

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

[REDACTED]  
[REDACTED]  
[REDACTED]

<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Appeal Number:</b>	2505719
<b>Decision Date:</b>	06/27/2025	<b>Hearing Date:</b>	May 16, 2025
<b>Hearing Officer:</b>	Brook Padgett		

**Appellant Representatives:**

[REDACTED]

**CCA Representative:**

Jeremiah Mancuso, Commonwealth Care  
Alliance Manager of Appeals



***Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
MassHealth of Medical Assistance  
Board of Hearings  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171***

## APPEAL DECISION

<b>Appeal Decision:</b>	Approved in part; Denied in part	<b>Issue:</b>	Managed Care Organization Denial of Internal Appeal 130 CMR 422.410
<b>Decision Date:</b>	06/27/2025	<b>Hearing Date:</b>	May 16, 2025
<b>MassHealth Rep.:</b>	J. Mancuso, RN, CCA	<b>Appellant Reps.:</b>	
<b>Hearing Location:</b>	Video conference		

### Authority

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

### Jurisdiction

The appellant received a CCA<sup>1</sup> One Care (Medicare-Medicaid Plan) Notice of Denial or Change, Denial of Level 1 Appeal dated April 02, 2025 stating that on March 04, 2025 you asked us to reconsider our decision to authorize the following: Increase coverage of Personal Care Attendant (PCA) Services, from 33.5 total hours per week to 34.75 total hours per week. The Level 1 appeal is denied. Our decision is you remain approved for 26.50 total hours per week. (Exhibit 1). The appellant filed a timely appeal on April 09, 2025. (130 CMR 610.015(B); Exhibit 2). A challenge to a CCA PCA service plan is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by CCA

CCA reduced the appellant's PCA assistance to 26.50 PCA hours per week.

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<sup>1</sup> Commonwealth Care Alliance (CCA) is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000.

## Issue

Were the appellant's PCA hours correctly determined?

## Summary of Evidence

The CCA manager of appeals and registered nurse, stated the appellant is a [REDACTED] with [REDACTED]

[REDACTED] The appellant had a PCA evaluation on January 15, 2025 which recommended an increase in PCA hours from 33.5 hours/week to 34.75 hours/week. After review of the individual tasks, past PCA evaluations, and member's medical records, CCA reduced this request to 26.5 hours per week. The representative testified that the appellant's last in-person PCA evaluation (before the most recent in 2025) was performed on October 16, 2023, which recommended 22 PCA hours per week. The appellant's PCA hours were increased twice in 2024 after telephonic adjustments. Because telephonic assessments are not reliable for accurate, objective information, CCA reviewed the increases and determined the requests for eating/feeding, nail care and bladder care to be excessive for the appellant's needs.

CCA testified that the appellant's most recent orthopedic appointment on [REDACTED] states the appellant's left wrist has "significantly improved", but her right wrist remained 5/10 pain despite occupational therapy (OT) and a cortisone injection. Her left wrist has had an increase in pain from overuse. The focused orthopedic exam showed bilateral "full painless range of motion at the shoulder and elbow", bilateral ability to "make a complete fist and extend the digits completely," bilateral "full wrist range of motion with flexion, extension, supination and pronation, radial and ulnar deviation." "MRI of the right wrist from [REDACTED] was reviewed and shows evidence of mild second extensor compartment tenosynovitis and flexor carpi ulnaris tendinosis." The provider stated there is no indication for surgical intervention at this time, and the plan is to continue to manage conservatively. The appellant stopped attending OT on [REDACTED] due to lack of improvement.

CCA testified to the following modifications:

Eating time was reduced to 3 minutes x 3 times a day x 7 days per week = 63 minutes per week from 10 minutes x 3 times per day x 7 days per week = 210 minutes per week. Time was reduced as a PCA assistance is only for the hands on activity of feeding. PCA time does not consider time waiting for an individual to chew or swallow. Eating assistance was not previously requested and medical evidence dated March 03, 2025 states the appellant's left wrist has "significantly improved" and she can use her bilateral upper extremities with wrist braces to feed herself. The

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[REDACTED]

eating task was modified with recommendations for the appellant to request adapted feeding equipment. The appellant received additional time for meal preparation and clean up.

After discussion the representative from CCA reversed the time reduction and agreed to 10 minutes x 3 times per day x 7 days per week = 210 minutes per week per week for eating as requested by the appellant.

Time for Grooming/Nail care was reduced to 5 minutes x 1 time a day x 1 day per week = 5 minutes per week from 5 minutes x 1 time per day x 7 days per week = 35 minutes per week. The representative stated this reduction is for nail care only (the appellant receives an additional 35 minutes for hair care and 35 minutes for shaving). CCA stated the appellant previously received 5 minutes a day for nail care and it appears the current request is a clerical error as the appellant requested 5 minutes, 7 days of the week rather than once a week. The appellant does not require nail care every day and the maximum time for task for assistance with all grooming is 25 minutes. The appellant is currently receiving 75 minutes for all other grooming activities.

The appellant and her representatives responded that the appellant requires the additional time of 10 minutes per week to soak her feet.

Time requested for Toileting/Bladder was reduced to 3 minutes x 5 times a day x 7 days per week = 107 minutes per week from 12 minutes x 5 times per day x 7 days per week = 420 minutes. The representative stated the appellant is a moderate assist and the time approved is only to assist the appellant with hygiene not the time waiting while the appellant is in the bathroom. CCA argued the bladder care request is excessive compared to the previous adjustment 3 months ago as less times is needed as the appellant has the ability to participate in the task. CCA stated the number of episodes was not reduced just the time for task. CCA acknowledged the appellant's submission from her doctor which states, the appellant "suffers from interstitial cystitis which causes urinary frequency so frequent that she has been unable to keep a job, despite receiving maximum treatments related to this condition. She experiences urinary incontinence as she is unable to go to the bathroom quickly enough due to the urgency, and so she uses adult pull up diapers and incontinence supplies"; however CCA maintains it does not take 12 minutes to change a pad, perform hygiene and re-dress. The urologist notes incontinence, but the PCA agency states this is only occasional and the appellant has use of her left upper extremity. CCA questioned why the appellant is requesting 60 minutes per day to change her pads but the PCA is in the home for only 5 hours which leaves 19 hours when the appellant must perform the activities of bladder care on her own. CCA submitted into evidence the appellant's case file (Exhibit 4) and CCA Handbook (Exhibit 5).

The appellant responded to questioning about the PCA's schedule that the PCA comes to her home around 5:00am and stays until 7:00am. During this time the PCA changes the appellant's pad, brushes her teeth, helps her shower, cooks and feeds the appellant. The PCA returns around 5:30pm to change her pads, help her eat and bathe, and leaves between 7:00pm-9:00pm. CCA

questioned how the PCA can assist the appellant with eating 3 times per day or with 12 bladder episodes when the PCA is not available for most of the day. The appellant responded that her sister often comes to help her with her lunch and other activities.

The appellant's representatives argued the appellant requires more time than requested and is supplementing the lack of time with outside assistance. The appellant has limited use of her right hand and is unable to change her own pads without causing a mess. The appellant's physician at UMASS Memorial has documented in her affidavit that the appellant has wrist pain which inhibits her ability to grasp objects and she has trouble cutting food and using utensils. The physician details it is difficult for the appellant to grasp her underwear and pads to change them and that she often spills the contents. In addition, the evidence documents that the appellant has bilateral pain and weakness, and she is unable to perform simple self-care activities such as changing her adult pull ups. Finally, she has severe foot pain which has been difficult to diagnose. The appellant submitted into evidence: affidavit from the appellant and the PCA; letters of support from the appellant's primary care physician [REDACTED]

## Findings of Fact

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

1. The appellant is a [REDACTED]. (Exhibit 4 and testimony).
2. The appellant's last in-person PCA evaluation was performed on October 16, 2023, and resulted in a recommendation of 22 PCA hours per week. (Testimony).
3. The appellant's PCA hours were increased twice in 2024 after telephonic adjustments. (Testimony).
4. A PCA evaluation on January 15, 2025 from the appellant's provider recommended an increase from 33.5 hours/week to 34.75 hours/week. (Exhibit 1).
5. CCA reduced the requested PCA time to 26.5 hours per week. (Exhibit 1).
6. CCA and the appellant agreed to the time requested for eating of 10 minutes x 3 times per day x 7 days per week = 210. (Testimony).
7. CCA reduced the time for Grooming/Nail care from 5 minutes x 1 time per day x 7 days per week = 35 minutes per week, to 5 minutes x 1 time a day x 1 days per week = 5 minutes per week. (Exhibit 4).

8. CCA reduced the time for Toileting/Bladder reduced from 12 minutes x 5 times per day x 7 days per week = 420, to 3 minutes x 5 times a day x 7 days per week = 107 minutes per week. (Exhibit 4).
9. The appellant has been diagnosed with interstitial cystitis which causes urinary frequency and incontinence. (Exhibit 6).

## 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 of 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. See 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 (ADL'S) (130 CMR 422.410(A)).

### 130 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. 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/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 PCA services; and
    - (c) other special needs approved by the MassHealth as being instrumental to the health care of the member.
- (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 will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

The requested services must also be medically necessary for prior authorization to be approved. 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. (130 CMR 450.204).

(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. See 130 CMR 450.204

The appellant is a [REDACTED]. On January 15, 2025 the appellant's provider submitted a PCA evaluation which recommended an increase from 33.5 hours per week to 34.75 hours per week. CCA reduced the time requested to 26.25 hours after a modifying the time for eating/feeding, nail care, and bladder care, maintaining the requests were excessive in light of the appellant's needs. Prior to the end of the hearing, all PCA times were agreed to by CCA and the appellant and her representatives except for the time required for nail care and bladder care.

The appellant requested 5 minutes x 1 time per day x 7 days per week for Nail Care, and CCA approved 5 minutes x 1 time a day x 1 days per week = 5 minutes per week. CCA reduced the appellant's request for Grooming/Nail care as the request was for nail care 7 days a week. The appellant has argued she requires additional time to soak her feet. Nail care is traditionally a once a week activity and this request is assumed to be a clerical error. Further the time for task for assistance with all grooming activities for an individual who is totally dependent is 25 minutes a day (See Time-for-Tasks Guidelines for the MassHealth PCA Program, Exhibit 4, pg.45). The appellant is a moderate assist and is currently approved for 75 minutes per day (35 minutes for hair care and 35 minutes for shaving) which is three times the maximum amount. There has been no evidence presented that the appellant requires nail care every day or additional time to soak of her feet therefore the reduction in time for grooming is upheld.

The appellant requested 12 minutes x 5 times per day x 7 days per week = 420 for Bladder Care, and CCA approved 3 minutes x 5 times a day x 7 days per week = 107 minutes per week. CCA reduced the appellant's time for Bladder Care as the appellant is a moderate assist and PCA is only to assist the appellant with hygiene, changing the pad, and straightening out her clothes. The evidence indicates the appellant has been diagnosed with interstitial cystitis which causes urinary frequency and incontinence.

Although it is unclear how the PCA can perform this activity 5 times during her time with the appellant, as well as questions concerning how the appellant is able to perform this task without PCA assistance during the hours she is alone, the CCA reduction concerns the time for task rather than the frequency requested, which was not altered. The CCA Time for Task tool states the



average time for toileting, which includes both bladder and bowel care, for a moderate assist is 6-13 minutes. Authorizations should follow the time estimates outlined in the Time-For-Tasks Guidelines or Functional Assessment for the MassHealth PCA Program. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less. While it may not take an individual who is a moderate assist 12 minutes to change a pad, perform hygiene and re-dress (the time for task tool does not specifically list the changing of pads as an activity under toileting); it is reasonable to presume that this task takes at least the minimum amount of toileting time of 6 minutes to perform the activity (See Time-for-Tasks Guidelines for the MassHealth PCA Program, Exhibit 4, pg.48). The appellant has demonstrated that additional time is needed, and the request for Bladder Care is modified to 6 minutes x 5 times per day x 7 days per week = 210 for Bladder Care.

CCA reversed the time reduction and agreed to 10 minutes x 3 times per day x 7 days per week assistance with eating as requested by the appellant. The appellant's request for 5 minutes x 1 time per day x 7 days per week for nail care is denied. The appellant's request for 12 minutes x 5 times a day x 7 days a week for bladder care is modified to 6 minutes x 5 times per day x 7 days per week.

## **Order for CCA**

Recalculate PCA hours as outlined above.

## **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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc:

CCA Representative: Commonwealth Care Alliance, Attn: Jerimiah Mancuso, 30 Winter Street, Boston, MA 02108

[REDACTED]