

Office of Medicaid BOARD OF HEARINGS

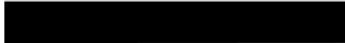
Appellant Name and Address:



Appeal Decision:	Approved in part; Dismissed in part	Appeal Number:	2504619
Decision Date:	6/23/2025	Hearing Date:	06/05/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:

Appearing in person:



Appearance for MassHealth:

Appearing via video conference:

Robin Brown, OTR/L, Clinical Reviewer, Optum;
Heather Adams, R.N., Optum (observing)



*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 in part; Dismissed in part	Issue:	Personal Care Attendant Services
Decision Date:	6/23/2025	Hearing Date:	06/05/2025
MassHealth's Rep.:	Robin Brown, OTR/L	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 2/26/25, MassHealth modified Appellant's prior authorization request for personal care attendant services. *See* Exhibit 1. Appellant filed this appeal in a timely manner on 3/21/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial and/or modification of a request for prior authorization for services is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified Appellant's prior authorization request for PCA services.

Issue

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

Summary of Evidence

At hearing, MassHealth was represented by a registered & licensed occupational therapist (OT) and clinical appeals reviewer. Appellant appeared at the hearing, acting *pro se*.

Through testimony and documentary evidence, the MassHealth representative presented the following information: Appellant is an adult MassHealth member under the age of [REDACTED] and is enrolled as a consumer in the personal care attendant (PCA) program. Appellant has a primary diagnosis of quadriplegia resulting from a spinal cord injury. See Exh. 8, p. 7. On 2/18/25, a registered nurse (RN) from [REDACTED] Appellant's personal care management (PCM) agency, performed an in-home re-evaluation of Appellant to determine his ongoing need for PCA services. *Id.* at 6. According to notes from the evaluation, Appellant ambulates via an electric wheelchair using a sip-and-puff tube for control of motorized wheelchair. *Id.* at 7-8. He is unable to move all extremities, including his hands; he has limited range of motion; is unable to bend or reach; has subluxed shoulders and constant painful muscle spasms related to quadriplegia. *Id.* He is completely dependent on PCA assistance for completing all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). *Id.*

On 2/26/25, the PCM agency sent a prior authorization (PA) request on behalf of Appellant to MassHealth seeking 138 hours of PCA services per week for dates of service beginning 4/25/25 and ending 4/24/26. See Exh. 1. Through a notice dated 2/26/25, MassHealth modified Appellant's PA request by authorizing a total of 132 hours of PCA services per week. *Id.* Specifically, MassHealth modified the times requested for (1) eating assistance (drinking only), (2) meal preparation, and (3) laundry assistance.¹ *Id.*

During the hearing, the parties discussed each modification individually. With respect to meal preparation, MassHealth agreed to authorize, in full, the time Appellant requested at 714 minutes per week (102 minutes per day). See Exh. 8, p. 29.

Next, the parties reviewed the PCM agency's request for eating assistance, in which the following two line items were requested: (1) 30x3x7 for physical assistance with eating foods and (2) 3x8x7 for assistance with drinking. *Id.* at 19. MassHealth approved the time requested for assistance with eating foods, but modified the time requested for drinking assistance from 3 minutes per episode to 2 minutes per episode (2x8x7). Appellant accepted this modification, noting that while his PCA does provide substantial time bringing him fluids throughout the day, his primary disagreement concerned the remaining modification related to a reduction in laundry assistance.

For the remaining modification, Appellant's PCM agency requested 315 minutes (5 hours and 15 minutes) per week for his PCA to provide physical assistance with laundry. *Id.* at 30.

¹ By filing this appeal, Appellant qualified for aid pending, allowing him to maintain 137 hours of PCA services per week as approved in his last PA period for the duration of this appeal.

MassHealth modified the request and approved 90 minutes per week for laundry. *Id.*

The MassHealth representative testified that the modification was made pursuant to MassHealth regulations at 130 CMR §§ 450.204 (medical necessity) and 422.410(B)(1) (IADLs) because the time requested was longer than ordinarily requested for someone with Appellant's physical needs. The MassHealth representative noted that Appellant was previously approved for additional laundry time in prior PA periods, however, the supporting documentation for those periods suggested laundry was performed outside the home. This year, however, the evaluation noted that laundry was residential. The MassHealth representative testified that it takes 15 minutes on average for an able-bodied person to do a single load of laundry, which includes bringing it to the machine, turning it on, flipping it over to the dryer, and putting clean laundry away. This means that 315 minutes per week would equate to 21 loads of laundry per week, which is excessive and not medically necessary.

Appellant testified that, as a general matter, MassHealth, in its 2/26/25 determination, dropped the amount of PCA hours that he had consistently received for over 10 years, which included 315 minutes per week allotted for laundry. The additional time he requires for laundry care, he argued, is necessary to maintain his health and hygiene. In support thereof, Appellant provided a copy of the previous PCA evaluation conducted on 2/13/23, in which the PCM agency documented that "extra time" was needed for laundry due to incontinence, IBS, washable pads and the need for the PCA to provide daily linen bed changes. *See* Exh. 2 at 40. The 2023 evaluation reflected that laundry was performed residentially. *Id.* Appellant testified that he lives in a two-family ranch-style house and to get to the washer and dryer, the PCA has to walk down the basement and to the other side of the house.

Appellant testified that as a result of his condition and multiple related factors, he accumulates a significant amount of laundry. Appellant testified that he suffers from gastrointestinal issues and IBS. He has several episodes of incontinence per week prompting a need for the PCA to remove and wash any soiled clothing, washable wheelchair padding, and/or bed linens. When accidents occur, it is often necessary for the PCA to perform a pre-wash or run a second laundry cycle to effectively clean everything. The appellant testified that he has been in a wheelchair for 14 years which has led to a progressive worsening of his gastrointestinal issues and increased frequency in incontinence. If anything, his laundry needs have increased from prior years. Because he is completely dependent on all aspects of care, everything takes longer, including removal of the soiled clothes and wheelchair padding.

In addition, Appellant testified that his daily showering routine is extremely complex and results in the accumulation of more laundry than normal. Appellant explained that after his shower, he is transferred from his shower wheelchair, lifted into a Hoyer, and transferred back into bed where drying is completed. This process results in water spilling onto the floor and getting the wheelchair and Hoyer padding wet, The PCA uses additional towels to wipe the floor and equipment, creating more laundry.

Appellant also testified that he requires daily linen changes due to the amount of personal care that he receives in bed, including his daily bowel program. Appellant testified that daily bed changes ensure a level of hygiene to prevent further complications such as skin breakdown from occurring, and which he has a past history of developing. The appellant estimated that laundry tasks that are related solely to washing bed linens take approximately 40 minutes per day, which multiplied by 7 days per week is 280 minutes just for bed linens. Appellant testified that when including all other laundry needs, the total combined time comes to an average of 410 minutes per week, and this calculation excludes any potential “waiting” time.

Appellant also submitted signed letters from his physiatrist and primary care physician (PCP), [REDACTED] in support of the requested services. See Exh. 2, pp. 36-39. Through a letter dated 3/12/25, [REDACTED] wrote, in relevant part, the following:

[Appellant] has tetraplegia (C4/5) with no movement below the neck, requiring full assistance with all ADLs, including hygiene, dressing, and extensive laundry management due to his medical needs.

What may be considered routine for most individuals is a lengthy and labor-intensive process for [Appellant] due to the nature of his personal care routine. In addition to standard clothing laundry, he requires daily bed linen changes for hygienic purposes, as his bowel program is conducted in bed. He also requires assistance with showering, which involves a transfer into a shower wheelchair, generating substantial cleanup. This process includes:

- Each shower requires a multi-step transfer process – from bed to shower chair to shower, and back, to bed-during which water spills onto the floor, necessitating extensive cleanup with multiple towels and increasing laundry volume.
- Stripping and laundering bed linens daily due to medical hygiene requirements.
- Cleaning and laundering shower chair covers and Hoyer lift pads multiple times per week.
- Frequent changing and washing of clothing and wheelchair seat covers due to incontinence related incidents.

In addition to these already significant laundry needs, [Appellant] experiences frequent and unpredictable bowel incontinence, which leads to increased hygiene and laundry requirements. These incidents require immediate cleanup, including stripping him, changing and laundering soiled clothing, cleaning and sanitizing wheelchair coverings, and washing all affected items used in the process.

...

Id. at 36.

Based on the reasons listed in the letter, [REDACTED] recommended that Appellant receive, at a minimum, the same level of PCA assistance than he received in prior years to ensure adequate support for hygiene, personal care and extensive laundry management. *Id.*

Lastly, Appellant submitted a signed letter dated 5/27/25 by state [REDACTED] in which the senator advocated for MassHealth to reconsider its position that the additional time requested for assistance was not medically necessary. *See* Exh. 9. [REDACTED] noted that Appellant's medical team has objected to the reduction in PCA services from 138 hours per week to 132 hours per week, as this reduction will have a detrimental effect on his health and long-term wellbeing. *Id.*

In response, the MassHealth representative offered to increase the time allotted for laundry from 90 minutes to 150 minutes per week as this would accommodate 10 loads of laundry with an average time of 15 minutes per load. Appellant declined, noting that the proposed increase would still be insufficient to satisfy his extensive laundry needs.

Findings of Fact

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

1. Appellant is an adult MassHealth member under the age of [REDACTED] and is enrolled as a consumer in MassHealth's PCA program.
2. Appellant has a primary diagnosis of tetraplegia (C4/5) resulting from a spinal cord injury with no movement below the neck; he has subluxed shoulders and constant painful muscle spasms related to quadriplegia.
3. Appellant ambulates using a sip-and-puff tube for control of motorized wheelchair; he requires complete and total assistance in performing all ADLs and IADLs, including hygiene, dressing, and extensive laundry management due to his medical needs.
4. On 2/26/25, Appellant's PCM agency sent MassHealth a PA request, on behalf of Appellant, for 138 hours of PCA services per week for dates of service beginning 4/25/25 and ending 4/24/26.
5. Through a notice dated 2/26/25, MassHealth modified Appellant's PA request by

authorizing a total of 132 hours of PCA services per week, based on reductions to the times requested for (1) eating assistance (drinking only), (2) meal preparation, and (3) laundry assistance.

6. At the hearing, MassHealth agreed to authorize, in full, the time Appellant requested for meal preparation assistance at 714 minutes per week (102 minutes per day).
7. Appellant accepted the modification for drinking assistance (under the ADL category of “eating”) at 2x8x7.
8. Appellant’s PCM agency requested 315 minutes (5 hours and 15 minutes) per week for his PCA to provide physical assistance with laundry.
9. MassHealth modified the request and approved a total of 90 minutes per week for laundry assistance based on MassHealth program regulations.
10. In previous PA periods, Appellant has received 315 minutes for laundry assistance.
11. Appellant accumulates a significant volume of laundry due to frequent and worsening episodes of bowel incontinence; the need for daily bed linen changes to maintain hygiene; routine washing of adaptive equipment (e.g., wheelchair and/or Hoyer lift padding) which are prone to getting damp or soiled; and additional laundry generated from cleaning floors and surfaces following Appellant’s post shower transfers.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:² First, the services must be “prescribed by a physician or nurse practitioner who is responsible for the member’s...care.” 130 CMR 422.403(C)(1). Additionally, the “member’s disability [must be] permanent or chronic in nature and impair the member’s functional ability to perform [at least two] ADLs ... without physical assistance.” See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate,

² PCA services are defined as “physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member’s authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.” See 130 CMR 422.002.

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 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A).

Once all pre-requisites to qualify for PCA services are established, MassHealth will cover the activity time performed by a PCA to assist the member in completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as described in 130 CMR 422.410. *See* 130 CMR 422.402. Covered ADLs include physical assistance with mobility, taking medications, bathing or grooming, dressing, passive range of motion exercises, eating, and toileting. *Id.* Covered IADLs include, but are not limited to, physical assistance with household management tasks that are incidental to the care of the member such as laundry, shopping, and housekeeping; as well as meal preparation and clean-up. *See* 130 CMR 422.410(B). MassHealth will consider a member's individual circumstances when determining the amount of physical assistance that is needed to perform an IADL. *See* 130 CMR 422.410(C)(3).

In the present case, MassHealth modified Appellant's request for PCA assistance with eating, meal preparation, and laundry. During the hearing, Appellant accepted MassHealth's modification to the line item requested for drinking assistance at 2x8x7, which fell under the ADL category of "eating." Additionally, MassHealth agreed, at hearing, to restore, in full, the time that Appellant requested for meal preparation at 714 minutes per week.

Accordingly, the appeal is DISMISSED in part with respect to the modifications of eating and meal preparation.

With respect to the remaining modification in dispute, Appellant's PCM agency requested 315 minutes per week for physical assistance with laundry. *See* Exh. 8, p. 80. MassHealth approved only 90 minutes per week. Using an average of 15 minutes per load, MassHealth justified the modification on the basis that the time authorized would allow the PCA to complete 6 loads of laundry per week. Appellant presented sufficient evidence to demonstrate that 90 minutes is insufficient to accommodate his extensive laundry needs. According to medical documentation, Appellant has tetraplegia (C4/5) with no movement below the neck and requires full assistance with all ADLs and IADLs. Appellant testified that he accumulates a

significant volume of laundry, which far exceeds that which is ordinarily expected for an average adult. As confirmed through a physician letter, Appellant requires daily laundering of bed linens due to medical hygiene requirements. Appellant explained that this is based, in part, on the fact that many personal care routines, including his daily bowel program, are performed in bed. In addition to the 7 loads of laundry that are performed for bed linens alone, Appellant's PCA must also run additional laundry cycles to wash shower chair covers, Hoyer lift pads, and extra towels that are used to clean water spills resulting from his complex daily shower transfer routine. Appellant also testified, and the documentation supports, that he has multiple episodes of incontinence per week due to worsening gastrointestinal issues. When this occurs, the PCA has to remove and wash, potentially on two cycles, any soiled clothes and/or exposed wheelchair pads or linens. While laundry is residential, Appellant testified that the time it takes the PCA to walk down to the basement on the other side of the house quickly accumulates and is a time-consuming process. Factoring in evidence of Appellant's individual circumstances and the complex care he receives to ensure he remains in a sanitary environment, the PCM agency's request of 315 minutes for assistance with laundry is appropriate and within the scope of PCA program regulations. See 130 CMR 422.410(C)(3) and 130 CMR 450.204.

Accordingly, the appeal is APPROVED in part with respect to laundry.

Order for MassHealth

Remove aid pending. For the PA period 4/25/25 through 4/24/26, adjust the time allotted for meal preparation to 714 minutes per week (as agreed upon at hearing) and, in accordance with this decision, approve Appellant's request for 315 minutes per week for assistance with laundry.³

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.

³ The modification to drinking assistance, under the ADL of "eating" is to remain in place at 2x8x7.

Casey Groff
Hearing Officer
Board of Hearings

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