

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Approved in part; Denied in part	<b>Appeal Number:</b>	2505843
<b>Decision Date:</b>	8/8/2025	<b>Hearing Date:</b>	05/22/2025
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	06/26/2025

**Appearance for Appellant:**

Pro se

**Appearances for MassHealth:**

Kelly Rayen, RN

Heather Adams, RN (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

<b>Appeal Decision:</b>	Dismissed in part; Approved in part; Denied in part	<b>Issue:</b>	Prior Authorization – PCA Services
<b>Decision Date:</b>	8/8/2025	<b>Hearing Date:</b>	05/22/2025
<b>MassHealth's Reps.:</b>	Kelly Rayen, RN; Heather Adams, RN (observing)	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 1 (Remote)	<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 March 17, 2025, MassHealth modified the appellant's prior authorization (PA) request for personal care attendant (PCA) services from the requested 112 hours and 30 minutes of PCA assistance per week, to 93 hours and 15 minutes per week (Exhibit 1). The appellant filed this appeal in a timely manner on or about April 8, 2025 (130 CMR 610.015; Exhibit 2). Modification of a PA request is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth modified the appellant's PA request for PCA services.

### Issue

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

## Summary of Evidence

The MassHealth representative, who is a registered nurse and clinical appeals reviewer, testified that the appellant is a female adult who is under the age of 65. Her primary medical diagnoses include advanced rheumatoid arthritis, fibromyalgia, osteoporosis, congestive heart failure (CHF), chronic obstructive pulmonary disorder (COPD), and diabetes. She has depression and adrenal insufficiency. (Exhibit 6, p. 8). The appellant has a history of left hip replacement in 1995, left ankle reconstruction with total fusion in 1993 which is now dislocated with visible metal plate, bilateral knee replacements in 1995, a C1-C2 spinal fusion in 1997, right partial hip replacement in 1998, broken femur in 2021, appendectomy in 1979, gall bladder surgery in 1993, and a history of falls with fractures. The appellant is not a candidate for surgery due to long-time use of steroids, which have depleted her calcium levels. The appellant has a poor range of motion in her upper and lower extremities and decreased fine motor control related to contractures. The appellant uses a walker to ambulate.

The MassHealth representative testified that the Center for Living and Working, a Personal Care Management (“PCM”) services agency, submitted a PA re-evaluation request to MassHealth on the appellant’s behalf on March 17, 2025, seeking the following:

- 112 hours and 30 minutes of day/evening PCA assistance per week.

The MassHealth representative testified that by notice dated March 17, 2025, MassHealth modified the requested time to the following:

- 93 hours and 15 minutes of day/evening PCA assistance per week.

The time period for this PA request is June 13, 2025, through June 12, 2026 (Exhibit 1, p. 2).

The MassHealth representative stated that there were 5 modifications made. First, MassHealth modified the category of “Mobility” from the requested time of 8 minutes, 6 times per day, 7 days per week to 5 minutes, 6 times per day, 7 days per week. MassHealth’s rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for mobility is longer than ordinarily required. The documentation that was submitted on behalf of the appellant states that she is a maximum assist. (Exhibit 6, p. 14). The MassHealth representative explained that maximum assist means that her PCA provides 75% of the support needed to complete the task. The documentation that was submitted on behalf of the appellant also states that: she ambulates with use of a rolling walker, and she requires hands-on assist when ambulating due to high risk of falls and injury, pain level, poor balance, contractures to hands and feet, and dizziness. The appellant has a power wheelchair with toggle that she is independent with for days she is unable to bear weight. *Id.* The MassHealth

representative stated that the time that MassHealth modified for PCA assistance in this category is for the time that it takes for the PCA to assist the appellant when she ambulates with her walker.

The appellant appeared at the hearing by telephone. She testified that her physical therapist is trying to get her to walk more often to increase her strength and durability. The appellant explained that she was hospitalized in March 2025 and due to her ankle fusions, she ambulates slowly. The MassHealth representative explained that the frequency requested in this category was not modified, rather MassHealth modified the time per task requested in this category. She stated that the time authorized in this category is for the PCA to assist the appellant with ambulating from one room to another room (i.e. from her bedroom to her living room) and it does not include time for exercising. The appellant testified that she ambulates from her bedroom to her kitchen more frequently. The MassHealth representative inquired about PCA hands-on assistance when the appellant ambulates; the appellant stated that the PCA is holding her hips each time. The MassHealth representative agreed to restore the time requested for mobility, thereby resolving this modification.

The second modification made was in the "Transfers" category (Exhibit 6, p. 13). MassHealth modified the requested time for PCA assistance in this category from 8 minutes, 10 times per day, 7 days per week to 5 minutes, 10 times per day, 7 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for transfers is longer than ordinarily required. The documentation that was submitted on behalf of the appellant states that she requires assistance with all transfers in and out of bed and on/off surfaces. (Exhibit 6, p. 14). The MassHealth representative stated that the time requested for PCA assistance in this category is for the time it takes for the PCA to bring the appellant's legs over to the edge of the bed, help her sit up, to help her in and out of her bed or on and off a chair. The appellant testified that transfers are currently difficult for her to perform. She stated that her PCA performs hands-on assistance during all transfers. The MassHealth representative asked if the appellant takes breaks during transfers; the appellant responded affirmatively. The MassHealth representative stated that wait time is not covered in the PCA program. The appellant stated that it takes longer than 5 minutes for the PCA to assist with transferring her because the appellant also has vision and shoulder issues. The MassHealth representative offered to increase the time to 6 minutes per episode (6 x 10 x 7), after hearing the appellant's testimony. The appellant accepted MassHealth's offer, thereby resolving this modification.

The third modification made was in the "Repositioning" category (Exhibit 6, pp. 13-14). MassHealth modified the requested time and frequency of PCA assistance in this category from 5 minutes, 10 times per day, 7 days per week to 3 minutes, 9 times per day, 7 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time and frequency of the request for repositioning is longer and is more often than ordinarily required. The documentation that was submitted on behalf of the appellant states that she requires maximum assistance with repositioning every two

hours to reduce pain and spasm, and to maintain skin integrity. (Exhibit 6, p. 14). The MassHealth representative stated that the daytime hours of 6 a.m. to midnight equals 18 hours and, therefore, repositioning the appellant every 2 hours would amount to 9 times per day. She explained that the time that MassHealth authorized for PCA assistance in this category is for the time it takes for the PCA to help move the appellant's legs to a certain spot, pillow prop, or assist with hoisting the appellant up while in her bed or on a chair. The appellant stated that it takes 5 minutes for the PCA to assist with repositioning. She stated that the PCA omits/adds pillows so that she is weight bearing in different areas each time. However, repositioning the appellant does not always work for her PCA during the first attempt at doing so, which is the reason that it takes 5 minutes per occasion.

The fourth modification made was in the "Passive Range of Motion" (PROM) category. (Exhibit 6, p. 15). MassHealth denied the requested time of 7 minutes, 3 times per day, 7 days per week for each upper extremity and 8 minutes, 3 times per day, 7 days per week for each lower extremity. MassHealth's rationale for the denial of PCA assistance in this category is that the documentation submitted on behalf of the appellant indicates that the requested time for PCA assistance for PROM does not meet the professionally recognized standards of health care. The documentation that was submitted on behalf of the appellant states that she requires PROM to upper and lower extremities three times daily to reduce further contractures, reduce pain and spasm, reduce further loss of functioning, and improve circulation and flexibility in joints. *Id.* The MassHealth representative testified that the appellant has primary diagnoses of advanced rheumatoid arthritis and auto-immune chronic tissue disease that produces persistent systemic inflammation with joint inflammation leading to functional loss and joint destruction. The MassHealth representative explained that the appellant's diagnosis of advanced rheumatoid arthritis is severe because it causes irreversible joint damage and deformity of bones. Further, the appellant has a diagnosis of osteoporosis, which is a condition characterized by decreased bone density and increased risk for fracture. The appellant has a history of left hip replacement, left ankle reconstruction with total fusion, which is now dislocated with visible metal plate, bilateral knee replacements, C1-C2 spinal fusion, right partial hip replacement, broken femur, and falls with fractures. The appellant is not a candidate for surgery due to long use of steroids, which have depleted her calcium level. She has poor range of motion in her upper and lower extremities and decreased fine motor control related to contractures. The appellant has severe chronic joint pain and all PCA tasks must be performed slowly due to the severe level of pain. The MassHealth representative stated that PROM is performed to prevent contractures; it does not increase or maintain functioning and does not strengthen the limb because the PCA is moving the limb for the appellant. She stated that PROM is not a replacement for skilled physical therapy. Given the appellant's diagnoses, significant orthopedic surgery, and high risk for fractures, PROM would be ineffective and likely cause injury or fractures to the appellant which in turn, would increase her pain. The MassHealth representative testified that it is not the standard of healthcare for an unskilled PCA to perform PROM to the appellant with her diagnoses, nor would the benefit outweigh the risk.

The appellant testified that she engaged in physical therapy after her March 2025 hospitalization,

and it was suggested to her at that time to have her PCA assist with PROM. The MassHealth representative inquired if the appellant's physical therapist gave her physical therapy exercises to perform at home; the appellant answered affirmatively. The MassHealth representative explained that physical therapy is different than PROM. The appellant asked if PROM includes when her arms are being lifted over her head. The MassHealth representative asked if the appellant could lift her arms independently. The appellant explained that she requires assistance to lift her arms up entirely. The MassHealth representative stated that it appears that the appellant's PCA is performing active range of motion since she can lift her arms independently, though perhaps not to the extent that the appellant would like. She explained that PROM is performed on consumers who are unable to move their joints or put them in motion, such as quadriplegics or bedbound consumers. Here, the appellant, while it may be painful and difficult for her, can still walk, sit up, transfer, and move her arms to a certain degree which supports MassHealth's conclusion that this task is active range of motion. She stated that active range of motion is not a covered PCA task in the PCA program.

The appellant stated that she requires PROM to perform other ADL tasks, like holding silverware to eat for example. The MassHealth representative stated that the documentation that was submitted on behalf of the appellant states that she has contracted hands and requires PCA assistance to feed her. The appellant stated that she needs additional time for PROM. The MassHealth representative stated that she can review any additional documentation from the appellant's physical therapist, rheumatologist, and orthopedic provider that supports that PROM is medically necessary; the appellant stated that she would obtain additional supporting documentation from her providers.

The fifth modification made was in the "Grooming" (other) category. (Exhibit 6, p. 18). MassHealth modified the requested time for PCA assistance in this category from 10 minutes, once per day, 7 days per week to 5 minutes, once per day, 7 days per week. MassHealth's rationale for the modification in this category is that the documentation submitted on behalf of the appellant indicates that the time requested for PCA assistance is longer than ordinarily required with someone with her physical needs. The documentation that was submitted on behalf of the appellant indicates that the requested time for "other" is for the PCA to apply lotion to full body, antiperspirant to underarms, and skin checks. *Id.* The MassHealth representative stated that performing skin checks is not a covered PCA service.

The appellant stated that she requires powder to be applied to her skin twice per day, otherwise she develops rashes. She explained that powder applications are in addition to her lotion application. The MassHealth representative asked if it is a prescribed powder that is applied twice per day; the appellant responded affirmatively. The MassHealth representative stated that the powder application was requested under a separate ADL category (Medication Assist) at twice per day, each day, and it was approved in full as requested. She explained that the documentation that was submitted on behalf of the appellant for the grooming (other) category indicates that the application of lotion and deodorant was requested once per day, each day. The appellant stated

that she requires lotion to be applied twice per day due to extreme dry skin. The MassHealth representative explained that the appellant's PCM agency requested time for PCA assistance in this category at once per day, not twice per day. She suggested that the appellant contact her PCM agency to discuss having an adjustment filed with MassHealth. The appellant testified that it takes longer than 5 minutes for the PCA to apply lotion.

Following the hearing, the record was left open for a brief period for the appellant to submit additional documentation and for MassHealth to review all submissions (Exhibit 7). MassHealth subsequently responded, in pertinent part, that the appellant's submission confirms the appellant's diagnoses of severe osteoporosis, foot and ankle deformities, complex musculoskeletal and bone problems of the lower extremities, triple joint rheumatoid arthritis, tibial stress fracture of her left leg, progressive plano-valgus collapse of her right foot, history of fractured femur, and that she is not a surgical candidate due to brittle bones. Additionally, the appellant's submission states that there are several referrals to physical therapy and that one of her providers noted that she needs assistance with PROM therapy performed by a trained PCA 3 times per day, each day. The MassHealth representative responded that upon reviewing the appellant's submission, MassHealth determined that the appellant's requested time for PCA assistance with PROM remains denied because PCAs are unskilled caregivers, they are not licensed or medically trained professionals, and it is unsafe for a PCA to perform this task due to the appellant's frailty and significant orthopedic history. (Exhibit 8).

## **Findings of Fact**

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

1. The appellant is under the age of 65 and she is a MassHealth member.
2. The appellant's medical diagnoses include advanced rheumatoid arthritis, fibromyalgia, osteoporosis, CHF, COPD, and diabetes. She has depression and adrenal insufficiency. The appellant has a history of left hip replacement, left ankle reconstruction with total fusion, which is now dislocated with visible metal plate, bilateral knee replacements, a C1-C2 spinal fusion, right partial hip replacement, broken femur, appendectomy, gall bladder surgery, and a history of falls with fractures. The appellant is not a candidate for surgery due to long-time use of steroids, which have depleted her calcium levels. The appellant has a poor range of motion in her upper and lower extremities and decreased fine motor control related to contractures.
3. Center for Living and Working, a PCM agency, submitted a PA re-evaluation request to MassHealth on the appellant's behalf on March 17, 2025, seeking the following: 112 hours and 30 minutes of day/evening PCA assistance per week.

4. By notice dated March 17, 2025, MassHealth modified the requested PCA assistance time to: 93 hours and 15 minutes of day/evening PCA assistance per week.
5. The PA request at issue covers the time period of June 13, 2025, through June 12, 2026.
6. The appellant requested time for assistance with mobility as follows: 8 minutes, 6 times per day, 7 days per week.
7. MassHealth modified the requested time for PCA assistance with mobility to 5 minutes, 6 times per day, 7 days per week.
8. At the hearing, MassHealth agreed to restore the requested 8 minutes, 6 times per day, 7 days per week of PCA assistance for mobility.
9. The appellant requested time for assistance with transfers as follows: 8 minutes, 10 times per day, 7 days per week.
10. MassHealth modified the requested time for PCA assistance with transfers to 5 minutes, 10 times per day, 7 days per week.
11. At the hearing, MassHealth offered to increase the time for assistance with this task to 6 minutes, 10 times per day, 7 days per week. The appellant accepted this offer, resolving this modification.
12. The appellant requested time for assistance with repositioning as follows: 5 minutes, 10 times per day, 7 days per week.
13. MassHealth modified the requested time for PCA assistance with repositioning to 3 minutes, 9 times per day, 7 days per week.
14. The documentation that was submitted on behalf of the appellant states that she requires maximum assistance for repositioning.
15. The appellant requested time for assistance with passive range of motion (PROM) as follows: 7 minutes, 3 times per day, 7 days per week to each upper extremity and 8 minutes, 3 times per day, 7 days per week to each lower extremity.
16. MassHealth denied the requested time for PCA assistance in this category on the basis that the requested time for PCA assistance in this category does not meet the professionally recognized standards of health care.

17. PROM is performed when a member is unable to move a body segment (for bedbound or immobilized individuals) to avoid contractures, and it is not a replacement for skilled nursing therapy.
18. The appellant requested time for assistance with grooming (other), as follows: 10 minutes, once per day, 7 days per week for the PCA to apply lotion and deodorant.
19. MassHealth modified the requested time for PCA assistance for grooming (other) to 5 minutes, once per day, 7 days per week.
20. Following the hearing, the record was left open for the appellant to submit additional documentation and for MassHealth to review the submission.
21. MassHealth subsequently responded, *inter alia*, that the appellant's documentation was received. Upon review, MassHealth concluded that the denial of the requested time for PCA assistance in the PROM category remains unchanged because it is unsafe for a PCA, who is unskilled, to perform this task due to the appellant's frailty and significant orthopedic history.

## **Analysis and Conclusions of Law**

MassHealth regulations about PCA services are found at 130 CMR 422.000 et seq. Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as described in 130 CMR 422.410.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when: (1) they are prescribed by a physician; (2) the member's disability is permanent or chronic in nature; (3) the member 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; and (4) MassHealth has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

Activities of daily living are listed at 130 CMR 422.410(A) and include mobility, assistance with medications or other health-related needs, bathing/grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting (including bowel care and bladder care). MassHealth pays for PCA time in physically assisting members to perform the aforementioned activities of daily living.

Instrumental activities of daily living are those activities described in 130 CMR 422.410(B) that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical

equipment, transportation to medical providers, and completion of paperwork required for the member to receive personal care services. MassHealth pays for PCA time in physically assisting members to perform the instrumental activities of daily living (130 CMR 422.402).

Pursuant to 130 CMR 422.410(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 agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

Further, pursuant to 130 CMR 422.412, "Non-Covered Services:"

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

- (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, or a resident of a provider-operated residential facility subject to state licensure, such as a group home
- (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;
- (G) surrogates, as defined in 130 CMR 422.402; or
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

Pursuant to 130 CMR 450.204(A), 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 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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by 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.

MassHealth has also issued Time-for-Tasks Guidelines for the MassHealth PCA Program; these guidelines provide sub-regulatory guidance for determining the amount of PCA time required to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The guidelines were developed to be used by nurses who evaluate a consumer's need for PCA services and by clinical reviewers of prior-authorization requests for MassHealth PCA services.<sup>1</sup>

At issue in this appeal were modifications of time requested for PCA assistance for the appellant with the following ADLs: Mobility, Transfers, Repositioning, PROM, and Grooming (other).

At the hearing, MassHealth agreed to authorize the following amounts of PCA assistance:

Mobility: 8 minutes, 6 times per day, 7 days per week;

Transfers: 6 minutes, 10 times per day, 7 days per week.

The appellant agreed to these PCA assistance authorizations. Therefore, these portions of the appeal are DISMISSED.

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<sup>1</sup> This document is not available on MassHealth's website. It has been made available pursuant to a public records request.

(<https://www.masslegalservices.org/system/files/library/Time-for-Tasks%20Guidelines%20for%20the%20MassHealth%20PCA%20Program.pdf>)

### **Repositioning**

The appellant requested 5 minutes of assistance, 10 times per day, 7 days per week. MassHealth modified the requested time and frequency to 3 minutes, 9 times per day, 7 days per week because the time requested for assistance with repositioning is longer and more frequent than ordinarily required. The appellant argues that she needs to be repositioned every two hours. MassHealth persuasively noted that the daytime hours of 6 a.m. to midnight equals 18 hours and, therefore, repositioning the appellant every 2 hours would amount to 9 times per day. The appellant disagreed with MassHealth's modification of the time per episode, arguing that it takes longer than 3 minutes for the PCA to assist her with repositioning.

The appellant has demonstrated that five minutes is needed for the PCA to assist her with repositioning. According to the "Time-For-Tasks Guidelines for the MassHealth PCA Program," the average time estimate for a consumer who requires maximum assistance for this task (as is the appellant) is 7 minutes. (See, p. 1 of the Time-for-Tasks Guidelines). The time requested is within the parameters of the guidelines. Further, as noted by the MassHealth representative, the appellant is frail and has a significant orthopedic history. Given her frailty and significant orthopedic history, the appellant has demonstrated that she needs all the time requested for assistance with this task. This portion of the appeal (time only-not frequency) is approved.

### **Grooming (other)**

The appellant requested 10 minutes of assistance, once per day, 7 days per week. MassHealth modified the requested time to 5 minutes, once per day, 7 days per week because the time requested for grooming (the application of lotion and deodorant) is longer than ordinarily required for someone with the appellant's physical needs. The appellant disagreed with this modification, arguing that it takes longer than 5 minutes for the PCA to apply lotion and deodorant.

The appellant has demonstrated that ten minutes is needed for the PCA to apply lotion and deodorant. According to the "Time-For-Tasks Guidelines for the MassHealth PCA Program," the average time estimate for a consumer who requires total independence (as is the appellant) with all grooming tasks needs, on average, 25 minutes of PCA assistance per day for all grooming tasks. (See, p. 3 of the Time-for-Tasks Guidelines). Per the Guidelines, this assistance includes physically assisting a member with basic care such as grooming skills. *Id.* The time requested is within the parameters of the Guidelines. This portion of the appeal is approved.

### **Passive Range of Motion (PROM)**

The appellant requested 7 minutes of PCA assistance, 3 times per day, 7 days per week to each upper extremity and 8 minutes, 3 times per day, 7 days per week to each lower extremity. MassHealth denied the requested time in this category because the requested services do not

meet professionally recognized standards of health care. The appellant disagreed, arguing that she requires PROM to complete other ADLs, such as holding silverware to eat. Additionally, the appellant argues that her physical therapist suggested that her PCA should perform PROM. The record was left open for the appellant to submit additional documentation supporting that it is medically necessary for PROM to each of the appellant's extremities. MassHealth subsequently responded that the documentation submitted confirms the appellant's diagnoses of severe osteoporosis, foot and ankle deformities, complex musculoskeletal and bone problems of the lower extremities, triple joint rheumatoid arthritis, tibial stress fracture of her left leg, progressive plano-valgus collapse of her right foot, history of fractured femur, and that she is not a surgical candidate due to brittle bones. Additionally, the appellant's submission states that there are several referrals to physical therapy and that one of her providers noted that she needs assistance with PROM therapy performed by a trained PCA 3 times per day, each day. The MassHealth representative responded that upon reviewing of the appellant's submission, MassHealth determined that the appellant's requested time for PCA assistance with PROM remains denied because PCAs are unskilled caregivers, they are not licensed or medically trained professionals, and it is unsafe for PCA to perform this task. The record confirms the appellant's diagnoses and her significant orthopedic history. MassHealth has provided adequate support for its determination here, and this portion of the appeal is denied.

For these reasons, this appeal is dismissed in part, approved in part, and denied in part.

## **Order for MassHealth**

For the PA period for dates of service of June 13, 2025 through June 12, 2026: (1) approve the appellant's request in full for the following: Grooming (other) at 10 minutes, once per day, 7 days per week, and Repositioning (time only-not frequency) at 5 minutes, 9 times per day, 7 days per week; (2) increase time for Transfers at 6 minutes, 10 times per day, 7 days per week, and increase time for Mobility at 8 minutes, 6 times per day, 7 days per week, as agreed to at the hearing; (3) notify the appellant of updated authorized PCA hours accordingly; and (4) remove aid pending.

## **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 30 days after the date of this decision, you should contact Optum. 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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

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