

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506296
Decision Date:	07/11/2025	Hearing Date:	05/19/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Robin Brown OTR/L



*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:	Prior Authorization – PCA Services
Decision Date:	07/11/2025	Hearing Date:	05/19/2025
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	██████
Hearing Location:	Remote (phone)	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

Through a notice dated March 21, 2025, MassHealth terminated appellant's Personal Care Assistance (PCA) services at the request of appellant's Personal Care Management (PCM) agency. (Ex. 1). Appellant filed this appeal in a timely manner on March 29, 2025. (Ex. 2).¹ Modification and/or denial of PCA hours is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth terminated appellant's PCA services at the request of appellant's PCM agency.

Issue

The appeal issue is whether MassHealth was correct in terminating appellant's PCA services at the request of appellant's PCM agency.

Summary of Evidence

¹ There is a second Fair Hearing Request Form attached as page 2 to Exhibit 2. This is dated March 30, 2025. It is unclear why there are two request forms.

Appellant, acting pro se, appeared by phone. MassHealth was represented by an Occupational Therapist, (OT), who also appeared by phone. The hearing commenced, all were sworn and documents were marked as evidence. The OT stated the following: appellant is a female in her [REDACTED] with a diagnosis of congestive heart failure, non-Hodgkins lymphoma and skin cancer who lives with her adult children. She stated appellant is attending physical therapy at [REDACTED]. The OT stated MassHealth received a prior authorization (PA) request on March 20, 2025 from appellant's PCM agency, Tempus Unlimited, Inc., requesting 0 hours and 0 minutes a week for PCA services. The PCM agency submitted a reevaluation, (Ex. 4, p. 2-32), dated March 2025, which determined appellant did not require PCA assistance. The OT testified that the regulation found at 130 CMR 422.403 (C) states in part,

(C) "MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:

...

(3) The member, as determined by the PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).

The OT stated the PCM agency submitted a PA request for 0 hours and minutes for every ADL. She stated the PCM agency did not enter any time for IADLs into the reevaluation because they determined appellant did not qualify for at least 2 ADLs, which is necessary for any IADL to apply. (Testimony; Ex. 4, 12-27). The OT stated after the reevaluation of appellant, the PCM agency determined appellant was independent with all ADLs and asked MassHealth to stop the PCA hours for appellant. (Testimony). The OT stated MassHealth approved the request from the PCM agency to end PCA services for appellant and terminated appellant's PCA services.

Appellant stated she did not understand how this could happen with her history of medications and the number of doctors' visits she must attend. She stated her history with her PCM agency, [REDACTED] has not been good. She stated she has fecal and urine incontinence as noted in one of the doctor's letters she provided. (Testimony; Ex. 5). Appellant stated she is in pain and has good days and bad days. She confirmed she attends PT three times a week. (Testimony). It was clear in her testimony appellant was very upset with Tempus. The OT offered to provide information to appellant regarding her issues with Tempus but appellant stated "no, I am done" and terminated her participation in the call by hanging up.

Findings of Fact

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

1. Appellant is a female in her [REDACTED] with a diagnosis of congestive heart failure, non-Hodgkins lymphoma and skin cancer. (Testimony).

2. Appellant was previously approved for PCA services.
3. MassHealth received a PA request on March 20, 2025 from appellant's PCM agency, Tempus Unlimited, Inc., requesting 0 hours and 0 minutes a week for PCA services. (Testimony).
4. Appellant is independent with all ADLs. (Ex. 4, pp. 12-20).
5. Appellant's PCM agency requested MassHealth to end PCA services for appellant. (Testimony).
6. MassHealth terminated appellant's PCA services. (Testimony; Ex. 1, p. 2; Ex. 4, p. 33).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

422.416: PCA Program: Prior Authorization for PCA Services

(A) Initial Request for Prior Authorization for PCA Services. With the exception of 130 CMR 422.416(D), PCM agencies must submit the initial request for prior authorization for PCA services to the MassHealth agency within 45 calendar days of the date of the initial inquiry about a member to the PCM agency for PCA services. Requests for prior authorization for PCA services must include:

(1) the completed MassHealth Application for PCA Services and MassHealth Evaluation for PCA Services;

(2) the completed MassHealth Prior Authorization Request form;

(3) any documentation that supports the member's need for PCA services. This documentation must:

(a) identify a permanent or chronic disability that impairs the member's ability to perform ADLs and IADLs without physical assistance; and

(b) state that the member requires physical assistance with two or more ADLs as defined in 130 CMR 422.410(A).

(4) the completed and signed assessment of the member's ability to manage the PCA program independently. **(emphasis added)**.

PCA services requested must meet medical necessity criteria as defined at 130 CMR 450.204, below:

(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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

In addition to being medically necessary as defined above, time requested for PCA services must comport with the following guidelines at 130 CMR 422.410:

(A) Activities of Daily Living (ADLs). 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/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. (**Emphasis added**).

- (B) Instrumental Activities of Daily Living (IADLs). 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 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 PCA services; and
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member. (**Emphasis added**).

422.403: Eligible Members

...

(C) MassHealth covers PCA 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 PCA services are authorized for the member in accordance with 130 CMR 422.416.
- (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 PCM agency, requires physical assistance **with two or more of the ADLs as defined in 130 CMR 422.410(A)**. (**Emphasis added**).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

The record is clear that appellant's PCM agency determined that she does not require assistance with two or more of the ADLs as defined in 130 CMR 422.410(A). To be eligible for PCA services, a member must meet all the conditions listed in 130 CMR 422.403(C). The third condition in that regulation is that the PCM agency must determine appellant requires physical assistance with two or more ADLs. Since appellant has not met all of the conditions to be eligible for PCA services, MassHealth was correct in terminating appellant's PCA services.

Appellant has not met her burden and does not require physical assistance with two or more ADLs as defined in 130 CMR 422.410(A).

The appeal is denied.

Order for MassHealth

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.

Thomas Doyle
Hearing Officer
Board of Hearings

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