

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2507273
<b>Decision Date:</b>	08/14/2025	<b>Hearing Date:</b>	06/23/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**Appearance for Commonwealth Care Alliance (CCA):**


Cassandra Horne, Operations Manager for Appeals and Grievances Unit

**Interpreter:**



*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>	Denied	<b>Issue:</b>	Managed Care Organization—Denial of Internal Appeal; Prior Authorization
<b>Decision Date:</b>	08/14/2025	<b>Hearing Date:</b>	06/23/2025
<b>CCA's Rep.:</b>	Cassandra Horne	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<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 April 24, 2025, Commonwealth Care Alliance (CCA), a MassHealth Senior Care Organization (SCO) and MassHealth's agent, denied the Appellant's level one appeal of the denial of two hours per week of companion service on the grounds that the Appellant was already approved for Adult Foster Care services. Exhibit 1.<sup>1</sup> The Appellant filed this external appeal with the Board of Hearings in a timely manner on May 9, 2025. 130 CMR 610.015 and Exhibit 2. Denial of a level one internal appeal by a managed care organization is a valid ground for appeal to the Board of Hearings. 130 CMR 610.032(B).

### Action Taken by Commonwealth Care Alliance (CCA)

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<sup>1</sup> A Senior Care Organization is defined at 130 CMR 501.001 as "an organization that participates in MassHealth under a contract with the MassHealth agency and the Centers for Medicare & Medicaid Services to provide 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."

CCA denied the Appellant's request for two hours per week of companion service for the time period of April 1, 2025 to March 31, 2026.

## **Issue**

Whether CCA was acting within its discretion in its decision to deny the Appellant's request for companion service hours.

## **Summary of Evidence**

The hearing was held by telephone. The CCA representative testified that the Appellant is over the age of 65. The Appellant's medical history includes osteoarthritis, hypertension, anxiety disorder, and Post Traumatic Stress Disorder. Exhibit 5. The CCA representative testified that the Appellant requested two hours of companion care services per week on March 8, 2025. CCA denied the request on March 13, 2025. Exhibit 5 at 53. The Appellant appealed that decision, and CCA denied the level one internal appeal on April 24, 2025. The CCA representative testified that CCA denied the request for companion services because the Appellant is already approved for Adult Foster Care, through [REDACTED], for the period of February 1, 2025 to January 30, 2026. The CCA representative testified that the Adult Foster Caregiver is responsible for helping with all of the Appellant's activities of daily living and instrumental activities of daily living, such as bathing, dressing, cooking, and cleaning, due to the Appellant's joint pain and poor coordination. The CCA representative testified that the caregiver also assists with medication due to the Appellant's forgetfulness. The CCA representative testified that companion services would be duplicative and not medically necessary. The CCA representative cited CCA's medical necessity guidelines for CCA's decision. The CCA representative explained that she had approved two hours per week for companion services as a benefit exception during a prior appeal with the Appellant, but that under the Appellant's SCO plan she was not eligible for such "flex benefits." The CCA representative explained that under CCA's medical necessity guidelines, the Appellant would have to choose whether to receive companion care or Adult Foster Care services.

The Appellant verified her identity and testified through an interpreter. She was represented by her daughter, who is her authorized representative. The Appellant's representative testified that the Appellant previously had five hours per week for companion services, which was then reduced to two hours per week. The Appellant's representative, who is also the Adult Foster Caregiver, explained that she does not have a car and so she travels by bus or train for shopping, laundry, and her own appointments, and that sometimes the companion stays with the Appellant until the Appellant's representative returns to the household. The Appellant's representative testified that she was concerned about leaving the Appellant alone and the Appellant falling. The Appellant's representative stated that the Appellant will likely have surgery soon, which will hinder her mobility. The hearing officer asked if the Appellant could be left at home by herself, and the

Appellant's representative thought that it might be a possibility. The Appellant's representative testified that it is helpful to have the companion provide a respite from caregiving. The Appellant testified that she did not want to lose her Adult Foster Care services.

CCA submitted the Appellant's casefile and the CCA Evidence of Coverage into the record. Exhibits 5 & 6. The casefile included CCA's medical necessity guidelines for companion services:

#### **DECISION GUIDELINES**

COMP requires prior authorization. Commonwealth Care Alliance (CCA) may cover COMP for non-medical care, supervision and socialization services provided to an adult.

#### **Clinical Coverage Criteria:**

In order to be eligible to receive COMP, all of the following criteria must be met:

1. The member must have a physical, cognitive or behavioral-related disability; 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. The authorizing clinician must determine that COMP is required for assistance in, or supervision of, such tasks as meal preparation, laundry, shopping, and to escort member to medical appointments in order to increase the independence of the member; and
4. A CCA MDS or GSSC/LTSC Assessment has been completed no more than 6 months before the date of the PA request; and
5. A CCA Time for Task Tool or Functional Assessment has been completed no more than 6 months before the date of the PA request, when member requires assistance or supervision with tasks (as noted in #3 above) based on the aforementioned assessment (#4); and
6. Documentation must support the hours requested; and
7. COMP must be appropriate, non-duplicative, and part of the member's individual care plan that outlines what type of tasks, aligning with the goals, will be provided; and
8. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, member's interim/final GAFC plan of care, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

#### **LIMITATIONS/EXCLUSIONS:**

1. COMP does not include assistance with personal care, medication administration/reminders.
2. CCA does not pay for COMP provided in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional

facility setting providing medical, nursing, rehabilitative, oversight or related care.

3. COMP may not be provided in Adult Day Health centers, Day Habilitation centers, or in combination with any other service or setting that includes oversight or supervision.

5. COMP may not be duplicative of other services that provide IADL services unless there are unique member-specific needs requiring consideration, and those other services do not duplicate services the COMP are expected to provide.

6. COMP may not be combined with Group Adult Foster Care or Assisted Living Services (except as medical escort).

7. COMP is not covered where the services are purely recreational or diversionary in nature.

8. The combination of COMP with homemaker, home health aide, personal care, individual support and community habilitation, and supportive home care aide services is limited to no more than 84 hours per week\*.

9. SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

10. If a member requires constant supervision, Companion would not be the appropriate service. Other services such as Adult Foster Care or Assisted Living should be considered.

11. If the member is able to perform certain tasks but requires supervision when completing these tasks, COMP would be the appropriate service. However, if the member requires help with the task but not the supervision, HM would be the more appropriate service (see MNG #076 Homemaker Services – Agency-Delivered).

\* Exceptions may be granted to the limit on a 90-day basis in order to maintain a member's tenure in the community, to provide respite to a caregiver who lives with the participant, to facilitate transitions to a community setting, to ensure that a participant at risk for medical facility admission is able to remain in the community, or to otherwise stabilize a participant's medical condition. Exceptions may also be granted for participants awaiting transition to a residential waiver. **Exceptions to the 84 hour per week limit must be included in the participant's individual plan of care.**

Exhibit 5 at 64-65.

CCA's Evidence of Coverage states:

Services that are covered for you	What you must pay when you get these services
<b>Adult foster care</b>	You pay \$0

Services delivered to a member in a home setting by a care provider qualified by the AFC provider agency; services include assistance with activities of daily living (such as bathing, dressing, eating, shopping, meal preparation), other personal care as needed and supervision. Medical oversight, teaching and training for the care provider, and care management is provided by the nurse or nurse practitioner from the care team. Adult foster care is covered by our plan under the MassHealth (Medicaid) benefit.	<i>Prior authorization is required</i>
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....

<b>Companion services</b>  Companion services allow healthy individuals to remain at home by providing assistance. Activities related to socialization and recreation, assistance with preparation of light snacks, help with shopping and errands and escort to medical appointments, nutrition sites and walks. Companion services are covered by our plan under the MassHealth (Medicaid) benefit.	You pay \$0  <i>Prior authorization is required</i>
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Exhibit 6 at 68, 73.

## Findings of Fact

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

1. The Appellant is an adult over the age of 65 who is enrolled in CCA's SCO. Testimony and Exhibit 4.
2. The Appellant's medical history of osteoarthritis, hypertension, anxiety disorder, and Post Traumatic Stress Disorder. Exhibit 5.
3. The Appellant's daughter lives with her and serves as her Adult Foster Caregiver. Testimony.

4. The Appellant's Adult Foster Caregiver is responsible for helping with all of the Appellant's activities of daily living and instrumental activities of daily living, such as bathing, dressing, cooking, and cleaning, due to the Appellant's joint pain and poor coordination. The caregiver also assists with medication due to the Appellant's forgetfulness. Testimony.
5. CCA's medical necessity guidelines for companion services state:

**DECISION GUIDELINES**

COMP requires prior authorization. Commonwealth Care Alliance (CCA) may cover COMP for non-medical care, supervision and socialization services provided to an adult.

**Clinical Coverage Criteria:**

In order to be eligible to receive COMP, all of the following criteria must be met:

1. The member must have a physical, cognitive or behavioral-related disability; 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. The authorizing clinician must determine that COMP is required for assistance in, or supervision of, such tasks as meal preparation, laundry, shopping, and to escort member to medical appointments in order to increase the independence of the member; and
4. A CCA MDS or GSSC/LTSC Assessment has been completed no more than 6 months before the date of the PA request; and
5. A CCA Time for Task Tool or Functional Assessment has been completed no more than 6 months before the date of the PA request, when member requires assistance or supervision with tasks (as noted in #3 above) based on the aforementioned assessment (#4); and
6. Documentation must support the hours requested; and
7. COMP must be appropriate, non-duplicative, and part of the member's individual care plan that outlines what type of tasks, aligning with the goals, will be provided; and
8. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, member's interim/final GAFC plan of care, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

**LIMITATIONS/EXCLUSIONS:**

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9. SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

10. If a member requires constant supervision, Companion would not be the appropriate service. Other services such as Adult Foster Care or Assisted Living should be considered.

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Companion services allow healthy individuals to remain at home by providing assistance. Activities related to socialization and recreation, assistance with preparation of light snacks, help with shopping and errands and escort to medical appointments, nutrition sites and walks. Companion services are covered by our plan under the MassHealth (Medicaid) benefit.	<i>Prior authorization is required</i>

Exhibit 6 at 68, 73.

7. On March 8, 2025, the Appellant requested two hours per week of companion services. On March 13, CCA denied the Appellant's request, which the Appellant appealed. Testimony and Exhibit 5.
8. On April 24, 2025, CCA denied the Appellant's level one appeal. Exhibit 1.
9. The Appellant is already approved for Adult Foster Care, through [REDACTED], for the period of February 1, 2025 to January 30, 2026.
10. The Appellant timely appealed CCA's decision to the Board of Hearings on May 9, 2025. Exhibit 2.

## Analysis and Conclusions of Law

Pursuant to regulation 130 CMR 508.001: *MassHealth Member Participation in Managed Care*:

(C) Senior Care Organizations (SCO). MassHealth members who are 65 years of age or older may enroll in a SCO pursuant to 130 CMR 508.008(A).

130 CMR 508.001(C).

Next, pursuant to MassHealth regulation 130 CMR 508.008(C):

(C) Obtaining Services When Enrolled in a SCO. When a member chooses to enroll in a senior care organization (SCO) in accordance with the requirements under 130 CMR 508.008, the SCO will deliver the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, each SCO is required to provide evidence of its coverage, including a complete list of participating providers, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to covered services such as specialty, behavioral health, and long-term-care services.

130 CMR 508.008(C).

MassHealth regulation 130 CMR 508.010: *Right to a Fair Hearing*, states as follows:

Members are entitled to a fair hearing under 130 CMR 610.000: MassHealth: Fair Hearing Rules to appeal:

(A) the MassHealth agency's determination that the MassHealth member is required to enroll with a MassHealth managed care provider under 130 CMR 508.001;

**(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process;**

(C) the MassHealth agency's disenrollment of a member under 130 CMR 508.003(D)(1), (D)(2)(a), or (D)(2)(b), or discharge of a member from a SCO under 130 CMR 508.008(E); or

(D) the MassHealth agency's determination that the requirements for a member transfer under 130 CMR 508.003(C)(3) have not been met.

140 CMR 508.010 (emphasis added).

As MassHealth's agent, CCA is required to follow MassHealth laws and regulations pertaining to a member's care. Under the regulations pertaining to MassHealth SCOs, above, CCA is

empowered to authorize, arrange, integrate, and coordinate the provision of all covered services for the Appellant.

MassHealth regulations about Adult Foster Care services are found at 130 CMR 408.000 *et seq.* Regulation 130 CMR 408.402 defines an Adult Foster Caregiver as a person who lives with the member and is paid by the Adult Foster Care provider for the provision of direct care in accordance with 130 CMR 408.415(A). Direct care includes 24-hour supervision, and daily assistance with the activities of daily living and instrumental activities of daily living. 130 CMR 408.415(A).

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.

130 CMR 450.204(A).

The Appellant has the burden “to demonstrate the invalidity of the administrative determination.” Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). *See also* Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

CCA argued that the Appellant already receives Adult Foster Care services and that companion services would be duplicative. The Appellant’s Adult Foster Caregiver assists with the Appellant’s activities of daily living and instrumental activities of daily living, such as bathing, dressing, medication administration, cooking, and cleaning, due to the Appellant’s joint pain, poor coordination, and forgetfulness. While I credit the Appellant and her representative’s testimony

that the companion services have been helpful, based on my review of the evidence provided, including the Appellant's medical history outlined in her CCA casefile, including osteoarthritis, hypertension, anxiety disorder, and Post Traumatic Stress Disorder, the Appellant has not met her burden to demonstrate that companion services are medically necessary under 130 CMR 450.204(A)(1). Additionally, CCA's guidelines state that companion care may not duplicate other services that provide assistance with instrumental activities of daily living, which Adult Foster Care does. The Appellant did not provide evidence that there are unique, member-specific needs requiring an exception to that policy. Therefore, CCA acted within its discretion in denying the request for companion services, and the appeal is denied.

## **Order for CCA**

End 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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

[REDACTED]

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