

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506949
Decision Date:	8/18/2025	Hearing Date:	06/05/2025
Hearing Officer:	Casey Groff	Record Closed:	06/30/2025

Appearance for Appellant:



Appearance for MassHealth:

Robin E. Brown, OTR/L, Clinical Reviewer,
Optum



*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:	Personal Care Attendance Services
Decision Date:	8/18/2025	Hearing Date:	06/05/2025
MassHealth's Rep.:	Robin E. Brown, OTR/L	Appellant's Rep.:	Mother
Hearing Location:	BOH, Remote	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 3/21/2025, MassHealth informed Appellant that it was denying his request for personal care attendant (PCA) services. *See* 130 CMR 450.204.(A)(1) and Exhibit 1. Appellant filed this appeal in a timely manner on 5/2/25. *See* 130 CMR 610.015(B); Exhibit 1. Denial of a request for PCA services is a valid basis for appeal. *See* 130 CMR 610.032. A hearing for the appeal took place on 6/5/25. *See* Exh. 4. At the conclusion of the hearing, the record remained open through 6/30/25 for Appellant to submit additional evidence. *See* Exhs. 6.

Action Taken by MassHealth

MassHealth denied Appellant's request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's request for PCA services.

Summary of Evidence

At the hearing, MassHealth was represented by a registered occupational therapist (OT)/clinical appeals reviewer. Through testimony and documentary evidence, the MassHealth representative presented the following information: Appellant is an adult male between the ages of [REDACTED] See Exh. 5, p. 2. On 3/19/25, Appellant's personal care management (PCM) agency, [REDACTED] submitted an initial prior authorization (PA) request to MassHealth seeking 13 hours per week of personal care attendant (PCA) services for Appellant for a period of one year. *Id.* at 36. On 3/21/25, MassHealth denied Appellant's PA request because (1) the information provided failed to show that Appellant required physical assistance with two or more activities of daily living (ADLs) as required under 130 CMR 422.403(C); and (2) the services requested were not medically necessary as defined under 130 CMR 450.204(A)(2) because MassHealth identified less costly alternative medical services that are available to meet Appellant's needs. See Exh. 1.

According to the PA request, Appellant received an initial PCA evaluation on 2/7/25 by his PCM agency. It was noted that Appellant has a primary diagnosis of legal blindness for central vision (has peripheral vision) and has a relevant medical history of epilepsy; Costello syndrome, recessive (a condition that affects brains, bones, and skin); and unsteady gait. See Exh. 5 at 11, 41. He lives with his parents and siblings. *Id.*

The PCM agency's request for 13 hours per week of PCA services consisted of time for assistance with three ADLs: bathing/grooming (which are considered one ADL), dressing, and medication assistance, as well time for assistance in completing multiple instrumental activities of daily living (IADLs). *Id.* at 10-26.

Appellant's request for bathing was primarily to assist Appellant with transferring in and out of the shower, gathering supplies and setting water to the right temperature. See Exh. 5 at 19. The request for grooming was limited to assistance with shaving and nail care. *Id.* The MassHealth representative testified that Appellant is independent with mobility and has no functional impairment that would prevent him from performing gross or fine motor tasks needed to wash or groom himself. This was also evident in the fact that no assistance was requested for related grooming tasks, such as brushing hair or teeth. Appellant was deemed as being independent with mobility, toileting, and eating. *Id.* To address any deficiencies in his ability to carry out bathing/grooming tasks due to vision impairment, MassHealth testified that there are other less costly options that MassHealth covers including occupational therapy which can help individuals find new ways of performing ADLs so that they can remain independent, as well as the use of assistive devices, such as shower chairs, grab rails, and specific electronic shavers or nail files.

For dressing, Appellant's provider noted that Appellant can dress himself and remove clothing but requested 3 minutes per day for assistance gathering clothing from the dresser. For medication assistance, the provider requested 10 minutes per week for assistance prefilling

Appellant's pillbox and two minutes per day to hand Appellant pills to ensure he takes the correct medication.

The MassHealth representative testified that MassHealth only covers hands-on assistance with ADLs. Because Appellant is capable of dressing and undressing himself, the requested PCA time – solely to retrieve Appellant's clothing – was not the type of physical assistance that is payable under the PCA program. In addition, there are less costly alternatives to help ensure Appellant takes the correct medications, including medication planners that come prefilled by the pharmacy, and which have markers to distinguish what pills to take at a particular dosing time. The MassHealth representative testified that the documentation shows that Appellant has sufficient coordination and physical capacity to take his own pills using a prefilled medication planner.

Appellant and his mother testified that Appellant has unpredictable seizures, including grand mal seizures, which can present a serious safety concern if they occur while he is in the shower or other vulnerable location. For this reason, he requires supervision when performing many tasks. Appellant has grabrails and a shower chair, but these devices do not replace the need for assistance if he has a seizure in the shower. Appellant testified that he could dress himself but does need assistance picking out clothing. Appellant and his mother testified that medication assistance is important because of the multiple medications he is prescribed and taken at separate times throughout the day. Specifically, he takes 5 pills in the morning and 8 pills at night. Even when the pills are dispensed into a weekly container, Appellant cannot see the container labels that distinguish the days of the week or time of day. Appellant and his mother asserted that Appellant requires a PCA to ensure he remains compliant with medications and does not have any medication errors.¹

The MassHealth representative testified MassHealth would not pay a PCA to supervise Appellant's showering activity for any assistance that would be needed if Appellant sustained a seizure, as this is considered "anticipatory" and not an activity of daily living.

Findings of Fact

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

¹ During the hearing, Appellant and his mother testified that they would have to end the hearing early to attend a medical appointment. At their request, the record was left open for them to submit additional evidence or written arguments that they were unable to present during the hearing because of lack of time. See Exh. 6. At the conclusion of the record open period, neither the MassHealth representative nor BOH had received any submissions from Appellant. See Exh. 8.

1. Appellant is an adult male between the ages of [REDACTED]
2. On 3/19/25, Appellant's PCM agency submitted an initial PA request to MassHealth seeking 13 hours per week of PCA services for Appellant for a period of one year.
3. On 3/21/25, MassHealth denied Appellant's PA request because (1) the information provided failed to show that Appellant required physical assistance with two or more ADLs as required under 130 CMR 422.403(C); and (2) the services requested were not medically necessary as defined under 130 CMR 450.204(A)(2) because MassHealth identified less costly alternative medical services that are available to meet Appellant's needs.
4. Appellant has a primary diagnosis of legal blindness for central vision (has peripheral vision) and has a relevant medical history of epilepsy; Costello syndrome, recessive; and unsteady gait.
5. The PCM agency's request for 13 hours per week of PCA assistance consisted of time for assistance with three ADLs: bathing/grooming, dressing, and medication assistance, as well as assistance for multiple IADLs.
6. Appellant is independent with the ADLs of mobility, toileting, and eating.
7. Appellant's request for bathing/grooming was primarily for the PCA to assist Appellant with transferring in and out of the shower, gathering supplies and setting water to the right temperature; and to assist with shaving and nail care.
8. With respect to the ADL of dressing, Appellant's provider requested 3 minutes per day for the PCA to retrieve clothing for Appellant.
9. Appellant can dress and undress himself without physical assistance.
10. Appellant can take prescribed medications without physical assistance but, due to vision impairment, needs help distinguishing the correct pills to administer.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:²

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416 [prior authorization requirements].
- (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 following ADLs as defined in 130 CMR 422.410(A):*** (a) mobility, including transfers; (b) medications, (c) bathing/grooming; (d) dressing or undressing; (e) range-of-motion exercises; (f) eating; and (g) toileting.
- (4) ***The MassHealth agency has determined that the PCA services are medically necessary.***

See 130 CMR 422.403(C) (emphasis added).

Under MassHealth regulations, a service is considered "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.

See 130 CMR 450.204(A)(emphasis added).

² PCA services are defined as "physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410." See 130 CMR 422.002.

ADLs, as referred to in subsection (2) of 130 CMR 422.403(C), consist of the following activities. Any number of activities within one category of activity is counted as one ADL.

- (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 bathing, personal hygiene, or grooming;***
- (4) ***dressing: 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 or bladder needs.

See 130 CMR 422.410 (emphasis added).

MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. “Activity time” is defined as “the actual amount of time spent by a PCA physically assisting the member with ADLs and [IADLs].” 130 CMR 422.402. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

Appellant did not meet his burden of proof in establishing that MassHealth erred in denying his PA request. The evidence indicates that while Appellant does require assistance throughout the day, he is physically capable of performing nearly all ADLs by himself. The documentation submitted through the PCM agency suggests that Appellant primarily requires assistance in the form of guidance and supervision, which, under 130 CMR 422.412(C), are not reimbursable PCA services. Any physical assistance that Appellant would require because of sustaining a seizure is considered anticipatory as it is not a daily activity which the PCA is expected to perform. In addition, MassHealth identified several less costly alternative medical services that are available to Appellant to help him complete bathing/grooming, dressing, and medication administration tasks without the assistance of a PCA. Therefore, the requested services do not meet the second prong of the medical necessity criteria under 130 CMR 450.204. See 130 CMR 422.403(C). MassHealth’s basis for denying the PA request was supported by the governing regulations.

Based on the foregoing, 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.

Casey Groff
Hearing Officer
Board of Hearings

cc:

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