

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Dismissed in part	Appeal Number:	2504891
Decision Date:	05/08/2025	Hearing Date:	04/30/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



**Appearance for Respondent, Commonwealth
Care Alliance (CCA):**

Via Teams Videoconference:

Cassandra Horne, Appeals & Grievances Mgr.
Jeremiah Mancuso, RN, Clinical Mgr. of
Appeals & Grievances
Kaley Emery, Appeals Supervisor (Observing)



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
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APPEAL DECISION

Appeal Decision:	Approved in part; Dismissed in part	Issue:	Prior Authorization – PCA; ICO
Decision Date:	05/08/2025	Hearing Date:	04/30/2025
MassHealth's Reps.:	Cassandra Horne, et al	Appellant's Rep.:	██████
Hearing Location:	Quincy Harbor South, Remote	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 Denial of Level 1 Appeal dated March 20, 2025, Commonwealth Care Alliance (CCA) modified the appellant's internal appeal regarding personal care attendant (PCA) services because it determined the requested level of services was not medically necessary. Exhibit 1. The appellant filed this appeal in a timely manner on March 26, 2025. Exhibit 2; 130 CMR 610.015(B). An integrated care organization's (ICO) decision to deny or provide limited authorization of a requested service is grounds for appeal. 130 CMR 610.032(B).

Action Taken by CCA

CCA modified the number of PCA hours it authorized for the appellant from the requested 85 hours per week down to 74.75 hours per week.

Issue

The appeal issue is whether CCA was correct, pursuant to 130 CMR 422.000 and 450.204, in determining that the appellant required fewer hours of PCA assistance than he had requested.

Summary of Evidence

CCA was represented at hearing by the appeals and grievances manager and the clinical nurse appeals and grievances manager. CCA's appeals supervisor was present, but only as an observer. The appellant, who is also a registered nurse, appeared on his own behalf. All parties appeared via Teams videoconference.

Through testimony and documentation, CCA provided the following: the appellant is an adult under the age of 65 who has been enrolled in CCA One Care, an ICO, since March 1, 2018. Previously, the appellant had been receiving 75.75 PCA hours per week, but, based on a December 5, 2024 assessment, his personal care management (PCM) agency, [REDACTED], requested an increase to 85 hours per week. On January 24, 2025, CCA notified the appellant that it reduced his PCA hours to 74 hours per week. CCA received a Level One appeal on February 18, 2025 which was reviewed by a CCA medical director. The Level One appeal was denied in part and the appellant was approved for 74.75 PCA hours per week. The appellant was notified of this decision on March 20, 2025, which is the notice under appeal. The appellant has been receiving 75.75 PCA hours per week through aid pending during the appeal process.

CCA modified the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs): mobility – transfers; bathing – special transfers; medications – administering subcutaneous injection; passive range of motion (PROM); other healthcare needs – wound care; and special needs – equipment maintenance. Based on testimony at hearing, CCA fully restored the time as requested for other healthcare needs – wound care and special needs – equipment maintenance.¹ CCA and the appellant agreed to modifications for mobility – transfers; medications; and PROM.² As parties resolved the disputes for mobility – transfers; medications; PROM; other healthcare needs – wound care; and special needs – equipment maintenance, the appeal is dismissed as to those ADLs and IADLs. The only remaining modification at issue is bathing – special transfers.

As background, the appellant explained that he has had Multiple Sclerosis (MS) for [REDACTED]. [REDACTED], he broke a toe and since then, he has been dealing with significant pressure ulcers which have resulted in hospitalizations and four surgeries. He was hospitalized [REDACTED]. He has been significantly weaker since coming home from the hospital in [REDACTED]. Additionally, with MS, his strength and the amount of assistance he needs can vary. Currently, he is weaker from the hospitalization and ADLs take longer.

¹ Wound care was approved for 5 minutes, 2 times per day, 7 days per week, as requested. Equipment maintenance was approved for 105 minutes per week, as requested.

² Parties agreed to 3 minutes, 6 times per day, 7 days per week for mobility – transfers; 3 minutes, 1 time per week for medications – administering subcutaneous injection (20 minutes, 1 time per week for medication refill was already approved at the Level One appeal); and 10 minutes, 2 times per day, 7 days per week for PROM.

Bathing – Special Transfers

The appellant's PCM agency requested 270 minutes, 1 time per day, 1 day per week for special bathing transfers. CCA modified the request to 60 minutes per week. CCA had an issue with the way it was requested. The comment in the prior authorization states the following:

[Special Transfers [sic]: AM Washup 30x1x3 and AM Shower/Hair Washed 45x1x4.] He prefers shower chairs. He sits on shower chair during the hooyer transfer to/from shower, on/off shower chair, bathed mostly by PCAs (he washes face, neck, arms, and chest; PCA washes the rest.) 4d/wk in AM, he has shower and hair shampoo'd - on 3d/wk in AM, he was a washup often in bed. In PM, he has a shower or washup prior to HS. The hooyer lift is used for all showers and for some washups.

The CCA nurse agreed that the 60 minutes per week approved did not seem accurate, but based on the request and comments, it was not requested properly and he could not approve additional time at hearing. CCA explained that time for special bathing transfers includes the time for transferring in and out of the shower, including a Hoyer lift, if required. MassHealth typically approves 15 minutes per Hoyer lift transfer for bathing. According to the comments, the appellant is only showering 4 days per week; however, he was approved for 30 minutes, 1 time per day, 7 days per week for showers. No time was requested for any washups.

The appellant explained that he takes a shower in the morning every day and a shower in the evening about four times per week. On the days he does not have an evening shower, he has a bed bath that takes about 20 minutes. He has bowel and bladder issues, in addition to C. diff, and requires frequent bathing. Mornings are really difficult for him because of his tone and strength and everything takes longer in the morning. The Hoyer lift for his bathroom just got delivered this week. Prior to the Hoyer lift, getting into and out of the bathroom and shower took much longer. 270 minutes works out to a little more than 38 minutes per day, which seems about accurate for transfers in and out of the shower now. Each transfer in and out of the shower takes about ten to fifteen minutes. The morning transfers (and he showers every morning) are on the longer side because of his strength and tone at that time of day.

CCA explained that the appellant can request an adjustment through his PCM if he needs additional time for washups and/or showers that weren't requested.

Findings of Fact

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

1. The appellant is under the age of 65 and has been enrolled in CCA's One Care, an ICO, since March 1, 2018 (Testimony and Exhibit 5).
2. The appellant's primary diagnosis is MS. He has also been dealing with significant pressure ulcers, which have resulted in hospitalizations, and C. diff. (Testimony).
3. CCA received a prior authorization request from the appellant's PCM agency, BCIL, to increase his PCA hours from 75.75 hours per week to 85 hours per week (Testimony and Exhibit 5).
4. On January 24, 2025, CCA notified the appellant that it had modified that request to 74 PCA hours per week (Testimony and Exhibit 5).
5. CCA received an internal Level One appeal on February 18, 2025 which resulted in CCA approving 74.75 PCA hours per week (Testimony and Exhibit 5).
6. CCA notified the appellant of the Level One appeal result on March 20, 2025 (Testimony and Exhibit 1).
7. On March 26, 2025, the appellant timely appealed the March 20 CCA notice (Exhibit 2).
8. At hearing, the parties were able to resolve the dispute as to the following ADLs and IADLs: mobility – transfers; medications; PROM; other healthcare needs – wound care; and special needs – equipment maintenance (Testimony).
9. Wound care was approved for 5 minutes, 2 times per day, 7 days per week, as originally requested. Equipment maintenance was approved for 105 minutes per week, as originally requested. Parties agreed to 3 minutes, 6 times per day, 7 days per week for mobility – transfers; 3 minutes, 1 time per week for medications – administering subcutaneous injection; and 10 minutes, 2 times per day, 7 days per week for PROM. (Testimony).
10. Bathing – special transfers, for which the appellant's PCM requested 270 minutes, 1 time per day, 1 day per week, was the only modification that remained at issue (Testimony and Exhibit 5).
11. CCA modified the request to 60 minutes per week for bathing – special transfers (Testimony and Exhibit 5).

12. The appellant takes a shower in the morning seven days per week and a shower in the evening four times per week. He needs multiple showers and/or washups per day due to bladder and bowel issues. Transfers in the morning take longer because of his strength and tone that time of day. Each transfer in and out of the shower takes about ten to fifteen minutes. (Testimony).

Analysis and Conclusions of Law

As a MassHealth ICO, Commonwealth Care Alliance One Care

will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports.

(130 CMR 508.007(C)).

CCA is “responsible for providing enrolled members with the full continuum of Medicare- and MassHealth covered services.” (130 CMR 450.105(A)(7); 130 CMR 450.105(E)(6)). Those services include PCA services, which are governed by the regulations at 130 CMR 420.000. (See 130 CMR 450.105). Whenever an ICO makes a coverage decision, it must provide notice to the affected member. 130 CMR 508.011. An ICO has 30 days to resolve any internal appeals, and the member then has 120 days to request a fair hearing from the Board of Hearings. See 130 CMR 508.012; 130 CMR 610.015(B)(7).

MassHealth is required to cover all services and treatments that are “medically necessary”:

(A) 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 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.

130 CMR 450.204(A).

MassHealth generally covers PCA services provided to eligible MassHealth members with a permanent or chronic disability that impairs their functional ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs), but who can be appropriately cared for in the home.

ADLs include:

- (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.

130 CMR 422.410(A).

IADLs include:

- (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.

130 CMR 422.410(B).

As to the request for PCA assistance with mobility – transfers; medications – administering subcutaneous injection; PROM; other healthcare needs – wound care; and special needs – equipment maintenance the appeal is dismissed because parties were able to resolve those disputes at hearing.

Regarding the appellant's request for PCA assistance with bathing – special transfers, the appeal is approved for the requested 270 minutes per week. The appellant's testimony is credible and he requires transfers in and out of the shower seven days per week for a morning shower and at least four times per week for an evening shower. While it seems that the PCM agency did not break down the time properly by episode, the total amount of time requested is accurate based on the appellant's testimony.³ For these reasons, the appellant has shown that PCA assistance with bathing – special transfers is medically necessary.

Therefore, the appeal is approved in part and dismissed in part.

Order for CCA

Rescind aid pending. Approve 270 minutes per week for bathing – special transfers. If not already done so, implement the agreements made at hearing for mobility – transfers (3 minutes, 6 times per day, 7 days per week); medications (3 minutes, 1 time per week for administering a subcutaneous injection); PROM (10 minutes, 2 times per day, 7 days per week); other healthcare needs – wound care (5 minutes, 2 times per day, 7 days per week); and special needs – equipment maintenance (105 minutes per week).

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.

³ The PCM agency should be more precise in requesting the time for bathing – special transfers in future prior authorizations requests.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact CCA. 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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108