicated that some of the requested times for Activities of Daily Living (ADLs) are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(4), 130 CMR 422.410(A)(7), 130 CMR 450.204(A) and Exhibit 1). Additionally, MassHealth determined that some of the requested times for Instrumental Activities of Daily Living included time not approved based upon the Appellant's current needs (See 130 CMR 422.410(B)(4)(b) and Exhibit 1). The Appellant filed this appeal in a timely manner on January 31, 2025. (see 130 CMR 610.015(B)). A decision modifying assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services indicated that some of the requested times for Activities of Daily Living (ADLs) are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(4), 130 CMR 422.410(A)(7), 130 CMR 450.204(A) and Exhibit 1). Additionally,

MassHealth determined that some of the requested times for Instrumental Activities of Daily Living included time not approved based upon the Appellant's current needs (See 130 CMR 422.410(B)(4)(b) and Exhibit 1).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(4), 130 CMR 422.410(A)(6), and 130 CMR 450.204(A)(1) in determining that the Appellant's request for PCA services for Activities of Daily Living (ADLs) are longer than ordinarily required by someone with the Appellant's physical needs and whether MassHealth was correct, pursuant to 130 CMR 422.410(B)(4)(b), in determining that the Appellant's request for PCA include requested time not approved based upon the Appellant's current needs.

Summary of Evidence

The Appellant is a MassHealth member under the age of 65 who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 6). MassHealth received a prior authorization request for PCA services submitted by [REDACTED] the Appellant's Personal Care Management (PCM) Agency. (Testimony, Exhibit 1) The Appellant's primary diagnoses is "decreased FMC/GMC BUE r/t traumatic injury LUE and s/p cervical surgery RUE." (Testimony, Exhibit 6, pg. 7) Secondary diagnoses include chronic pain, due to arthritis in the knees and back as well as post-surgical complications, PTSD, anxiety, panic attacks, as well as a large abdominal hernia, among other diagnoses. (Exhibit 6, pg. 8)

MassHealth, represented by a nurse from Optum, testified that MassHealth modified the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined some of the requested times for Activities of Daily Living (ADLs) are longer than ordinarily required by someone with the Appellant's physical needs. (See 130 CMR 422.410(A)(1), 130 CMR 422.410(A)(4), 130 CMR 422.410(A)(7), 130 CMR 450.204(A) and Exhibit 1). Additionally, MassHealth determined that some of the requested times for Instrumental Activities of Daily Living included time not approved based upon the Appellant's current needs (See 130 CMR 422.410(B)(4)(b) and Exhibit 1). Specifically, MassHealth made multiple modifications discussed infra. (Testimony)

Regarding the modification of 1) ADL – Mobility, from 3 minutes, 7 times a day, 7 days a week, to 2 minutes, 7 times a day, 7 days a week, MassHealth testified that the requested times are longer than ordinarily required by someone with the Appellant's physical needs for Mobility. (Testimony, Exhibit 6, pgs. 12-13). Within the submission from Optum, it is noted that the Appellant requires maximum assistance for transfers. Additionally, it is highlighted that the Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. Also, the submission includes the observation of decreased functional

use as a result of pain and nerve damage within the right upper extremity. Moreover, the submission includes the notation that the Appellant requires additional time for transfers due to a large abdominal hernia, which causes difficulty with bending due to pain. (Exhibit 6, pg. 13)

The Appellant explained decades prior to the Hearing, the Appellant had been shot while working, and her hand had been destroyed. (Testimony, Exhibit 6). Additionally, the Appellant explained that she had also suffered a fall, causing additional injuries. (Testimony) The Appellant has a surgery scheduled for the end of March, which the Appellant hopes will be the final surgery. The Appellant has already had 22 surgeries. (Testimony, Exhibit 6, Exhibit 7) The Appellant explained the difficulties she experiences during mobility. (Testimony) The Appellant explained how she requires additional time for mobility due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 2) ADL – Mobility, Transfers, from 6 minutes, 7 times a day, 7 days a week, to 4 minutes, 7 times a day, 7 days a week, MassHealth testified that the requested times are longer than ordinarily required by someone with the Appellant's physical needs for Mobility, Transfers. (Testimony, Exhibit 6, pgs. 12-13). Within the submission from Optum, it is noted that the Appellant requires maximum assistance for transfers. Additionally, it is highlighted that the Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. Also, the submission includes the observation of decreased functional use as a result of pain and nerve damage within the right upper extremity. Moreover, the submission includes the notation that the Appellant requires additional time for transfers due to a large abdominal hernia, which causes difficulty with bending due to pain. (Exhibit 6, pg. 13)

The Appellant explained the difficulties she experiences during mobility, transfers. (Testimony) The Appellant explained how she requires additional time for mobility, transfers due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 3) ADL – Dressing, from 22 minutes, 1 time a day, 7 days a week, to 15 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Dressing. (Testimony, Exhibit 6, pgs. 19-20). Within the submission from Optum, it is noted that the Appellant requires maximum assistance for dressing and undressing. Additionally, it is highlighted that the Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. Also, the submission includes the observation of decreased functional use as a result of pain and nerve damage within the right upper extremity. Moreover, the submission includes the notation that the Appellant has a large abdominal hernia, which causes difficulty with bending due to pain. The Appellant

reported that she is unable to lift her arms or hands above chest level without significant pain and has no grasp to her left or right hand. (Exhibit 6, pg. 19)

The Appellant explained the difficulties she experiences during dressing. (Testimony) The Appellant explained how she requires additional time for dressing due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 4) ADL – Undressing, from 17 minutes, 1 time a day, 7 days a week, to 10 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Undressing. (Testimony, Exhibit 6, pgs. 19-20). Within the submission from Optum, it is noted that the Appellant requires maximum assistance for dressing and undressing. Additionally, it is highlighted that the Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. Also, the submission includes the observation of decreased functional use as a result of pain and nerve damage within the right upper extremity. Moreover, the submission includes the notation that the Appellant has a large abdominal hernia, which causes difficulty with bending due to pain. The Appellant reported that she is unable to lift her arms or hands above chest level without significant pain and has no grasp to her left or right hand. (Exhibit 6, pg. 19)

The Appellant explained the difficulties she experiences during undressing. (Testimony) The Appellant explained how she requires additional time for undressing due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 5) ADL – Toileting, Bladder Care, from 12 minutes, 6 times a day, 7 days a week, to 10 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with Toileting, Bladder Care. (Testimony, Exhibit 6, pgs. 22-23). Within the submission from Optum, it is noted that the Appellant requires maximum assistance for toileting, including transfer on and off the toilet, clothing adjustment, and toilet hygiene, due to decreased range of motion and the inability to grasp bilaterally. The Appellant has been diagnosed with multiple urinary tract infections, requiring antibiotics and medicated ointments. Delay in being able to reach the bathroom due to mobility results in incontinence. It is noted that the increase in time requested was based upon the decrease in the Appellant's functionality. (Exhibit 6, pgs. 22-23)

The Appellant explained the difficulties she experiences during toileting, bladder care as well as the difficulty in cleaning herself after using the toilet. (Testimony) The Appellant explained

how she requires additional time for toileting, bladder care due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 6) ADL – Other Health Care Needs, Menses Care, from 12 minutes, 6 times a day, 7 days a week, to 10 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant's physical needs for physical assistance with menses care. (Testimony, Exhibit 6, pgs. 27). Within the submission from Optum, it is noted that the Appellant has decreased range of motion and is unable to grasp bilaterally. The increase in time for menses care was requested due to the Appellant's abnormal cycle and bleeding. (Exhibit 6, pg. 27)

The Appellant explained the difficulties she experiences for menses care. (Testimony) The Appellant explained how she requires additional time for menses care due to her conditions. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Regarding the modification of 7) IADL – PCA Paperwork, from 15 minutes, 1 time a week to 0 minutes, 0 times a week, MassHealth testified that the time was not approved based upon the Appellant's current physical needs (Testimony, Exhibit 6, pg. 34). Within the submission from Optum, it is noted that the Appellant has decreased range of motion and is unable to grasp bilaterally. The Appellant is unable to write with her left hand, and reports difficulty with her attempt to initial with her right hand. (Exhibit 6, pg.34)

The Appellant explained the difficulties she experiences with filling out the PCA paperwork. (Testimony) The Appellant explained how she requires additional time for completing paperwork due to her conditions, especially the traumatic injury she experienced by being shot in the hand. (Testimony) The Appellant explained how her traumatic injury and multiple surgeries contribute to her pain and difficulties. (Testimony) No resolution was reached between the parties regarding this modification.

Findings of Fact

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

1. The Appellant is a MassHealth member under the age of 65 who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 6)
2. The Appellant's primary diagnoses is "decreased FMC/GMC BUE r/t traumatic injury LUE and

s/p cervical surgery RUE.” (Testimony, Exhibit 6, pg. 7)

3. Secondary diagnoses include chronic pain, due to arthritis in the knees and back as well as post-surgical complications, PTSD, anxiety, panic attacks, as well as a large abdominal hernia, among other diagnoses. (Testimony, Exhibit 6, pg. 8)
4. Regarding the modification of 1) ADL – Mobility, from 3 minutes, 7 times a day, 7 days a week, to 2 minutes, 7 times a day, 7 days a week, MassHealth testified that the requested times are longer than ordinarily required by someone with the Appellant’s physical needs for Mobility. (Testimony, Exhibit 6, pgs. 12-13)
5. The Appellant requires maximum assistance for transfers. The Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. The Appellant has decreased functional use as a result of pain and nerve damage within the right upper extremity. Moreover, the Appellant requires additional time for transfers due to a large abdominal hernia, which causes difficulty with bending due to pain. (Exhibit 6, pg. 13)
6. Regarding the modification of 2) ADL – Mobility, Transfers, from 6 minutes, 7 times a day, 7 days a week, to 4 minutes, 7 times a day, 7 days a week, MassHealth testified that the requested times are longer than ordinarily required by someone with the Appellant’s physical needs for Mobility, Transfers. (Testimony, Exhibit 6, pgs. 12-13)
7. The Appellant requires maximum assistance for transfers. The Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. The Appellant has decreased functional use as a result of pain and nerve damage within the right upper extremity. Moreover, the Appellant requires additional time for transfers due to a large abdominal hernia, which causes difficulty with bending due to pain. (Exhibit 6, pg. 13)
8. Regarding the modification of 3) ADL – Dressing, from 22 minutes, 1 time a day, 7 days a week, to 15 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant’s physical needs for physical assistance with Dressing. (Testimony, Exhibit 6, pgs. 19-20)
9. The Appellant requires maximum assistance for dressing. The Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. The Appellant has decreased functional use as a result of pain and nerve damage within the right upper extremity. The Appellant has a large abdominal hernia, which causes difficulty with bending due to pain. The Appellant reported that she is unable to lift her arms or hands above chest level without significant pain and has no grasp to her left or right hand. (Exhibit 6, pg. 19)

10. Regarding the modification of 4) ADL – Undressing, from 17 minutes, 1 time a day, 7 days a week, to 10 minutes, 1 time a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant’s physical needs for physical assistance with Undressing. (Testimony, Exhibit 6, pgs. 19-20)
11. The Appellant requires maximum assistance for undressing. The Appellant has decreased functional use of the left upper extremity as a result of traumatic injury with 22 surgeries. The Appellant has decreased functional use as a result of pain and nerve damage within the right upper extremity. The Appellant has a large abdominal hernia, which causes difficulty with bending due to pain. The Appellant reported that she is unable to lift her arms or hands above chest level without significant pain and has no grasp to her left or right hand. (Exhibit 6, pg. 19)
12. Regarding the modification of 5) ADL – Toileting, Bladder Care, from 12 minutes, 6 times a day, 7 days a week, to 10 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant’s physical needs for physical assistance with Toileting, Bladder Care. (Testimony, Exhibit 6, pgs. 22-23)
13. The Appellant requires maximum assistance for toileting, including transfer on and off the toilet, clothing adjustment, and toilet hygiene, due to decreased range of motion and the inability to grasp bilaterally. The Appellant has been diagnosed with multiple urinary tract infections, requiring antibiotics and medicated ointments. Delay in being able to reach the bathroom due to mobility results in incontinence. It is noted that the increase in time requested was based upon the decrease in the Appellant’s functionality. (Exhibit 6, pgs. 22-23)
14. Regarding the modification of 6) ADL – Other Health Care Needs, Menses Care, from 12 minutes, 6 times a day, 7 days a week, to 10 minutes, 6 times a day, 7 days a week, MassHealth testified that the requested time exceeded the time ordinarily required for someone with the Appellant’s physical needs for physical assistance with Other Health Care Needs, Menses Care. (Testimony, Exhibit 6, pgs. 27)
15. The Appellant has decreased range of motion and is unable to grasp bilaterally. The increase in time for menses care was requested due to the Appellant’s abnormal cycle and bleeding. (Exhibit 6, pg. 27)
16. Regarding the modification of 7) IADL – PCA Paperwork, from 15 minutes, 1 time a week to 0 minutes, 0 times a week, MassHealth testified that the time was not approved based upon the Appellant’s current physical needs (Testimony, Exhibit 6, pg. 34). Within the submission from Optum, it is noted that the Appellant has decreased range of motion and

is unable to grasp bilaterally. The Appellant is unable to write with her left hand, and reports difficulty with her attempt to initial with her right hand. (Exhibit 6, pg.34)

17. The Appellant has decreased range of motion and is unable to grasp bilaterally. The Appellant is unable to write with her left hand, and reports difficulty with her attempt to initial with her right hand. (Exhibit 6, pg.34)

Analysis and Conclusions of Law

Personal Care Assistant services requested must meet medical necessity criteria as defined at 130 CMR 450.204, below:

(A) A service is “medically necessary” if:

(H) 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

(2) 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317I, 503.007, or 517.007.

(H)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. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

In addition to being medically necessary as defined above, time requested for PCA services must comport with the following guidelines at 130 CMR 422.410:

(A) Activities of Daily Living (ADLs). Activities of daily living include the following:

(H) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;

- (2) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
- (3) bathing/grooming: physically assisting a member with basic care such as bathing, personal hygiene, and grooming skills;
- (4) dressing or undressing: physically assisting a member to dress or undress;
- (5) passive range-of-motion exercises: physically assisting a member to perform range-of motion exercises;
- (6) eating: physically assisting a member to eat. This can include assistance with tube feeding and special nutritional and dietary needs; and
- (7) toileting: physically assisting a member with bowel and bladder needs.

(B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:

- (1) household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
- (2) meal preparation and clean-up: physically assisting a member to prepare meals;
- (3) transportation: accompanying the member to medical providers; and
- (4) special needs: assisting the member with:
 - (a) the care and maintenance of wheelchairs and adaptive devices;
 - (b) completing the paperwork required for receiving PCA services; and
 - I other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the PCM agency must assume the following:

- (1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
- (2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
- (3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

The Regulation regarding the requirement of needing assistance with two or more ADLs cited by MassHealth at the Hearing and in the Notice is codified in 130 CMR 422.403I:

422.403: Eligible Members

I MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
- (3) The member, as determined by the PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

Additionally, the Regulations regarding non-covered services, such as social services, cited by MassHealth at the Hearing and in the Notice is codified in 130 CMR 422.412(A):

422.412: Non-covered Services

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

- (A) social services including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;
- (B) medical services available from other MassHealth providers, such as physician, pharmacy, or community health center services;
- (C) assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;
- (D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;
- (E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- (F) services provided by family members, as defined in 130 CMR 422.402; (G) surrogates, as defined in 130 CMR 422.402; or
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386,

390 (1998).

Here, the Appellant has met the burden, by a preponderance of evidence, to show that MassHealth's administrative determination is invalid. Optum's review is based primarily upon analysis of the submissions. (Exhibit 6) Optum did not conduct an in-person review of the Appellant attempting to perform the actions for which the Appellant has requested help. Optum's analysis is limited to the submissions and review of the MassHealth Regulations.

In contrast, the request on behalf of the Appellant is based primarily on the assessment the Appellant underwent as well as the Appellant's submissions (Exhibit 6). Based upon this assessment, the assessing nurse submitted the following related to ADLs and IADLs:

- 1) ADL – Mobility, 3 minutes, 7 times a day, 7 days a week,
- 2) ADL – Mobility, Transfers, 6 minutes, 7 times a day, 7 days a week,
- 3) ADL – Dressing, 22 minutes, 1 time a day, 7 days a week,
- 4) ADL – Undressing, 17 minutes, 1 time a day, 7 days a week,
- 5) ADL – Toileting, Bladder Care, 12 minutes, 6 times a day, 7 days a week,
- 6) ADL – Other Health Care Needs, Menses Care, 12 minutes, 6 times a day, 7 days a week,
- 7) IADL – PCA Paperwork, 15 minutes, 1 time a week

This recommendation was based upon the in-person assessment performed by the assessing nurse. Moreover, the recommendation was buttressed by the testimony of the Appellant. (Testimony) The Appellant described the struggles she exhibits with Mobility, Mobility Transfers, Dressing, Undressing, Toileting (Bladder Care), Menses Care, and completing PCA paperwork. (Testimony, Exhibit 6) The Appellant testified, in detail, regarding the Appellant's physical needs. (Testimony)

Based upon the Record in the instant appeal, including the testimony of the Appellant as well as the submissions, I find that the Appellant has met the burden, by a preponderance of evidence, to show that MassHealth's administrative determination is invalid. According, this appeal is APPROVED, as requested.

Order for MassHealth

APPROVE PCA services as requested by the Appellant:

- 1) ADL – Mobility, 3 minutes, 7 times a day, 7 days a week,
- 2) ADL – Mobility, Transfers, 6 minutes, 7 times a day, 7 days a week,
- 3) ADL – Dressing, 22 minutes, 1 time a day, 7 days a week,

- 4) ADL – Undressing, 17 minutes, 1 time a day, 7 days a week,
- 5) ADL – Toileting, Bladder Care, 12 minutes, 6 times a day, 7 days a week,
- 6) ADL – Other Health Care Needs, Menses Care, 12 minutes, 6 times a day, 7 days a week,
- 7) IADL – PCA Paperwork, 15 minutes, 1 time a week

Total approved time, 3,241 minutes per week – 68 hours and 15 minutes per week (as rounded up to nearest 15 minutes increment) as requested.

End aid pending.

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 contact your MassHealth Enrollment Center. If you experience problems with the implementation 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.

Patrick Grogan
Hearing Officer
Board of Hearings

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