

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503955
<b>Decision Date:</b>	05/09/2025	<b>Hearing Date:</b>	04/08/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – PCA services
<b>Decision Date:</b>	05/09/2025	<b>Hearing Date:</b>	04/08/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, R.N.	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Quincy Harbor South (Telephonic)	<b>Aid Pending:</b>	Yes

### Authority

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

### Jurisdiction

Through a notice dated 2/13/25, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services. (130 CMR 422.410 and Exhibit 1). The appellant filed this appeal in a timely manner on 3/7/25. (130 CMR 610.015(B) and Exhibit 2). Modifications of a request for assistance are valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth modified the appellant's request for PCA services.

### Issue

The issue is whether MassHealth was correct, under 130 CMR 422.410, 422.412, and 450.204, in modifying the appellant's prior authorization request for PCA services.

### Summary of Evidence

The MassHealth representative testified that a prior authorization (PA) reevaluation request for 59 hours and 15 minutes per week for one year was submitted by [REDACTED], a PCM agency, to MassHealth on 2/11/25. The effective dates of service are 3/20/25 through 3/19/26. The MassHealth representative testified that MassHealth modified the request on 2/12/25 to 50 hours and 45 minutes of PCA services per week. The appellant is [REDACTED] primary diagnoses of morbid obesity, COPD, and spinal cord injury. The MassHealth representative testified that the appellant was hospitalized last year for gallbladder stones and surgery. The appellant reported left shoulder surgery, a nerve surgery to the right arm, and right leg surgery in [REDACTED]. The MassHealth representative testified that the appellant lives with his spouse, who is also in the PCA program. The MassHealth representative testified that MassHealth made five modifications based on MassHealth regulations 130 CMR 422.410 regarding Activities of Daily Living, Instrumental Activities of Daily Living, and regulation 130 CMR 450.204 regarding medical necessity.

The MassHealth representative testified that the time requested for mobility was 4 minutes, 8 episodes per day, seven days per week, and 5 minutes, 2 episodes per day, seven days per week. MassHealth modified this to 4 minutes, 8 episodes per day, seven days per week, total. The MassHealth representative testified that there was no documentation to support medical necessity for the second line request of 5 minutes, 2 episodes, seven days per week. The MassHealth representative testified that the documentation does not include a reason for the 2 additional episodes per day. (Exhibit 5, p. 11).

The appellant could not explain what the request for additional episodes were for.

The MassHealth representative testified the time requested for passive range of motion (PROM) was 5 minutes per day, seven days per week for each lower extremity. MassHealth modified this to 0, because the appellant's clinical record indicates that he has sufficient ability to perform physical activity without physical assistance. The MassHealth representative testified that the documentation submitted states that the PCA assists with PROM to the lower extremities to promote circulation and relieve pain due to limited mobility. The MassHealth representative testified that there is no diagnosis to support this request because PROM is performed for a member who is unable to move a body segment, and the PCA moves it for the member. The MassHealth representative testified that PROM is a task performed for bed-bound or immobilized individuals and is done to avoid contractures. The MassHealth representative testified that PROM does not increase or maintain function and does not strengthen a limb because the caregiver is moving the limb for the member. The MassHealth representative testified that *active* range of motion is not a covered PCA service. The MassHealth representative testified that the appellant can mobilize himself, therefore, the request is for *active* range of motion to help the consumer strengthen or stretch. The MassHealth representative testified that strengthening and stretching are non-covered services.

The appellant testified that he has always had PROM and thinks someone dropped the ball. The MassHealth representative testified that PROM was not requested on the previous PA.

The MassHealth representative testified that the time requested for “grooming, other” was 5 minutes, twice per day, seven days per week. MassHealth modified this to 5 minutes, once per day, seven days per week, because the documentation submitted indicates that some of the requested services do not meet professionally recognized standards of health care. The MassHealth representative testified that the documentation states skin checks are part of this request, and skin checks are a non-covered service. The MassHealth representative testified that the time authorized is for lotion and deodorant, which is documented in the request. (Exhibit 5, p. 16).

The appellant testified that he can only use one hand and cannot apply deodorant to one of his arms. The appellant testified that some of his medications were missing from the medication list, and those medications require assistance. The appellant was advised to contact the PCM agency to update the medication list.

The MassHealth representative testified that the time requested for meal preparation and cleanup was 75 minutes total per day, seven days per week. MassHealth modified this to 45 minutes per day, seven days per week because the appellant lives with another PCA consumer, and his need for assistance with meal preparation and cleanup must be calculated on a shared basis. The other PCA consumer in the home has 55 minutes per day, seven days per week, for a total of 100 minutes between the two PCA consumers per day, seven days per week. The appellant does not require a special meal preparation, like pureed food.

The appellant testified that he had gastric bypass surgery and requires multiple small meals each day.

The MassHealth representative testified that the time requested for medical transportation was 232 minutes per week. MassHealth modified this to 104 minutes per week. The MassHealth representative testified that the PA does not support why the appellant is going to an infectious disease specialist. The MassHealth representative testified that the thoracic surgeon was requested at 6 visits per year, and MassHealth modified this to 3 visits because there was no documentation to support that a thoracic surgeon would be seeing the appellant 6 times per year. The MassHealth representative testified that transportation to and from the endocrinologist was requested at 12 visits per year, and MassHealth modified this to 3 visits because there was no documentation to support that an endocrinologist would be seeing the appellant 12 times per year. The MassHealth representative testified that labs were requested at 8 visits at [REDACTED], and 12 visits in [REDACTED]. MassHealth denied lab services because labs can be done at any time, while at other doctor appointments. The MassHealth representative testified that an orthopedist was requested at 6 visits, and MassHealth modified

this to 3 visits because there was no documentation to support the ongoing need for orthopedist visits.

The appellant testified that he has to get his labs drawn when he goes to the doctor and that he cannot wait and go to some other location. The MassHealth representative testified that the appellant confirmed what MassHealth had determined as the reason for denying additional transportation for lab appointments.

## Findings of Fact

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

1. On 2/11/25, [REDACTED], a PCM agency, submitted a PA reevaluation request for 59 hours and 15 minutes per week of PCA services for the appellant for one year.
2. The effective dates of service are 3/20/25 through 3/19/26.
3. By notice dated 2/12/25, MassHealth modified the request to 50 hours and 45 minutes per week.
4. The appellant is [REDACTED] with primary diagnoses of morbid obesity, COPD, and spinal cord injury.
5. The appellant was hospitalized last year for gallbladder stones and surgery. The appellant reported left shoulder surgery, a nerve surgery to the right arm, and right leg surgery in [REDACTED]
6. The appellant lives with his spouse, who is also in the PCA program.
7. MassHealth made five modifications based on MassHealth regulations 130 CMR 422.410 regarding Activities of Daily Living, Instrumental Activities of Daily Living, and regulation 130 CMR 450.204 regarding medical necessity.
8. The time requested for mobility was 4 minutes, 8 episodes per day, seven days per week, and 5 minutes, 2 episodes per day, seven days per week.
9. MassHealth modified this to 4 minutes, 8 episodes per day, seven days per week.
10. There was no documentation to support medical necessity for the second line request of 5 minutes, 2 episodes, seven days per week.

11. The appellant could not explain what the additional episodes were for.
12. The time requested for PROM was 5 minutes per day, seven days per week for each lower extremity.
13. MassHealth modified this to 0 because the appellant's clinical record indicates that he has sufficient ability to perform physical activity without physical assistance.
14. Strengthening and stretching are non-covered services.
15. PROM was not requested on the previous PA.
16. The time requested for "grooming other" was 5 minutes, twice per day, seven days per week.
17. MassHealth modified this to 5 minutes, once per day, seven days per week, because the documentation submitted indicates that some of the requested services do not meet professionally recognized standards of health care.
18. The documentation states skin checks are part of this request, and skin checks are a non-covered service.
19. Time authorized is for lotion and deodorant, which is documented in the request.
20. The appellant testified that some of his medications were missing from the medication list, and those medications require PCA assistance.
21. The time requested for meal preparation and cleanup was 75 minutes total per day, seven days per week.
22. MassHealth modified this to 45 minutes per day, seven days per week, because the appellant lives with another PCA consumer (his spouse), and meal preparation and cleanup must be calculated on a shared basis. The other PCA consumer in the home has 55 minutes per day, seven days per week, for a total of 100 minutes between the two PCA consumers per day, seven days per week.
23. The appellant does not require a special meal preparation, like pureed food.
24. The time requested for PCA assistance with medical transportation was 232 minutes per week.
25. MassHealth modified this to 104 minutes per week.

26. The PA request does not support why the appellant is going to an infectious disease specialist. The thoracic surgeon was requested at 6 visits per year, and MassHealth modified this to 3 visits because there was no documentation to support that a thoracic surgeon would be seeing the appellant 6 times per year. The endocrinologist was requested at 12 visits per year, and MassHealth modified this to 3 visits because there was no documentation to support that an endocrinologist would be seeing the appellant 12 times per year. Labs were requested at 8 visits at [REDACTED] and 12 visits in [REDACTED]. MassHealth denied lab services because labs can be done at any time, while at other doctor appointments. The orthopedist was requested at 6 visits, and MassHealth modified this to 3 visits because there was no documentation to support the ongoing need for orthopedist visits.

## Analysis and Conclusions of Law

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

- (1) The personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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 personal care agency, 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.
- (4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

(130 CMR 422.403(C)).

MassHealth will pay for PCA services provided to MassHealth members who can be appropriately cared for in the home. (130 CMR 422.401 *et seq.*). The member must require physical assistance.

The personal care agency determines the extent of the personal care services provided by a paid PCA. (130 CMR 422.403). Personal care services consist of physical assistance with activities of daily living (ADLs). (130 CMR 422.410(A)).

120 CMR 422.410: Activities of Daily Living and Instrumental Activities of Daily Living

- (A) Activities of Daily Living. Activities of daily living include the following:
- (1) 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 or 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 personal care services; and
    - c. 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 PCA 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.**

(emphasis added)

The requested services must also be medically necessary for prior authorization to be approved. (130 CMR 450.204). 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) A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent 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. Services that are less costly to the MassHealth include, but are not limited to, health care reasonably known by the provider or identified by the 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.

Regulations at 130 CMR 422.412 describe non-covered PCA services, as follows:

MassHealth does not cover any of the following as part of the PCA program or the transitional living program. (130 CMR 422.412).

- (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;
- (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; or
- (G) surrogates, as defined in 130 CMR 422.402.
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

Per 130 CMR 503.007, MassHealth is the payer of last resort and only pays for health care and related services when no other source of payment is available, except as otherwise required by federal law.

- (A) Health Insurance. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. Failure to do so may result in loss or denial of eligibility unless the applicant or member is
  - (1) receiving MassHealth Standard or MassHealth CommonHealth; and
  - (2) younger than 21 years old or pregnant.
- (B) Use of Benefits. The MassHealth agency does not pay for any health care and related services that are available
  - (1) through the member's health-insurance, if any; or
  - (2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.

The appellant requested 4 minutes, 8 episodes per day, seven days per week, and 5 minutes, 2 episodes per day, seven days per week of PCA assistance with mobility. MassHealth modified this request to 4 minutes, 8 times a day, 7 days a week and denied the additional 2 episodes. MassHealth modified this request because there was no documentation as to what these additional 2 episodes were for, and the appellant could not explain it at the appeal hearing. Per 130 CMR 450.204, the PCA program covers hands-on assistance that is medically necessary, and there is no documentation or testimony that these additional 2 episodes per day are medically necessary. For this reason, the appeal for the modifications to the request for mobility 5 minutes, 2 episodes per day is **DENIED**.

The appellant requested 5 minutes per day, seven days per week for PROM of each lower extremity. MassHealth modified this to 0 because PROM is a task performed for bed-bound or immobilized individuals and is done to avoid contractures. The appellant is mobile; therefore, PROM is not medically necessary for him under 130 CMR 450.204. For this reason, the appeal for the modification to PROM is **DENIED**.

The appellant requested 5 minutes, twice per day, seven days per week, for “grooming other.” MassHealth modified this to 5 minutes, once per day, seven days per week, because the documentation submitted states skin checks are part of this request, and skin checks are a non-covered service, as skin checks are a skilled request. MassHealth authorized time for the application of lotion and deodorant, which is documented in the request. There is nothing in the documentation that states skin checks are medically necessary under 130 CMR 450.204.<sup>1</sup> For this reason, the appeal for the modification to “grooming other” is **DENIED**.

The appellant requested 75 minutes per day, seven days per week, for meal preparation and cleanup. MassHealth modified this to 45 minutes per day, seven days per week, because the appellant lives with another PCA consumer (his spouse), and meal preparation and cleanup must be calculated on a shared basis. The other PCA consumer in the home has 55 minutes per day, seven days per week of PCA assistance with meal preparation and cleanup, for a total of 100 minutes between the two PCA consumers per day, seven days per week. There is nothing in the documentation that indicates the appellant requires specially prepared meals that are different from the other PCA consumer. Therefore, this request is not medically necessary under 130 CMR 450.204. For this reason, the appeal for the modification to meal preparation and cleanup is **DENIED**.

The appellant requested 232 minutes per week of PCA assistance for medical transportation. MassHealth modified this to 104 minutes per week because there is nothing in the documentation submitted with the PA that indicates the appellant requires the frequency of medical appointments requested. Therefore, this request is not medically necessary under 130 CMR 450.204. For this reason, the appeal for the modification to medical transportation is also **DENIED**.

## Order for MassHealth

None.

## Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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<sup>1</sup> The appellant stated that the medication list is incomplete and there are missing medications that require hands-on assistance. The appellant can contact the PCM agency to have the medication list updated and request time for assistance with administration of these other medications.

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Christine Therrien  
Hearing Officer  
Board of Hearings

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