

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2503558
Decision Date:	7/14/2025	Hearing Date:	04/03/2025
Hearing Officer:	Kimberly Scanlon	Record Open to:	05/09/2025

Appearances for Appellant:



Appearance for MassHealth:

Kelly Rayen, R.N.



*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:	Dismissed in part; Denied in part	Issue:	Prior Authorization- PCA Services
Decision Date:	7/14/2025	Hearing Date:	04/03/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South 2 (Remote)	Aid Pending:	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 February 27, 2025, MassHealth modified the appellant's prior authorization (PA) request for personal care attendant (PCA) services from the requested 79 hours and 45 minutes of PCA assistance per week, to 57 hours and 15 minutes per week (Exhibit 1). The appellant filed this appeal in a timely manner on March 3, 2025 (130 CMR 610.015; Exhibit 2). Modification of a PA request is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's PA request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in modifying the appellant's PA request for PCA services.

Summary of Evidence

The MassHealth representative, who is a registered nurse and clinical appeals reviewer, testified that the appellant is a female adult who is over the age of [REDACTED]. Her primary medical diagnosis includes a traumatic brain injury (TBI) in 2011 due to a severe falling accident. (Exhibit 6, p. 8). As a result, the appellant has left arm and left leg hemiparesis, a left torn rotator cuff, poor balance, a history of falling, post-traumatic stress disorder (PTSD), anxiety, depression, pain, osteoporosis, and osteoarthritis.¹ (Testimony). The appellant ambulates independently with a right crutch and transfers independently (Exhibit 6, p. 12). The appellant is independent with oral care and eating. The MassHealth representative testified that she received the appellant's submission of a letter dated September 13, 2018 from her medical provider (Exhibit 5). The letter states that the appellant's medical provider requested additional PCA hours for the following: passive range of motion (PROM), walking, and medical appointments (taking notes, arranging appointments and transportation). *Id.* The appellant does not require the use of a surrogate (Testimony). The MassHealth representative testified that [REDACTED] a Personal Care Management ("PCM") services agency submitted a PA re-evaluation request to MassHealth on the appellant's behalf on February 6, 2025, seeking the following:

- 79 hours and 45 minutes of day/evening PCA assistance per week.

The MassHealth representative testified that by notice dated February 27, 2025, MassHealth modified the requested time to the following:

- 57 hours and 15 minutes of day/evening PCA assistance per week.

The time period for this PA request is March 11, 2025, through March 10, 2026 (Exhibit 1, p. 3).

The MassHealth representative stated that there were 13 modifications made. First, MassHealth modified the category of "Passive Range of Motion" (PROM) from the requested time of 10 minutes, 2 times per day, 7 days per week to each extremity to 0 minutes for her right upper and lower extremities. MassHealth's rationale for the modification is that the documentation submitted on behalf of the appellant indicates that the requested services do not meet professionally recognized standards of health care. The documentation that was submitted on behalf of the appellant states that due to her chronic pain and stiffness in all her major joints she continues to need regular movement of her major joints done by her PCA to provide controlled movement, ease spasms and pain, increase circulation, decrease any edema, and prevent the tightening of any joints and the development of contractures in those sites. She cooperates fully with this task. (Exhibit 6, p. 14). The MassHealth representative explained that PROM is performed when the consumer is unable to move a body segment independently. She stated that it is typically authorized for consumers who are bedbound and/or immobilized, and PROM is performed to prevent contractures. She testified that PROM is not performed to increase or

¹ The appellant clarified that she has right leg (not left leg) hemiparesis.

strengthen muscles. The appellant was approved for 20 physical therapy (PT) appointments where she would undergo active range of motion. The MassHealth representative stated that the PCA program does not cover active range of motion services. She stated that MassHealth did not receive any documentation indicating that the appellant has developed any contractures on her right (upper and lower) extremities, which is the reason for the denial in this category.

The appellant and her representative appeared at the hearing by telephone. They testified that the appellant receives PROM to each extremity due to spasms. The appellant stated that she cannot lift or use her left arm. She stated that she injured her left shoulder and sustained injuries to her neck vertebrae. Additionally, the appellant stated that she has tumors in her face that are pressing on nerves which may be contributing to her left arm immobility. She stated that she also sustained injuries to her right knee. She stated that when she uses her left extremities during ADLs, her right extremities begin to spasm. She stated that her PCA presses in scaling areas to minimize spasms in her right extremities.

The MassHealth representative asked if the appellant could move her right arm. The appellant stated that the documentation erroneously indicated that her right arm was injured because her right arm is perfect. She clarified that her left arm is immobile, however, when her left arm starts to spasm, the back of her right-hand also spasms. She is not able to use her right arm until the spasms subside. The PCA will apply trigger points on her right side to remove the spasms. The MassHealth representative stated that MassHealth modified the request for PROM to one side only and historically the appellant has received PROM to one side only (her left side). The appellant explained that she had surgery on her right knee last year and it did not heal correctly. She stated that she is currently receiving PT for her right knee and was recently informed by her medical provider that she might need a knee replacement. The MassHealth representative testified that the PCA appears to be performing active range of motion, which is not a covered service. The appellant's representative stated that the appellant's medical provider provided a letter indicating that the appellant requires PROM to all extremities (See, Exhibit 5, p. 2). The MassHealth representative stated that the 2018 letter that she received is outdated. However, she would be willing to review any updated documentation from the appellant's physical therapist that supports medical necessity for PROM to each extremity. The appellant stated that she would obtain the requested documentation. She explained that because of a fire that occurred in her apartment, her recent medical documentation was destroyed.

The second modification made was in the "Bathing" (nighttime-quick wash) category (Exhibit 6, p. 15). MassHealth denied the requested time of 20 minutes, once per day, 7 days per week. MassHealth's rationale for the denial is that the documentation submitted on behalf of the appellant indicates that the time requested for assistance with a quick wash is a duplicate service. The documentation states that the PCA will assist with sponge baths, as needed, and at night due to soiling that occurs during the day and evening hours. The MassHealth representative stated that a nighttime quick wash generally consists of washing a consumer's hands and face. The documentation that was submitted on behalf of the appellant indicates that the appellant can

feed herself and perform oral care independently, and therefore, the appellant presumably can wash her hands and face independently. She stated that incontinence care is performed during toileting, which is the reason that MassHealth considers this request as a duplicative service. The appellant stated that she was not aware that this request was made, nor does she require PCA assistance for a quick wash at night. Thus, the appellant and her representative agreed with MassHealth's modification made in this category (nighttime quick wash), thereby resolving this modification.

The third modification made was in the "Grooming" (hair care) category (Exhibit 6, p. 17). MassHealth modified the requested frequency of 3 minutes, 2 times per day, 7 days per week to 3 minutes, once per day, 7 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the frequency of the request for hair care is more often than ordinarily required. The appellant stated that the frequency was increased due to an issue with showering. She explained that after the fire in her apartment, she was not placed in a handicapped accessible apartment and fell frequently when bathing because she did not have access to an accessible bathroom. Additionally, the appellant stated that she cannot brush her hair due to the lack of mobility in her left arm. She explained that due to the tumor in her face, she typically has her hair pulled back because gel is used during her medical appointments and the gel can get into her hair, which is the reason for the request of twice per day. The MassHealth representative agreed to restore the frequency of the request for grooming (hair care), thereby resolving this modification.

The fourth modification made was in the "Grooming" (shaving) category. *Id.* MassHealth modified the requested time for PCA assistance in this category from 10 minutes, once per day, 3 days per week to 5 minutes, once per day, 3 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for assistance with shaving is longer than ordinarily required with someone with her physical needs. The appellant and her representative agreed with MassHealth's modification made in this category (shaving), thereby resolving this modification.

The fifth modification made was in the "Grooming" (other) category. *Id.* The MassHealth representative explained that it is unclear what the request for "other" is for because the documentation that was submitted on behalf of the appellant does not provide any indication for the request of "other." She stated that it is possible the request was made for the application of lotion and deodorant. MassHealth modified the requested time in this category from 2 minutes, once per day, 7 days per week and 10 minutes, once per day, 7 days per week to 5 minutes (total), once per day, 7 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for possibly the application of lotion and deodorant is longer than ordinarily required with someone with her physical needs. The appellant and her representative agreed with MassHealth's modification made in this category (Grooming-other), thereby resolving this modification.

The sixth modification made was in the “Dressing” category. (Exhibit 6, p. 19). MassHealth modified the requested time for PCA assistance in this category from 25 minutes, once per day, 7 days per week, and 12 minutes, once per day, 7 days per week (to put on braces) to 25 minutes (total) once per day, 7 days per week. MassHealth’s rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for assistance with dressing is longer than ordinarily required with someone with her physical needs. The MassHealth representative stated that the documentation that was received on behalf of the appellant does not indicate the reason for PCA assistance to assist with dressing the appellant more than once per day. The documentation submitted on behalf of the appellant indicates that the PCM agency assessed her as a maximum assist for dressing (and undressing). *Id.* The appellant stated that she tries to dress more formally when she has medical appointments, which is often, rather than wearing sweats and muumuus to said appointments. She stated that she dresses (and undresses) up to 4 times per day on occasion, dependent upon her medical appointments, specialists, and physical therapy appointments. At minimum, the appellant dresses (and undresses) twice per day. She explained that it helps her self-esteem to dress as normal and professionally as possible. She stated that given the pain in her right hand when experiencing spasms and the immobility in her left arm, she relies on her PCA to assist her when dressing (and undressing) into blouses and the like, which takes longer than normal. The MassHealth representative asked how long it takes for the PCA to assist the appellant with dressing as she was approved for 25 minutes of PCA assistance in this category last year. The appellant explained that it takes approximately an hour, given her injuries to her left arm and right knee.

The seventh modification made was in the “Undressing” category. *Id.* MassHealth modified the requested time for PCA assistance in this category from 12 minutes, once per day, 7 days per week and 6 minutes, once per day, 7 days per week (to take off braces) to 20 minutes (total) once per day, 7 days per week. MassHealth’s rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for assistance with undressing is longer than ordinarily required for someone with her physical needs. The MassHealth representative stated that the documentation that was received on behalf of the appellant does not indicate the reason for PCA assistance to assist with undressing the appellant more than once per day. She stated that the appellant was approved for 20 minutes of PCA assistance in this category last year. The appellant reiterated the same reasoning as set forth above (in the dressing category).

The eighth modification made was in the “Medication” (prefill-planner) category (Exhibit 6, p. 23). MassHealth modified the requested frequency of 15 minutes, once per day, 2 days per week to 15 minutes, once per day, once per week. MassHealth’s rationale for the modification is that the time requested for assistance with medication pre-fill is more often than ordinarily required for someone with her physical needs. The documentation submitted on behalf of the appellant indicates the appellant’s current list of medications (Exhibit 6, p. 48). The MassHealth representative stated that the appellant is prescribed 10 oral medications, 6 over-the-counter medications, Ensure, (a liquid drink), and a topical medication, which is also over the counter. She

stated that planners are filled once per week and that MassHealth did not receive any documentation indicating the reason that the appellant's medication planner would need to be filled more than once per week. The appellant stated that she takes many of her medications more than once per day and at different times of the day. The MassHealth representative stated that the frequency was modified in this category because a medication planner is a box that is filled with medication each week, once per week. The appellant stated that it is very difficult for her to remember her medications, given her TBI, which is the reason that her PCA checks the planner twice per week. She stated that she cannot be certain whether it takes her PCA 15 minutes twice per week to fill the medication planner, as it may take less time on the second day. Additionally, the appellant recently had dental surgery and was prescribed an antibiotic, which also increased the number of medications that the appellant is currently prescribed. The appellant stated that her medication planner contains numerous rows given the different times that she must take certain medications each day. The MassHealth representative stated that checking the planner is not a covered service under the PCA program. The appellant's representative stated that the appellant is prescribed more medications this year than in previous years; the appellant agreed. Further, the appellant is unable to assist with filling her medication planner and becomes very confused, therefore her PCA is not only checking the planner but also potentially refilling the planner.

The ninth modification made was in the "Medication" (assist) category. *Id.* MassHealth modified the requested time and frequency of 5 minutes, 6 times per day, 7 days per week to 1 minute, 4 times per day, 7 days per week. MassHealth's rationale for the modification is that the time and frequency requested for assistance with medication is longer and more often than ordinarily required for someone with her physical needs. The MassHealth representative offered to increase the frequency to 6 times per day (1 x 6 x 7), after hearing the appellant's testimony. The appellant and her representative accepted MassHealth's offer, thereby resolving this modification.

The tenth modification made was in the "Medication" (topical) category. *Id.* MassHealth modified the requested time of 5 minutes, 3 times per day, 7 days per week to 3 minutes, 3 times per day, 7 days per week. MassHealth's rationale for the modification is that the time requested for assistance with topical medication is longer than ordinarily required for someone with her physical needs. The appellant and her representative agreed with MassHealth's modification made in this category (Medication-topical), thereby resolving this modification.

The eleventh modification made was in the "Other Healthcare Needs" category (Exhibit 6, p. 26). MassHealth modified the requested time of 10 minutes, 6 times per day, 7 days per week to 5 minutes, 6 times per day, 7 days per week. MassHealth's rationale for the modification is that the time requested for assistance with other healthcare needs (pain relief) is longer than ordinarily required for someone with her physical needs. The appellant and her representative agreed with MassHealth's modification made in this category thereby resolving this modification.

The twelfth modification made was in the "Equipment" (maintenance) category (Exhibit 6, p. 33). MassHealth modified the requested time of 49 minutes per week to 15 minutes per week.

MassHealth's rationale for the modification is that the time requested for assistance with equipment maintenance is longer than ordinarily required for someone with her physical needs. The appellant and her representative agreed with MassHealth's modification made in this category thereby resolving this modification.

The thirteenth modification made was in the "Medical Transport" category (Exhibit 6, p. 34). MassHealth modified the requested time of 369 minutes per week to 77 minutes per week. MassHealth's rationale for the modification is that the time requested for assistance with transportation is longer than ordinarily required for someone with her physical needs. The MassHealth representative stated that the documentation that was submitted on behalf of the appellant lists all the providers that were requested for transportation, including travel and transfer times (Exhibit 6, p. 49). The MassHealth representative stated that the appellant's request for PCA assistance in this category includes 12 visits to her primary care physician (PCP) for one year, which MassHealth modified to 4 visits. The appellant testified that she is seen by her PCP at least once per month, given her recent infections that her PCP is very proactive in treating. The MassHealth representative stated that MassHealth also modified the number of visits that the appellant is transported to her orthopedist from 12 visits for one year to 4 visits for one year. The appellant stated that given her various injuries, she is seen by her orthopedist more than 4 times per year. Further, the appellant stated that she has additional orthopedic appointments that are upcoming from different providers. The MassHealth representative suggested that the appellant speak to her representative about filing an adjustment because her upcoming orthopedic providers are not currently listed in the documentation that was submitted on her behalf.

The MassHealth representative stated that the appellant's request for PCA assistance in this category also included 4 visits to the appellant's ophthalmologist per year, MassHealth modified this to 1 visit per year. The appellant stated that given recent eyesight issues, she is seen by her ophthalmologist more frequently this year. The MassHealth representative asked how often the appellant receives services from the ophthalmologist; the appellant stated that she has been seen 3 times this year and that number will increase because her eyesight is rapidly deteriorating. The MassHealth representative stated that the documentation that was submitted on behalf of the appellant also includes PCA assistance with transporting the appellant to a myofascial clinic 52 times per year. MassHealth denied the request for PCA assistance with transporting the appellant to a myofascial clinic because there is no prior authorization in MassHealth's system for myofascial visits. The appellant stated that she was recently made aware that she has a large tumor in her face and myofascial visits were suggested by her medical provider. The MassHealth representative stated that she would be willing to review documentation from her myofascial therapist that would indicate the reason that it is medically necessary for the appellant to attend medical appointments; the appellant stated that she has not met her myofascial therapist yet because she has not started that program. She stated that once she does begin this program, she will be seen once per week.

The MassHealth representative stated that the documentation that was submitted on behalf of

the appellant under this category also included 12 dental visits per year. MassHealth modified this to 2 dental visits per year. The appellant stated that she recently had dental surgery which has increased her visits this year and she was referred to a dental surgeon after she developed an infection in her mouth. The MassHealth representative stated that the appellant also requested 2 visits to a dental surgeon per year, MassHealth denied this request on the basis that there was not any documentation that was submitted on behalf of the appellant to support this request. The appellant explained that the referral was made after the PCM agency submitted its request and given the wait lists involved, she can understand why the documentation that MassHealth is reviewing is not up to date because her appointments and referrals are constantly changing. The MassHealth representative reiterated that the appellant may want to consult with her representative about submitting an adjustment for her dental visits as the original request appears skewed.

The MassHealth representative testified that the appellant's request for medical transportation also included 50 visits per year to her physical therapist, which MassHealth modified to 20 visits per year. She stated that MassHealth modified this request from 50 to 20 visits per year because 20 visits is the maximum amount of time that MassHealth can approve. She explained that if a consumer is seen for more than 20 visits by a physical therapist, prior authorization must be submitted to MassHealth. Here, MassHealth has not received a prior authorization request from the appellant's physical therapist. The appellant explained that she is currently on a waiting list to see all her new specialists, who will be in the same building. The MassHealth representative reiterated that the appellant may want to consult with her representative about submitting an adjustment to accurately portray her medical transport requests.

The MassHealth representative testified that the appellant's request of 30 minutes of PCA assistance to transfer in and out of her house and in and out of a vehicle to attend medical visits was modified this to 3 minutes per visit for the PCA to assist the appellant with transfers. The appellant disagreed with the modification made by MassHealth. She stated that it takes her 20 minutes just to walk from the parking lot to her provider's office. She stated that she walks with a crutch and cannot walk independently because of her medical diagnosis. The MassHealth representative asked what the PCA does to assist the appellant when she is being transferred. The appellant stated that the PCA ensures that she does not fall, as she has a history of falling. The MassHealth representative asked the appellant if the PCA drives her to her medical appointments. The appellant stated that PCAs are not allowed to transport consumers, so she started taking the RIDE. However, due to her right knee injury, the appellant no longer takes the RIDE. Currently, the appellant has volunteers from the Council on Aging transport her to her medical appointments. The appellant's representative asked the appellant whether the PCA provides hands-on assistance when assisting the appellant with walking to and from the vehicle; the appellant responded that she does not like having someone touch her while walking because she is working on her independence. Thus, the PCA is watching her to ensure that the appellant does not fall, which helps in gaining her independence back.

The MassHealth representative offered to restore the appellant's PCP and ophthalmology visits to the requested amount of 12 per year (PCP) and 4 per year (ophthalmology); the appellant and her representative agreed to the restoration. The MassHealth representative stated that with respect to the other medical appointments, the appellant look into submitting an adjustment because it appears that her current medical appointments vastly increased from what was previously requested. The appellant and her representative agreed to do so.

Following the hearing, the record was left open for a brief period for the appellant to submit additional documentation and for MassHealth to review all submissions (Exhibit 7). MassHealth subsequently responded, in pertinent part, that she received an e-mail from the appellant's representative on May 3, 2025 stating that "[The appellant] is unable to get a letter regarding Passive Range of Motion." The letter dated September 13, 2018, written by [REDACTED] submitted and discussed at the appeal is outdated. Passive range of motion is performed when a member is unable to move a body segment, and the caregiver moves it for the member. PROM is a task performed for bed bound or immobilized individuals and is done to avoid contractures. PROM helps with stiffness from contractures for an immobilized person. PROM is not indicated for a person with functioning limbs and could not be contraindicated in a member with chronic pain, osteoporosis to major bones and spine. PROM is not skilled therapy...This member attends physical therapy...pressure point therapy and massage therapy is not a covered PCA service...The requested time for assistance with Passive Range of Motion (PROM) remains as modified to 10 minutes, twice per day, 7 days per week to an upper extremity and 10 minutes, twice per day, 7 days per week to a lower extremity. The appellant is ambulatory with assistance with a crutch; she is able to perform her own oral care and feeding self which demonstrates the ability to engage range of motion to upper and lower body joints... (Exhibit 8).

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and she is a MassHealth member.
2. The appellant's medical diagnoses include traumatic brain injury, hemiparesis, left torn rotator cuff, poor balance, history of falling, PTSD, anxiety, depression, pain, osteoporosis, and osteoarthritis.
3. [REDACTED] a PCM agency, submitted a re-evaluation request to MassHealth on the appellant's behalf on February 6, 2025, seeking the following: 79 hours, and 45 minutes of day/evening PCA assistance per week.
4. By notice dated February 27, 2025, MassHealth modified the requested PCA assistance time to: 57 hours and 15 minutes of day/evening PCA assistance per week.

5. The PA request at issue covers the time period of March 11, 2025, through March 10, 2026.
6. The appellant requested time for assistance with passive range of motion (PROM) as follows: 10 minutes, twice per day, 7 days per week for each extremity (4 total).
7. MassHealth modified the requested PCA assistance for PROM to 10 minutes, twice per day, 7 days per week for one upper extremity and 10 minutes, twice per day, 7 days per week for one lower extremity (2 total).
8. Currently, the appellant attends physical therapy, and she is ambulatory with assistive device (crutch). The appellant is independent with oral care and eating.
9. PROM is performed when a member is unable to move a body segment (for bedbound or immobilized individuals) to avoid contractures.
10. The appellant requested time for assistance with bathing (quick wash), as follows: 20 minutes once per night, each night.
11. MassHealth denied the requested PCA assistance time for bathing (quick wash) each night.
12. The appellant did not dispute the denial MassHealth made in this category.
13. The appellant requested time for assistance with grooming (hair care), as follows: 3 minutes, twice per day, 7 days per week.
14. MassHealth modified the requested PCA assistance frequency for grooming (hair care) to 3 minutes, once per day, 7 days per week.
15. At the hearing, MassHealth offered to restore the frequency for assistance with this task to 3 minutes, twice per day, 7 days per week.
16. The appellant requested time for assistance with grooming (shaving), as follows: 10 minutes, once per day, 3 days per week.
17. MassHealth modified the requested time for PCA assistance for grooming (shaving) to 5 minutes, once per day, 7 days per week.
18. The appellant did not dispute the denial MassHealth made in this category.
19. The appellant requested time for assistance with grooming (other), as follows: 2 minutes, once per day, 7 days per week and 10 minutes, once per day, 7 days per week.

20. MassHealth modified the requested time for PCA assistance for grooming (other) to 5 minutes (total), once per day, 7 days per week.
21. The appellant did not dispute the modification MassHealth made in this category.
22. The appellant requested time for assistance with dressing, as follows: 25 minutes, once per day, 7 days per week and 12 minutes, once per day, 7 days per week.
23. MassHealth modified the requested time for PCA assistance for dressing to 25 minutes (total), once per day, 7 days per week
24. The appellant requested time for assistance with undressing, as follows: 12 minutes, once per day, 7 days per week and 6 minutes, once per day, 7 days per week.
25. MassHealth modified the requested time for PCA assistance for undressing to 20 minutes (total), once per day, 7 days per week
26. The appellant requested time for assistance with medication (pre-fill), as follows: 15 minutes, once per day, 2 days per week.
27. MassHealth modified the requested frequency for PCA assistance for medication (pre-fill) to 15 minutes, once per day, once per week.
28. The appellant requested time for assistance with medication (assist), as follows: 5 minutes, 6 times per day, 7 days per week.
29. MassHealth modified the requested time and frequency in this category to 1 minute, 4 times per day, 7 days per week.
30. At the hearing, MassHealth offered to restore the frequency for assistance with this task to 1 minute, 6 times per day, 7 days per week; this adjustment was accepted by the appellant and her representative.
31. The appellant requested time for assistance with medication (topical), as follows: 5 minutes, 3 times per day, 7 days per week.
32. MassHealth modified the requested time in this category to 3 minutes, 3 times day, 7 days per week.
33. The appellant did not dispute the modification MassHealth made in this category.

34. The appellant requested time for assistance with other healthcare needs (pain relief), as follows: 10 minutes, 6 times per day, 7 days per week.
35. MassHealth modified the requested time in this category to 5 minutes, 6 times day, 7 days per week.
36. The appellant did not dispute the modification MassHealth made in this category.
37. The appellant requested time for assistance with equipment (maintenance), as follows: 49 minutes per week.
38. MassHealth modified the requested time in this category to 15 minutes per week.
39. The appellant did not dispute the modification MassHealth made in this category.
40. The appellant requested time for assistance with medical transportation as follows: 369 minutes per week.
41. MassHealth modified the requested time in this category to 77 minutes per week.
42. In this category (medical transportation), the appellant requested 12 visits per year for primary care physician (PCP) appointments.
43. MassHealth modified the requested frequency of PCP appointments to 4 visits per year.
44. At the hearing, MassHealth offered to restore the frequency of PCP appointments to 12 visits per year.
45. In this category (medical transportation), the appellant requested 12 visits per year for orthopedic appointments.
46. MassHealth modified the requested frequency of orthopedic visits to 4 per year.
47. The appellant and her representative agreed to discuss filing an adjustment to accurately reflect the current number of orthopedic visits per year.
48. In this category (medical transportation), the appellant requested 4 visits per year for ophthalmology appointments.
49. MassHealth modified the requested frequency of ophthalmology visits to 1 per year.
50. At the hearing, MassHealth offered to restore the frequency of ophthalmology appointments

to 4 visits per year.

51. In this category (medical transportation), the appellant requested 52 visits per year for myofascial clinic appointments.
52. MassHealth denied the request for 52 visits per year for transportation to a myofascial clinic.
53. In this category (medical transportation), the appellant requested 2 dental visits to a dental surgeon per year.
54. MassHealth denied the requested time for 2 dental visits to a dental surgeon.
55. The appellant and her representative agreed to discuss filing an adjustment to accurately reflect the current number of dental visits to a dental surgeon per year.
56. In this category (medical transportation), the appellant requested 50 physical therapy visits per year.
57. MassHealth modified the requested frequency of physical therapy visits to 20 per year.
58. The appellant and her representative agreed to discuss filing an adjustment to accurately reflect the current number of physical therapy appointments per year.
59. In this category (medical transportation), the appellant requested 30 minutes of PCA assistance for transfers to her medical appointments per occasion.
60. MassHealth modified the requested frequency of PCA assistance for transfers to medical appointments to 3 minutes per occasion.
61. Following the hearing, the record was left open for the appellant to submit additional documentation and for MassHealth to review the submission.
62. MassHealth subsequently responded, *inter alia*, that the appellant's documentation was received and that upon review, MassHealth concluded that the modification that was made in the PROM category remains unchanged.

Analysis and Conclusions of Law

MassHealth regulations about PCA services are found at 130 CMR 422.000 et seq. Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA

services, which are further defined as assistance with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as described in 130 CMR 422.410.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when: (1) they are prescribed by a physician; (2) the member's disability is permanent or chronic in nature; (3) the member requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A): (a) mobility including transfers; (b) medications; (c) bathing or grooming; (d) dressing or undressing; (e) range-of-motion exercises; (f) eating; and (g) toileting; and (4) MassHealth has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

Activities of daily living are listed at 130 CMR 422.410(A) and include mobility, assistance with medications or other health-related needs, bathing/grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting (including bowel care and bladder care). MassHealth pays for PCA time in physically assisting members to perform the aforementioned activities of daily living.

Instrumental activities of daily living are those activities described in 130 CMR 422.410(B) 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 personal care services. MassHealth pays for PCA time in physically assisting members to perform the instrumental activities of daily living (130 CMR 422.402).

Pursuant to 130 CMR 422.410(C), in determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the personal care 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 personal care 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.

Further, pursuant to 130 CMR 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.

Pursuant to 130 CMR 450.204(A), MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary. A service is "medically necessary" if:

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

MassHealth has also issued Time-for-Tasks Guidelines for the MassHealth PCA Program; these guidelines provide sub-regulatory guidance for determining the amount of PCA time required to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The guidelines were developed to be used by nurses who evaluate a consumer's need for PCA services

and by clinical reviewers of prior-authorization requests for MassHealth PCA services.²

At issue in this appeal were modifications of time requested for PCA assistance for the appellant with the following ADLs: PROM, Bathing (quick wash), Grooming (hair care), Grooming (shaving), Grooming (other), Dressing, Undressing, Medication (pre-fill), Medication Assist (oral), Medication Assist (topical), Other Healthcare Needs (pain relief), Equipment (maintenance), and MD Transport.

At the hearing, MassHealth agreed to authorize the following amounts of PCA assistance:

Bathing (quick wash): 0 minutes per week;

Grooming (hair care): 3 minutes, twice per day, 7 days per week;

Grooming (shaving): 5 minutes, once per day, 3 days per week;

Grooming (other): 5 minutes, once per day, 7 days per week;

Medication Assist (oral): 1 minute, 6 times per day, 7 days per week;

Medication Assist (topical): 3 minutes, 3 times per day, 7 days per week;

Other Healthcare Needs (pain relief): 5 minutes, 6 times per day, 7 days per week;

Equipment (maintenance): 15 minutes, once per week;

Medical Transport (appointments): 12 visits to primary care physician appointments and 4 visits to ophthalmology appointments.

The appellant and her representative agreed to these PCA assistance authorizations. Therefore, these portions of the appeal are DISMISSED.

Passive Range of Motion (PROM)

The appellant requested 10 minutes of PCA assistance, twice per day, 7 days per week to each of the four extremities. MassHealth modified the request to 10 minutes, twice per day, 7 days per

² This document is not available on MassHealth's website. It has been made available pursuant to a public records request.

(<https://www.masslegalservices.org/system/files/library/Time-for-Tasks%20Guidelines%20for%20the%20MassHealth%20PCA%20Program.pdf>)

week to 1 upper extremity and 10 minutes, twice per day, 7 days per week to 1 lower extremity because the requested services do not meet professionally recognized standards of health care. The appellant disagreed with this modification, arguing that when her left upper extremity, which is immobile, starts to spasm, her right hand starts to spasm. She argued that her PCA presses in scaling areas and applies trigger points to minimize and/or remove spasms. Additionally, she argued that she had surgery on her right knee, and she currently receives physical therapy because it did not heal properly. In support of her argument, the appellant submitted a letter from her physician dated September 13, 2018. The record was left open for the appellant to submit additional (updated) documentation. MassHealth subsequently responded that the documentation submitted does not support that it is medically necessary for PCA assistance in this category (Exhibit 8). The submitted documentation (an e-mail stating that the appellant is unable to get an updated letter) regarding PROM does not support that it is medically necessary for the appellant to receive PCA assistance to her right extremities. As noted by the MassHealth representative, PROM is a task performed for bed bound or immobilized individuals and is performed to prevent contractures. PROM is not skilled physical therapy and, in this case, the appellant attends physical therapy. As further noted by the MassHealth representative, pressure point therapy and massage therapy are not covered PCA services. The record confirms that the appellant is ambulatory with a crutch and can independently perform her own oral care and can feed herself. This level of independence supports MassHealth's position that the appellant has not demonstrated the medical need for PROM on her right side. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

Dressing

The appellant requested 25 minutes of assistance, once per day, 7 days per week, and 12 minutes of assistance, once per day, 7 days per week. MassHealth modified the requested time to 25 minutes (total), once per day, 7 days per week because the time requested for dressing is longer than ordinarily required for someone with the appellant's physical needs. The appellant disagreed with this modification, arguing that she changes her clothing at least twice per day, depending upon whether she has a medical appointment and/or physical therapy. The appellant's testimony, while credible, does not support an argument that she has a medical need to dress more than once per day. For example, the record does not include any evidence that the appellant requires additional clothing changes due to soiling and/or incontinence. Further, the request noted that the additional 12 minutes requested was related to putting on her braces (as opposed to an additional clothing change). The Time-for-Tasks Guidelines for the MassHealth PCA Program³ indicate that an individual who requires maximum assistance with this task needs, on average, 23 minutes of PCA assistance with the task (See, p. 6 of the Time-for-Tasks Guidelines). Per the Guidelines, this assistance includes putting on and fastening all items of clothing, including set-up, and donning prosthesis and orthotics. *Id.* MassHealth's authorization of 25 minutes of PCA

³ These guidelines offer time estimates for determining the amount of PCA time required to perform various ADLs and IADLs.

assistance exceeds the average time estimate set forth in the Guidelines, and the appellant has not demonstrated that any additional time is medically necessary. As noted by the MassHealth representative, the appellant was approved for 25 minutes for PCA assistance last year in this category and there was not any documentation that was submitted on behalf of the appellant to support that it is medically necessary for the appellant to receive additional time this year. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

Undressing

The appellant requested 12 minutes of assistance, once per day, 7 days per week, and 6 minutes of assistance, once per day, 7 days per week. MassHealth modified the requested time to 20 minutes (total), once per day, 7 days per week because the time requested for undressing is longer than ordinarily required for someone with the appellant's physical needs. The appellant disagreed with this modification, for the same reasoning set forth above (dressing category). As noted above, the appellant's testimony, while credible, does not support an argument that she has a medical need to undress more than once per day. For example, the record does not include any evidence that the appellant requires additional clothing changes due to soiling and/or incontinence. Further, the request noted that the additional 6 minutes requested was related to taking off her braces (as opposed to an additional clothing change). The Time-for-Tasks Guidelines for the MassHealth PCA Program indicate that an individual who requires maximum assistance with this task needs, on average, 15 minutes of PCA assistance with the task. *Id.* Per the Guidelines, this assistance includes taking off all items of clothing and removing prosthesis and orthotics. *Id.* MassHealth's authorization of 20 minutes of PCA assistance exceeds the average time estimate set forth in the Guidelines, and the appellant has not demonstrated that any additional time is medically necessary. As noted by the MassHealth representative, the appellant was approved for 20 minutes for PCA assistance last year in this category and there was not any documentation that was submitted on behalf of the appellant to support that it is medically necessary for the appellant to receive additional time this year. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

Medication (pre-fill)

The appellant requested 15 minutes of assistance, 2 days per week. MassHealth modified the requested frequency to 15 minutes, once per week. MassHealth's rationale for the modification is that the frequency requested for assistance with medication pre-fill is more often than ordinarily required for someone with her physical needs. The appellant did present any compelling evidence to demonstrate that pre-filling a medication planner takes more than once per week PCA assistance to pre-fill medication. As noted by the MassHealth representative, a medication planner is a box that is filled with medication each week. The appellant argued that it is very difficult for her to remember her medications, given her TBI, which is understandable. However, as noted by the MassHealth representative, checking the planner is not a covered service under the PCA

program and MassHealth did not receive any documentation indicating the reason that the appellant's medication planner would need to be filled more than once per week. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

Medical Transport (transfers)

The appellant requested 30 minutes of PCA assistance for transferring to her medical appointments, per occasion. MassHealth modified the requested time for PCA assistance in this category to 3 minutes per occasion because the time requested for assistance with transfers is longer than ordinarily required for someone with her physical needs. The appellant argued that it takes her 20 minutes just to walk from the parking lot to her provider's office because she cannot walk independently and requires the use of an assistive device (crutch). Additionally, the appellant testified that she does not like to have her PCA touching her during this task because she is attempting to gain her independence. The appellant testified that the PCA watches her to ensure that she does not fall, given her history of falling. However, the PCA program is a hands-on assistance program, and supervision is not a covered PCA task. Here, the appellant did present any compelling evidence to demonstrate that transfers take more than 3 minutes for the PCA to physically assist her to transfer to and from her medical appointments. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

Regarding MassHealth's modification of time requested for medical transportation to particular medical providers (orthopedic visits, myofascial clinic visits, dental surgeon visits, and physical therapy visits), the record does not currently substantiate either medical necessity of the service itself or the medical necessity of the total number of visits noted on the medical transportation form. For these reasons, this portion of the appeal is denied.

Based on the foregoing, this appeal is dismissed in part and denied in part.⁴

Order for MassHealth

For the PA period for dates of service of March 11, 2025 through March 10, 2026: (1) increase frequency for: Grooming (hair care) to: twice per day, 7 days per week (3 x 2 x 7), Medication (assist) to: 6 times per day, 7 days per week (1 x 6 x 7), and Medical Transport (appointments) to: 12 visits to primary care physician appointments and 4 visits to ophthalmology appointments, as agreed to at the hearing, and (2) notify the appellant of updated authorized PCA hours accordingly.

Notification of Your Right to Appeal to Court

⁴ This does not preclude the appellant from submitting an adjustment to MassHealth that reflects her current medical appointments, as discussed at the hearing.

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 Optum. 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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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