

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2506639
Decision Date:	07/17/2025	Hearing Date:	05/27/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:
Pro se

Appearances for CCA:
Cassandra Horne – Appeals and Grievances
Manager
Jeremiah Mancuso, RN – Clinical Nurse for
Appeals



*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:	Approved	Issue:	Managed Care Organization - Denial of Internal Appeal; Homemaker Services
Decision Date:	07/17/2025	Hearing Date:	05/27/2025
CCA's Reps.:	Cassandra Horne; Jeremiah Mancuso, RN	Appellant's Rep.:	Pro se
Hearing Location:	Telephonic	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 Notice of Adverse Action Denial of Level 1 Appeal dated April 16, 2025, Commonwealth Care Alliance ("CCA") denied the appellant's internal appeal regarding homemaker services. (Exhibit 1.) The appellant filed this appeal in a timely manner on April 28, 2025, and her services are protected pending the outcome of this appeal. (Exhibit 2; 130 CMR 610.015(B); 610.036.) A managed care contractor's 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 reduced the number of homemaker service hours from 7.5 hours per week down to 2 hours per week.

Issue

The appeal issue is whether CCA was correct, pursuant to 130 CMR 630.000 and 450.204, in determining that the appellant required fewer hours of homemaker services than she had been

receiving.

Summary of Evidence

CCA's representatives testified that the appellant is over the age of 65, and she has been enrolled with CCA's Senior Care Options ("SCO") plan since January 1, 2024. The appellant was originally assessed for homemaker services on February 27, 2024. The assessment was completed by a nurse who identified that the appellant required 5 hours of assistance with meal preparation each week, 1.5 hours of assistance with laundry, and 1 hour for housekeeping. The nurse's notes from 2024 stated:

Member unable to stand up on her feet for long periods of time so she struggles trying to make a meal has increased back pain with standing. ... Member is unable to carry heavy loads as she requires to use a cane to walk and has increased back pain. ... Member has history of hoarding and needs assistance with cleaning as she cannot lift heavy things has trouble bending and has increased back pain with activity.

(Exhibit 6, p. 125.) This assessment identified the appellant as requiring "Assistance" with "Cooking/M meal Prep," "Shopping," "Laundry," and "Housekeeping," though it noted the appellant "likes to do shopping on her own" and allowed no time in that category of assistance. The assessment found the appellant "Independent" with "Escort/Transportation." (Exhibit 6, p. 125.)

A Minimum Data Set assessment was completed on February 7, 2025. (Exhibit 6, pp. 132-164.) This assessment was completed in person by a nurse. Part of this assessment was an evaluation of the appellant's need for assistance with Activities of Daily Living ("ADLs") and Instrumental ADLs ("IADLs"). The evaluating nurse wrote:

I/ADLs Need: Member ambulates with a slow unsteady gate d/t the fracture in her left foot. Member states she uses support boot and cane while ambulating outdoors. Member states she is independent with shopping, cooking/meal prep and transportation. Member denies difficulty. Member states she has home making services [for] the housekeeping and laundry. Member states she has a power of attorney who handles her finances.

(Exhibit 6, p. 133.)

Section H of the MDS reviews IADL self-performance. For meal preparation in the past 7 days, the evaluation records that the appellant completed all meals on her own without difficulty. (Exhibit 6, p. 138.) Regarding housework, it was documented that the work was "performed by others," and the appellant would have "Great Difficulty" participating in cleaning, "e.g. little or no involvement in the activity is possible." (Exhibit 6, p. 138.) The appellant was documented to require "Full Help" with financial management and "Some Help" with medication management. The appellant was

independent with phone use, shopping, and transportation, which were the remaining categories of IADLs in the MDS. (Exhibit 6, pp. 138-139.) The appellant was documented to be independent with all ADLs. (Exhibit 6, pp. 140-143.)

The MDS includes reviews of the appellant's cognitive, mood, behavioral, and social patterns. All of the documented responses to these topics reflected scores of 0, indicating that the appellant exhibited no problems. (Exhibit 6, pp. 134-137.) The MDS documents the appellant's behavioral health needs as follows: "Member has a dx. of OCD, MDD, and PTSD. Member meets every month virtually with a psych RN, ..., from [REDACTED] Member states she oversees her BH meds. and reports have positive effect, stating she is happy every day." (Exhibit 6, p. 164.)

The same nurse who completed the MDS also completed a PCA Functional Assessment. CCA testified that their nurses perform the role that a Personal Care Management ("PCM") agency would perform for a MassHealth member who has their PCA services covered directly by MassHealth. CCA acts as both PCM and the reviewing agency. The diagnoses listed on the Functional Assessment were:

PVD (peripheral vascular disease) - I73.9 Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity - I82.409 Complex posttraumatic stress disorder - F43.10 Anxiety - F41.1 Low back pain - M54.5 Presbyopia - H52.4 Calculus of kidney - N20.0 Dysuria - R30.0 Cystic kidney disease, unspecified - Q61.9 Hematuria, unspecified - R31.9 Hoarding disorder - F42.3 OCD (obsessive compulsive disorder) - F42.9 HLD (hyperlipidemia) - E78.5 Forgetfulness - R68.89 Right leg pain - M79.604

(Exhibit 6, p. 104.) The appellant was also documented to have had a "spontaneous fracture" in her left foot. (Exhibit 6, p. 104.)

Regarding meal preparation, the Functional Assessment notes "Member states she [performs] the cooking/prep and denies difficulty." (Exhibit 6, p. 117.) No time was authorized for meal preparation.

For Laundry:

Member states the home maker does the laundry once a month d/t bilateral leg weakness, over weight, and recent left foot fracture. Member states he has a washer/dryer unit in the [common] space of her apartment complex. Member states home maker will transport the laundry to and from and load the clothes. Member states she folds the laundry and puts the clothes away.

(Exhibit 6, p. 117.) An hour was authorized for laundry, but because the appellant had reported laundry was done once a month, 15 minutes per week was authorized.

Housekeeping was requested as 30 minutes, 3 times per week, which totaled 90 minutes per week.¹ “Member states her home maker [performs] the house keeping tasks d/t bilateral leg weakness, over weight and recent left foot fracture. Member states she comes 3 days a week for about 2-2.5 hours.” (Exhibit 6, pp. 117-118.) There is no independent opinion regarding the appellant’s ability to perform any of these tasks in the Functional Assessment.

The appellant testified that she has no recollection of this assessment taking place, and she could think of no reason why she would say she only did laundry once a month. She testified that her laundry is done weekly, and she does need help with meal preparation. She testified that she sometimes has fugue states due to her complex PTSD. The appellant testified that she could appear alert, but she had no recollection afterwards about what was said. The appellant testified that she did not know why she might have said she did not need help with certain tasks when she does.

The appellant testified that she is on blood thinners, and she is afraid to use large knives. The homemaker will do a lot of prep work in the kitchen, so that the appellant has ingredients that are ready to use. The homemaker will peel and chop carrots or other ingredients and hard-boil eggs that the appellant can use later from the refrigerator. The appellant often bakes for herself. The appellant testified that baking is difficult for her, but if she is methodical and slow, she can do it safely. The appellant testified that it is not easy for her to accomplish any task, and that her homemaker is very helpful with cuing her and keeping her on track. The appellant acknowledged that she could participate in meal preparation. She can make light meals, but she is hesitant to chop due to her blood thinners. She testified that she usually eats left overs, and she is able to reheat meals on her own. The appellant also has a friend who cooks and shares soups with her. Generally, the appellant only eats one meal per day and drinks a lot of water. She later testified that the homemaker will sometimes cook her breakfast, like eggs, toast, and bacon. The homemaker will also check on the food in the fridge to make sure it is being eaten. The appellant testified that she is very forgetful, and the homemaker needs to remind her to eat the food in her fridge.

Regarding grocery shopping, the appellant testified that she likes her homemaker to go grocery shopping with her, but it is not necessary. The only help she needs with groceries is putting the groceries away when she gets home. The appellant testified that, left on her own, she would put away perishable food and then leave the rest of the groceries in bag on the floor. The homemaker will either remind her to put away her groceries or put the groceries away herself when she comes to help the appellant.

¹ Though not discussed at the hearing, the appellant’s Functional Assessment allowed 0.10 hours per week to assist the appellant with medications. The total requested time was, therefore, 1.85 hours per week, which rounded up to 2 hours. (See Exhibit 6, p. 122.) The appellant also has visiting nurses who manage her medications either “weekly” or “twice a week.” (See Exhibit 6, pp. 88, 133.)

CCA's representative testified that there was another nursing evaluation that occurred shortly after the MDS and Functional Assessment. This evaluation was performed by an independent [REDACTED] ("GSSC") from the local Aging Service Access Point ("ASAP"). CCA's representatives testified that the appellant reported during the GSSC evaluation that she was independent with meal preparation and shopping. The appellant again testified that she could not understand why she would have reported this, when it was not true. Her only guess was that it had to do with her mental health impairments. CCA's representative noted that the appellant never had time for shopping authorized. The appellant responded that her homemaker has gone shopping with her. The homemaker will help her pick out clothes or have good ideas about what foods to buy.

Generally, though, the appellant testified that her homemaker was not shy about organizing her life. The appellant has a history of hoarding, and she needed someone to help her keep things organized and keep her on track. The appellant conceded that she could physically participate in her IADLs, but she testified that her mental conditions significantly limit her ability to initiate and complete tasks. For instance, cooking rice takes 15 minutes, but the appellant testified that she could not stand for 15 minutes, so she would need to sit down. Once she is distracted from the task, she may not remember to come back to it.

It was pointed out that CCA's criteria state that homemaker services may be authorized for cognitive or mental disabilities that impair an individual's ability to perform tasks. CCA argued that they had no documentation from the appellant's care team documenting what the appellant requires assistance in the form of cueing due to her mental health conditions. CCA's representative testified that everything indicates that the appellant is independent, and adult companion services were more appropriate for a member who only needs supervision or cueing to complete an IADL. However, CCA could not authorize adult companion services during the hearing because they had never been requested. CCA argued that a new prior authorization request for adult companion services would be needed. Given that there were two separate nurses to whom the appellant reported independence, CCA felt that their decision should stand. The appellant was informed that she could submit a new request for services after this appeal had closed with clearer documentation.

CCA's appeal preparation documentation notes:

2/11/2025 GSSC evaluation, member is independent with all ADLS, needs assist with housework, **shopping**, and laundry, **independent with meal prep** and transportation. 2/7/2025 MDS RN documented that member only needs assist with housework (there is no laundry option on MDS), stated "Member states she is independent with shopping, cooking/prep and transportation."

(Exhibit 6, p. 1 (emphasis added).)

The initial Medical Director review note, completed on March 12, 2025, states “Per GSSC script **member requires help with laundry and housekeeping**. Integrated functional assessment notes 2 hours for 2 IADLs, Housekeeping, laundry, needed some assistance with IADL’s due to pain.” (Exhibit 6, pp. 15-16 (emphasis added).)

The annual GSSC re-assessment was completed on 02/10/2025. A narrative review of the assessment is included in CCA’s member notes report, and CCA submitted a complete copy of the assessment as a separate exhibit. The narrative from the assessment states:

Present at the visit were this writer and Consumer The apartment is a bit cluttered, odor-free, with clear pathways for ambulation. Consumer has grab bars and a shower chair in the bathroom. ... Consumer is alert, oriented to time, place, and person, and able to fully participate in the assessment process. Consumer is appropriately dressed for the weather, maintains good hygiene, and presents in a well-groomed manner. Her cognitive and physical status indicate no significant concerns at this time.

...

[Regarding assistances with] IADLs (Instrumental Activities of Daily Living): Consumer requires assistance with several instrumental activities, **including meal preparation**, housework, laundry, and **grocery shopping**. Consumer does not need help managing medications.

Current Services & Supports: Consumer currently receives 7.5 hours of homemaking services per week, with a worker coming three times a week. She also has informal support from her two brothers, who communicate with her daily by phone. For mobility, Consumer uses a cane to ambulate and is wearing an orthopedic boot due to her broken foot.

...

Recommendations:

...

Continue homemaking services (HMS) ... at 7.5 hours per week.

(Exhibit 6, pp. 69, 71, 72 (emphasis added); see also Exhibit 5, p. 4.)

In the supplemental GSSC/LTSC Script document, this same narrative language exists. There is also a list of IADLs with levels of assistance identified.

Housework -Additional details on assistance needed: (Provide name formal/informal support, and frequency): Unable to stand or lift objects for long due to chronic back pain/lack of stamina; HMS with B [REDACTED], wkly

Housework -Check all that apply:: Needs assistance

...

Grocery Shopping -Additional details on assistance needed: (Provide name formal/informal support, and frequency): Unable to stand or lift objects for long due to chronic back pain/lack of stamina; HMS with [REDACTED] weekly

Grocery Shopping -Check all that apply:: Needs assistance

Transportation -Additional details on assistance needed: (Provide name formal/informal support, and frequency): Can manage local travel. Uses CCA transportation services as needed for appointments.

Transportation -Check all that apply:: Independent

Laundry -Additional details on assistance needed: (Provide name formal/informal support, and frequency): Unable to stand or lift objects for long due to chronic back pain/lack of stamina; HMS with [REDACTED] 7.5 hrs/week

Laundry -Check all that apply:: Needs assistance

Meal Preparation -Check all that apply:: Independent

Meal Preparation -Additional details on assistance needed: (Provide name formal/informal support, and frequency): n/a

(Exhibit 5, pp. 2-3 (emphasis added).)

Findings of Fact

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

- 1) The appellant is over the age of 65, and she has been enrolled with CCA's SCO plan since January 1, 2024. (Testimony by CCA's representatives.)
- 2) On February 27, 2024, the appellant was assessed for homemaker services. Following this assessment the appellant was approved for 7.5 hours of homemaker service, including 5 hours per week for meal preparation, 90 minutes per week for laundry, and an hour per week of housekeeping. (Exhibit 6, p. 125.)
- 3) On February 7, 2025, the appellant was reassessed by a nurse. This nurse completed both an MDS and a Functional Assessment. (Exhibit 6, pp. 104-124; 132-164.)

- 4) The appellant's medical conditions include: PVD; deep vein thrombosis; anxiety; low back pain; hoarding disorder, OCD, forgetfulness, and right leg pain. The appellant had also recently suffered a spontaneous fracture in her foot. (Exhibit 6, p. 104.)
- 5) The MDS recorded the appellant "states she is independent with shopping, cooking/prep and transportation. Member denies difficulty. Member states she has home making services [for] the housekeeping and laundry." (Exhibit 6, p. 133.)
- 6) In the MDS, the appellant was found to have great difficulty performing housekeeping tasks. The appellant was deemed independent with meal preparation, phone use, shopping, and transportation. (Exhibit 6, pp. 138-139.)
- 7) The MDS documented that the appellant exhibited no disfunction in her cognitive, mood, behavioral, or social patterns. The appellant saw a psych nurse monthly and reported positive effect from her psychological care. (Exhibit 6, pp. 134-137, 164.)
- 8) The Functional Assessment notes "Member states she [performs] the cooking/prep and denies difficulty." It also records the appellant as reporting that her homemaker only does laundry once a month. (Exhibit 6, p. 117.)
- 9) The Functional Assessment allowed no time for meal preparation, 15 minutes per week for laundry, and 90 minutes per week for housekeeping. The Functional Assessment allowed 0.10 hours per week for Medication Assistance. The total authorized time was 2 hours per week. (Exhibit 6, pp. 20, 122.)
- 10) An independent GSSC assessment was conducted on February 10, 2025. The narrative assessment found that the appellant required assistance with meal preparation, housework, laundry, and grocery shopping. The GSSC assessment recommended continuing the appellant with 7.5 hours of homemaking services per week. (Exhibit 5, pp. 4; Exhibit 6, pp. 69-72.)
- 11) The GSSC assessment included a list of IADLs, listing levels of assistance required. The list identifies the appellant as "Needs assistance" with "Housework," "Grocery Shopping," and "Laundry," because she is "[u]nable to stand or lift objects for long due to chronic back pain/lack of stamina." The appellant is "Independent" with all other IADLs, including "Meal Preparation." (Exhibit 5, pp. 2-3.)
- 12) The medical director review of the Functional Assessment stated that the GSSC assessment had found that the appellant only required assistance with laundry and housekeeping. (Exhibit 6, p. 15.)
- 13) CCA's testimony was that the appellant had reported to the GSSC nurse that she was independent with shopping and meal preparation. (Testimony by CCA's representatives.)

- 14) The appellant testified that she does not recall telling any nurse that she was independent with meal preparation. The appellant also testified that her laundry is done on a weekly basis, not monthly. (Testimony by the appellant.)
- 15) The appellant's physical conditions impair her ability to perform IADLs involving standing and lifting. The appellant is physically capable of participating in most of her IADLs. The appellant's mental health conditions significantly impact her ability to initiate and complete tasks. The appellant is also afraid of using large knives due to being on blood thinners. (Testimony by the appellant.)

Analysis and Conclusions of Law

A "senior care organization" or "SCO" is a comprehensive network of medical, health care and social service providers that integrates all components of care, either directly or through subcontracts. SCOs are responsible for providing enrollees with the full continuum of Medicare and MassHealth covered services. (MGL Ch. 18E, § 9D(a).) A MassHealth member must elect to enroll in an SCO. (130 CMR 508.008(B).) Once enrolled, the SCO delivers the "member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member." The SCO must identify the range of services covered and instructions regarding how to access those services.² (130 CMR 508.008(C).) Whenever an SCO makes a coverage decision, it must provide notice to the affected member. (130 CMR 508.011.) An SCO 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,

² Effectively, an SCO may develop its own sub-regulatory guidelines for medical necessity that differ from the coverage criteria developed by MassHealth. CCA uses its own "Agency-Delivered Medical Necessity Guideline" to determine when Homemaker services are appropriate. (See Exhibit 6, pp. 30-35.) These guidelines cite guidance developed by MassHealth and other agencies as references. (Exhibit 6, p. 34.)

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).)

Additional guidance “about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.” (130 CMR 450.204(D).) MassHealth publishes regulations regarding homemaker services under its Home- and Community-based Waiver Services regulations at 130 CMR 630.400, et seq. A homemaker is defined as “a person who performs light housekeeping duties (for example, cooking, cleaning, laundry, and shopping) for the purpose of maintaining a participant’s household.” (130 CMR 630.402.) Adult companion services are defined as “nonmedical care, supervision, and socialization provided to a participant. Companions may assist or supervise the participant with such light household tasks as meal preparation, laundry, and shopping.” (130 CMR 630.402.)

Before any Home- and Community-Based Waiver Services are paid, the requested services must be approved through a “service plan.” (130 CMR 630.408(B).) The service plan is developed between the participant and their case manager. (130 CMR 630.409(A)(1).) There is limited regulatory guidance regarding coverage for either homemaker or adult companion services:

(A) Conditions of Payment. Adult companion services must be provided in accordance with a therapeutic goal in the service plan. Adult companion services are covered where the adult companion enables the participant to function with greater independence within the participant's home or community.

(B) Nonpayable Services.

- (1) Adult companion services are not covered where the services are purely recreational or diversionary in nature.
- (2) Homemaker, home health aide, personal care, adult companion, individual support and community habilitation, and supportive home care aide services, in combination are limited to no more than 84 hours per week. The MassHealth agency or its designee may grant exceptions

(130 CMR 630.410.)

(A) Conditions of Payment. Homemaker services are covered on a short-term or periodic basis when the individual who is regularly responsible for these activities is temporarily absent or unable to manage the home and care for the participant.

(B) Nonpayable Services.

- (1) Homemaker services are not covered when the participant or someone else in the household is capable of performing the tasks or when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for homemaking tasks.
- (2) Homemaker, home health aide, personal care, adult companion, individual support and community habilitation, and supportive home care aide services, in combination are limited to no more than 84 hours per week. The MassHealth agency or its designee may grant exceptions

(130 CMR 630.418.)

CCA's "Agency-Delivered Medical Necessity Guideline" defines the "Functional Assessment Tool" as "questions about a member's health condition and functional needs used in development of member's individualized care plan." The "Geriatric Support Services Coordinator (GSSC)" is "responsible for arranging and coordinating long-term care and social support services for MassHealth members." (Exhibit 6, p. 31.) CCA's Decision Guidelines state that "activity time performed by a Homemaker worker for assisting or completing instrumental activities of daily living (IADLs)" may be covered, and homemaker services "may be authorized up to 1 year" for members with chronic conditions. (Exhibit 6, p. 32.) As a limitation on covering services, CCA requires that "[l]ess costly alternatives should be explored to meet the need." (Exhibit 6, p. 33.)

Clinical Coverage Criteria:

CCA may cover HM if all of the following criteria are met:

1. The member must have a physical, cognitive, or behavioral- related condition that impairs the member's ability to perform at least two of the following IADLs:

- Meal preparation
- Light Housework
- Grocery shopping
- Laundry

and

2. The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment; and

3. An MDS, or GSSC/LTSC Assessment has been completed no more than 6 months before the date of the PA request; an in person assessment may be required; and
4. A Time for Task Tool or Functional Assessment has been completed no more than 6 months before the date of the PA request based on the aforementioned assessment (#3); an in person assessment may be required; and
5. HM must be provided in accordance with the member goals as stated in the individualized care plan; and
6. A review of other existing supports has been done, and documented in the care plan, before initiating HM to prevent duplication of services; and
7. Having such services will support the member's health status and their ability to maintain integrated living in the community.
8. The care team should assess whether the member could be independent with assistive/adaptive devices or a home modification.
9. Significant Change request must include:
 - a. The change in the member's medical condition, functional status, or living situation; and
 - b. How change in member's condition affects the member's ability to perform IADLs; and
 - c. If the change is expected to be permanent or temporary
 - d. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

(Exhibit 6, pp. 32-33.)

CCA's coverage criteria differs significantly from MassHealth's in two important regards. First, MassHealth does not authorize homemaker services for chronic conditions. Second, MassHealth typically outsources the development of a service plan to an Aging Service Access Point.³ CCA's individualized care plan is developed by a CCA nurse during the Functional Assessment. The appellant alleges that her Functional Assessment includes erroneous information regarding the amount of assistance the appellant needs for IADLs.

³ MassHealth appeals typically involve the agency's decision to allow fewer hours than were requested on the service plan. Here, the appeal directly challenges the service plan.

The appellant's position is that her cognitive and behavioral conditions, combined with her physical limitations, prevent her from safely completing various IADLs, including meal preparation and putting away groceries. CCA's response is that she did not tell any of the nurses who evaluated her that these conditions impact her ability to care for her surroundings and there is nothing in her clinical record that would have indicated she had a behavioral or cognitive impairment that prevented her from accomplishing her IADLs.

The only observations regarding the appellant's ability to perform tasks are from 2024's Functional Assessment and the GSSC evaluation. These assessments observe that the appellant's physical conditions mean that she is "[u]nable to stand or lift objects for long due to chronic back pain/lack of stamina." The 2025 Functional Assessment records the appellant's subjective opinions regarding what category of tasks she can perform, but it does not document any physical or mental limitations that the appellant may have. The closest the assessment comes to documenting limitations on the appellant's physical abilities is the comment regarding housekeeping: "Member states her home maker [performs] the house keeping tasks d/t bilateral leg weakness, over weight and recent left foot fracture. Member states she comes 3 days a week for about 2-2.5 hours." The MDS indicates that the appellant has "Great Difficulty" with housekeeping and "little or no involvement in the activity is possible." However, there is no description as to what limits her ability to perform housekeeping tasks.

As an evidentiary matter, the appellant's anxiety, OCD, and history of hoarding is well documented in the limited medical records submitted with CCA's exhibit. There is no explicit documentation of how these mental health conditions impact the appellant's ability to perform IADLs, and the only mention of her behavioral health care indicates that she is doing well with her current treatment. However, the appellant's testimony was that she is doing well based upon the supervision and support she receives from friends, family, and her homemaker who takes an active role in keeping her organized.

CCA's representatives testified unequivocally that the GSSC evaluation found that the appellant was independent with grocery shopping and meal preparation. However, the GSSC evaluation documentation is contradictory. The narrative found that the appellant required assistance with meal preparation, grocery shopping, housekeeping, and laundry, and it recommended continuing the appellant with 7.5 hours of homemaking services per week. The listed IADLs stated the appellant was independent with meal preparation but needed assistance with grocery shopping.

The weight of the evidence supports that the appellant is physically capable of participating in all of her IADLs, but she is physically limited in how long she can perform those tasks due to back pain and standing limitations. I am also convinced that the appellant's cognitive or behavioral-related conditions impair her ability to perform her IADLs. The appellant credibly testified that the homemaker prepares ingredients for her to use to cook for herself, but the homemaker rarely cooks the appellant's meals. The appellant also testified that she is independent with grocery shopping. It is possible that the appellant would continue to describe herself as independent with grocery shopping and meal preparation if only asked whether she requires assistance with "grocery

shopping” or “meal preparation.” It appears that the appellant simply categorized all of the homemaker’s assistance as housekeeping.⁴

I credit the appellant’s testimony at hearing that laundry is done once per week. Monthly laundry is an unusual schedule. Given the appellant’s testimony and the GSSC nurse’s evaluation, the balance of evidence weighs in favor of the appellant’s testimony that laundry is done weekly. Therefore, this appeal is APPROVED in part with regards to the appellant’s laundry, and she is approved for 1 hour per week.⁵

The remaining dispute is regarding 5 hours per week that had been categorized as meal preparation. The appellant’s testimony was that the homemaker prepared ingredients or components of meals that the appellant could then easily prepare on her own later. The time authorized comes out to less than 45 minutes per day of assistance, which is significantly less than would be authorized for a member who was unable to participate in meal preparation.⁶ CCA accepts that the appellant’s physical limitations limited her ability to perform housekeeping and laundry tasks. CCA had previously accepted that the appellant’s physical limitations prevented her from being independent with meal preparation. I am convinced that any report by the appellant that she was independent with meal preparation was due to category confusion, rather than true independence with the task.

There is little specific information in the record regarding how many hours of assistance the appellant may require. CCA’s position at the hearing was that the appellant reported independence during the Functional Assessment, therefore no time should be allowed. To the extent that the appellant requires assistance, it should be considered supervisory and cueing assistance, which CCA believes should be covered through companion services, rather than a homemaker. CCA argues that the appellant must submit an adjustment request documenting her need for supervision and cueing, which could be approved as companion services.

⁴ “Member states her home maker [performs] the house keeping tasks d/t bilateral leg weakness, over weight and recent left foot fracture. Member states she comes 3 days a week for about 2-2.5 hours.

⁵ Technically, CCA reduced the time for laundry from last year’s authorization from 90 minutes to 60 minutes but increased the time for housekeeping from 60 minutes to 90 minutes. These changes are ultimately irrelevant, as the same amount of time is authorized.

⁶ CCA’s packet includes reference to a MassHealth created time for task tool, which would allow upwards of 100 minutes per day (11 hours and 45 minutes per week) to provide meal preparation to a fully dependent consumer. (Exhibit 6, pp. 100, 342.) It also included a time for task tool in the 2024 Functional Assessment, which stated an hour range of 1-5 hours per week for consumers who require “Supervision” or “Assistance,” and a range of 1-10.5 hours per week for “Dependent” consumers. (Exhibit 6, p. 125.)

However, by stepping into the role of care plan developer, CCA's is responsible for identifying the appellant's conditions or syndromes that underly her disabilities and functional impairments. CCA's documented process includes identifying less costly services that should be explored during the development of the care plan. CCA's evaluation could have found the appellant's condition only required supervision and cueing, rather than physical assistance with IADLs. CCA could have proposed changing the homemaker authorization to companion services at that time. CCA's representatives further objected to this decision authorizing companion services in the absence of a new prior authorization seeking companion services.

The 5 hours of assistance the appellant had in the past is at the high end of the range for someone requiring supervision or assistance. However, the only times documented in the record are from the GSSC nurse and 2024 Functional Assessment. Therefore, this appeal is APPROVED, and 5 hours of assistance per week with meal preparation shall be restored. Services shall be continued through the appellant's next Functional Assessment. Nothing in this decision should be viewed as preventing CCA from converting the appellant's homemaker services to companion services in the future or reducing the number of hours of services based upon documented assessment of the appellant's functional capacity.

Order for SCO

Reauthorize the appellant's 7.5 hours of homemaker services until her next Functional Assessment is completed.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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