

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505030
Decision Date:	05/01/2025	Hearing Date:	04/29/2025
Hearing Officer:	Radha Tilva	Record Closed:	05/01/2025

Appearance for Appellant:

Pro se

Appearances for Commonwealth Care Alliance (CCA):

Cassandra Horne, Appeals and Grievances
Operations Manager

Jeremiah Mancuso, Clinical Nurse, Appeals and
Grievances Manager



*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:	Denied	Issue:	ICO; Expedited Appeal
Decision Date:	05/01/2025	Hearing Date:	04/29/2025
CCA Reps.:	Jeremiah Mancuso, Cassandra Horne	Appellant's Rep.:	Pro se
Hearing Location:	Virtual (video)	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

By notice dated March 28, 2025, Commonwealth Care Alliance (hereinafter "CCA"), a MassHealth Integrated Care Organization (ICO), denied appellant's Level 1 appeal for prior authorization of a professional organizer service (Exhibit 1). The appellant filed this appeal in a timely manner on April 8, 2025 seeking an expedited Level II appeal (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

A fax was received post-hearing by the Board of Hearings from the appellant's occupational therapist, [REDACTED], on May 1, 2025, which the hearing officer took into evidence (Exhibit 12).

Action Taken by Respondent

CCA denied appellant's prior authorization request for professional organizer services.

Issue

The appeal issue is whether CCA was correct in denying appellant's prior authorization request for professional organizer services.

Summary of Evidence

CCA's representatives, included the operations manager for appeals and grievances as well as a nurse clinical manager appeared virtually, and submitted written materials in advance of the hearing, which were entered into evidence as Exhibits 8 to 10. Appellant also appeared virtually. A video of a conversation between the appellant, her appeal representative and the Americans with Disabilities (ADA) Director from CCA was submitted electronically on her behalf and entered into evidence as Exhibit 11. In addition, on May 1, 2025 the Board of Hearings received a packet from appellant's occupational therapist, [REDACTED] (Exhibit 12).¹

Appellant has been enrolled in CCA's OneCare program. On or about December 31, 2024, appellant requested coverage of professional organizing services offered by [REDACTED] with no number of hours specified in the request (Exhibit 9, p. 14). The intent of these services, as explained by CCA's representatives, is to assist with guiding the member through decluttering. CCA denied the request on January 13, 2025 and stated that the reason for the denial was because the service requested was not a covered benefit, and that CCA may cover chore services as an alternative (Exhibit 9, p. 22). The appellant appealed this denial and CCA issued a level one denial on March 28, 2025. The appellant timely filed the appeal of this denial to the Board of Hearings on April 8, 2025, seeking an expedited Level 2 appeal.

CCA testified that the request for these services was previously denied by CCA back in 2023 (Exhibit 9, p. 34). An BOH appeal hearing occurred, whereby the Hearing Officer approved professional organizing services (with the same individual) on a one-time basis at 8 hours to assist the appellant with a move to a new residence (*Id.*). The service provider was also at the time not enrolled with Medicaid or Medicare (CCA testimony).² The notes reflect that a letter of agreement (LOA) was rejected, at that time, as Ms. Ehrlich does not bill medical insurance (Exhibit 9, p. 15).³ The CCA representative explained that in order for CCA to work with a provider, the provider must

¹ The packet included a letter from [REDACTED], which was dated April 29, 2025, and states, that due to concerns about a possible move from her residence, the appellant requires "expedient care to create an improved environmental structure in her current home," which is necessary to her overall health and well-being (Exhibit 12). Moreover, the letter states that as the move date is unknown the request date for the professional organizing services is for 8 hours twice a month for the next six months (*Id.*). [REDACTED] emphasizes that the services will drastically reduce appellant's neurological dysregulation and subsequent negative impact on daily activities (*Id.*). The packet also includes a letter dated November 7, 2023 from [REDACTED] which, in summary, is a letter of medical necessity in support of appellant's request for assistance from a professional organizer (Exhibit 12, pp. 4-5). The latter was likely in connection with the appellant's previous BOH appeal.

² CCA could not confirm with accuracy whether the service provider, [REDACTED] was paid by CCA as a result of the hearing decision overturning CCA's denial. The appellant testified that the provider was paid by CCA and CCA did not deny this.

³ The appellant testified that payment from CCA was provided to [REDACTED], pursuant to the hearing decision overturning CCA's denial. This was not disputed by CCA; however, it was noted that a LOA was not completed between CCA and [REDACTED].

be a participant of Medicare or Medicaid as outlined in the member handbook at Chapter 3, Section (D)(4) (see Exhibit 10, p. 38). In addition, CCA explained that a letter of agreement cannot be completed to approve the non-covered service because [REDACTED] is not an in-network provider (see Exhibit 9, p. 47). Moreover, CCA testified that the services requested are a non-covered benefit, as CCA does not cover personal organization services. The representative outlined CCA's Medical Necessity Guidelines (#100) for a noncovered benefit and explained that there has to be no in-network provider that could provide similar services (Exhibit 9, p. 46). The CCA representative testified that there are no in-network providers that provide the requested service; however, chore services can be provided as an alternative and are covered by CCA.

The appellant explained that her diagnoses, which include attention-deficit hyperactivity disorder (ADHD), autism, and post-traumatic stress disorder (PTSD), affect her ability to perform the service requested. The appellant has personally hired [REDACTED] in the past to assist her with organizing her personal space. The appellant explained that [REDACTED] will go around the appellant's home and help her discard items that she doesn't need, and organize items. This helps appellant keep her surfaces clear for longer. Although appellant was approved for this on a one-time basis, she regrets asking for it in that way as she believes this service should be a part of her daily life. Moreover, the appellant testified that she might be evicted in [REDACTED], and have to move out, and she cannot deal with packing and picking up piles of things by herself. The appellant explained that [REDACTED] is a competent nurse who knows how to work with people who have experienced trauma like herself to make sure that certain situations don't trigger flashbacks. The appellant explained that chore services are not comparable as that would require her to be around a stranger, and make her more anxious and sick. The appellant testified that she has had homemaker services in the past, and described them as a horrific experience.

The appellant stated that CCA's hearing submission did not include a complete medical record; thus, it is hard to understand the whole picture. The hearing officer reminded the appellant that it is her obligation to submit documentary evidence in support of her case. The appellant did submit a video electronically prior to hearing, of a conversation she and her occupational therapist had with the Americans with Disabilities Act (ADA) Director of CCA in January 2025 (Exhibit 11). The appellant explained that the video was relevant because CCA was denying her a disability accommodation. The service being requested and discussed was professional organization (appellant testimony). In the video, the appellant advocated for seasonal help from [REDACTED]. The CCA representative stated that they would review the case internally to see if there are any exemptions CCA can make, but reminded her that they have to work within the parameters of the plan, and federal and state guidance.

The appellant stated that she felt that it was a problem that professional organizing services is not discussed anywhere in the member handbook, as it limits a whole population of people with diagnoses similar to hers, who cannot independently perform these tasks. The appellant also testified that that CCA has not provided her with a disability accommodation policy.

Findings of Fact

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

1. Appellant is enrolled in CCA's OneCare program, which is a MassHealth ICO.
2. On or around, December 31, 2024, appellant requested coverage of professional organizing services offered by Carol Ehrlich, R.N. with no number of hours specified in the request.
 - a. Professional organizing services is a non-covered benefit under CCA.
3. CCA denied the request on January 13, 2025 and stated that the reason for the denial was because the service requested was not a covered benefit, and that CCA may cover chore services as an alternative.
4. The appellant appealed the January 13, 2025 denial and CCA issued a Level 1 denial on March 28, 2025, which the appellant appealed to the Board of Hearings on April 8, 2025.
5. A request from the appellant for these services was previously denied by CCA back in 2023.
6. A BOH appeal hearing occurred in which the Hearing Officer approved professional organizing services (with the same provider) on a one-time basis at 8 hours to assist her with a move to a new residence.
7. The professional organizer service provider is not a Medicaid or Medicare provider, and CCA was unable to enter into a letter of agreement with her as a result.
8. Failure to enter into a letter of agreement for a non-covered benefit is a limitation/exclusion under CCA's medical necessity guidelines.
9. Appellant's diagnoses, including attention-deficit hyperactivity disorder (ADHD), autism, and post-traumatic stress disorder (PTSD), affect her ability to perform the service requested.
10. The appellant has previously personally paid out-of-pocket for the organizational services from [REDACTED]
11. The appellant may have to move out of her home in [REDACTED]
12. The appellant is unable to pick up piles of things around her house.
13. The appellant does not want an authorization for chore services, as she does not feel comfortable with strangers and feels that this would make her anxious.

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.004, must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth-contracted MCO available for their coverage type (130 CMR 450.117(A) and 130 CMR 508.002). MassHealth managed care options include an integrated care organization (ICO) for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. Members who participate in an ICO obtain all covered services through the ICO (130 CMR 450.117(K)).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): *MassHealth Standard* or MassHealth CommonHealth as defined in 130 CMR 450.105(E): *MassHealth CommonHealth*;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*; and
- (d) live in a designated service area of an ICO.

130 CMR 508.007.

The ICO 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)). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010.

CCA's One Care Plan is a MassHealth Integrated Care Organization (ICO). CCA's One Care Member Handbook, Exhibit 10, enumerates which services the plan covers. Per the handbook, CCA's One Care plan covers chore services as part of long term services and supports, but it does not identify personal organization services specifically (Exhibit 10, p. 110). The handbook's requirements

regarding prior authorization of services includes reference to CCA's medical necessity guidelines.

According to CCA's medical necessity guidelines, a non-covered benefit is

[a] resource that is not covered by Medicare or Medicaid that CCA care teams may consider medically necessary. These are, normally, rare exceptions to the yearly CCA benefit plan for a specific member based on their unique health needs, clinical context or 'story.' Such exceptions can be shown or reasonably anticipated to show a clear clinical value to the individual member and to CCA's overall programming for all members.

CCA Medical Necessity Guideline (MNG) #100, Exhibit 9 at 46.

Non-covered benefits are subject to prior authorization (*Id.*). MNG #100 provides that a member may be eligible for a non-covered benefit if:

Clinical Eligibility: A member may be eligible for a non-covered benefit, which may be called a "benefit exception," when CCA is provided a clear determination of need and rationale for how this resource will improve a member's individualized care plan. A member may receive a specified resource after a careful evaluation, individualized risk assessment, and well documented rationale showing how the benefit may be both reasonable (1) and medically beneficial (2).

(1) Reasonable-- Of modest or moderate cost outweighed by other cost savings or benefits

(2) Medically beneficial—Of reasonable likelihood to significantly improve a member's health and quality of life

Id. at 37. The following limitations and exclusions apply:

LIMITATIONS/EXCLUSIONS: A member is not eligible for a non-covered benefit if any of the following apply:

1. It is not considered to be medically necessary.

2. The anticipated outcome can be achieved through an alternate covered benefit.

3. If a network provider cannot provide the non-covered benefit and CCA is unable to develop a letter of agreement (LOA) with a provider for the benefit.

4. Clinical documentation that alternative approaches have been trialed and results of trials.

5. Clinical documentation (if relevant) as to why ordinary alternatives are less effective.

6. Individualized risk assessment shows what the risk may be of not

providing this benefit to the member.

7. Anticipated outcome.

8. How anticipated outcome will be measured and evaluated.

Id. at 37-38 (emphasis added).

Here, the requested professional organizing services are not a covered benefit. Therefore, in order for CCA to approve the request, there must be clinical eligibility for the non-covered benefit and it must not fall under a limitation or exclusion. CCA denied the requested service because the anticipated outcome can be achieved through an alternate covered benefit, chore services. In addition, CCA argued that a letter of agreement (LOA) with Ms. Ehrlich could not be obtained as it was CCA's position that it can enter in an LOA with only with known MassHealth or Medicare providers. Thus, as the provider and CCA cannot enter into an LOA, the requested service is excluded under CCA's Medical Necessity Guidelines. The record evidence reflects that CCA did not enter into a LOA with [REDACTED] when the services were previously approved by another Hearing Officer. There was no testimony or evidence presented to the contrary. Thus, even if there was a finding that the service met a "benefit exception," CCA was correct when it denied the PA request because the service/benefit is excluded if CCA and the provider cannot enter into an LOA. Moreover, the Member Handbook, Chapter 3, Section (D)(4) also supports that CCA cannot pay a provider who is not eligible to participate in Medicare or MassHealth. It is undisputed that the [REDACTED] is not a participating provider of Medicare or MassHealth.

CCA did not err in denying the prior authorization request for professional organizer services.

For the reasons set forth, above this appeal is DENIED.

Order for Respondent

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc: Appellant Representative: [REDACTED]

cc: MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30
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