

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507311
Decision Date:	6/17/2025	Hearing Date:	06/09/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, R.N., 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:	Prior Authorization; Personal Care Attendant Services
Decision Date:	6/17/2025	Hearing Date:	06/09/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South 1 (Telephone)	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 May 8, 2025, MassHealth denied the appellant's prior authorization request for an adjustment in personal care attendant (PCA) services. *See* 130 CMR 450.024(A), 130 CMR 422.410(A)(7), 130 CMR 422.410(B)(1) and Exhibit 1. The appellant filed this appeal in a timely manner on May 9, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to restrict or modify a member's assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for an adjustment in PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant's prior authorization request for an adjustment in PCA services.

Summary of Evidence

The MassHealth representative appeared by telephone and identified herself as a registered nurse and clinical appeals reviewer with Optum. The appellant is a MassHealth member between the ages of 0-17 and was represented at the hearing by his mother. The parties' testimony and record evidence are summarized as follows:

The appellant's medical history includes a diagnosis of polymicrogyria and global developmental delay. The appellant acquired a Gastrostomy Tube (G-Tube) for feeding support on March 19, 2025, for the initial primary purpose of administering medication. The appellant's G-Tube is now his primary source of nutrition. Testimony.

After placement of the G-Tube in March 2025, the appellant's personal care management (PCM) agency, [REDACTED] requested an adjustment for an increase in PCA hours on May 6, 2025, to twenty-two hours and forty-five minutes per week.¹ The MassHealth representative testified that this is an increase of four hours and fifteen minutes per week from the appellant's current approved hours. Testimony. MassHealth modified the request on May 8, 2025, such that the hours are to remain at eighteen hours and thirty minutes per week, effective March 27, 2025 through March 26, 2026. Testimony and Exhibit 4.

The appellant specifically requested ten minutes twice per day, seven days per week (10x2x7) and five minutes thrice per day, seven days per week (5x3x7) for G-Tube feeding support. Testimony and Exhibit 4. The MassHealth representative testified that the appellant's prior authorization request for additional PCA services was denied because the services are provided by family members, and the G-Tube is supplemental and not the primary source of nutrition. Testimony and Exhibit 4. The documentation that MassHealth received was from the appellant's primary care physician (PCP), and not from a gastroenterologist or nutritionist. The MassHealth representative testified the appellant's G-Tube is not "established", meaning it has been less than three months since the placement of the G-Tube, and there are ongoing formula trials that are not clearly resolved. To approve G-Tube support for PCA services, MassHealth requires the following: the G-Tube be in place

¹ The written record indicates the appellant was reevaluated for PCA services on February 18, 2025; the appellant was approved for a total of 18 hours and 30 minutes per week for the service period 3/27/2025-3/26/2026. For mobility, he was approved for total of 231 minutes per week. Specifically, he was approved for 3 minutes, 5 times per day, 7 days per week (3x5x7) for 1-person physical assist with transfers, and he was approved for 3 minutes, 6 times per day, 7 days per week (3x6x7) for physical assist with repositioning. For bathing, he was approved for a total of 105 minutes per week, more specifically 15 minutes once per day, 7 days per week for physical assist with showering activity (15x1x7). For grooming, he was approved for a total of 28 minutes per week, more specifically 2 minutes twice per day, 7 days per week (2x2x7) for oral care. For dressing/undressing, he was approved for a total of 70 minutes per week. This is broken down as 8 minutes once per day, 5 days per week (8x1x5) for dressing activities and 6 minutes once per day, 5 days per week for undressing activities (6x1x5). Lastly, for toileting the appellant was approved for a total of 251 minutes per week. More specifically, he was approved for 5 minutes, 5 times per day, 5 days per week (5x5x5) and 5 minutes, 7 times per day, 2 days per week (5x7x2) for bladder care and 8 minutes once per day, 7 days per week for bowel care (8x1x7).

for at least three months; it must be the primary source of nutrition; and there must be an established formula. The MassHealth representative testified that the appellant's request lacked documentation that the placement site is well-healed, that there is an established formula, and that the G-Tube is the appellant's primary nutrition source. Testimony and Exhibit 4.

The appellant's representative testified that [REDACTED] failed to inform her of the required documentation and guidelines for the prior authorization request, and told her she only needed a letter from the appellant's PCP. At the time of the hearing, the appellant was four days away from having the G-Tube in place for 90 days and was using the same formula, Pediasure, since its placement. Testimony. The appellant's representative testified that the appellant's feeding regime was adjusted after consulting a nutritionist, due to the appellant's decreased oral intake and poor weight gain. The nutritionist changed the appellant's feeding regime to three G-Tube feedings per day, alongside water flushes. The appellant's representative testified that the G-Tube's original purpose was for medication, but now it provides a significant supplement to oral intake of food. Through the G-Tube, the appellant currently has three cans of Pediasure per day, alongside Carnation Instant Breakfast and additional water flushes as needed. The appellant's representative testified at the hearing that the appellant's next appointment with his nutritionist was scheduled for the following week. The appellant's representative requested more information regarding what documentation and requirements the appellant must meet for MassHealth to approve the PCA hours. Testimony.

The MassHealth representative responded that for the PCA adjustment for G-Tube feeds to be approved, MassHealth needs evidence that the G-Tube is established, the formula is consistent, the placement site is well-healed, and the G-Tube is the primary source of nutrition and not supplemental. The MassHealth representative explained that MassHealth cannot approve hours for G-Tube feeds if its primary function is for administering medication and the services are provided by the family of the appellant. Testimony. MassHealth only approves hours for G-Tube feeds if it is the primary mode of nutrition for the appellant. The MassHealth representative testified that if the appellant submits the proper documentation, including a letter from the appellant's nutritionist clearly stating the frequency of feedings, the primary nutrition source, formula, and water flushes required for the appellant, as well as confirmation from the gastroenterologist that the site is healed, a new prior authorization request can be filed. The MassHealth representative clarified that if the adjustment is approved, the approval is retroactive to the date that MassHealth receives a new, completed, adjustment request. Testimony.

Findings of Fact

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

1. Appellant is a MassHealth member between the ages of 0 and 17, and lives in the community with his mother.

2. Appellant has a primary diagnosis of polymicrogyria and global developmental delay. Testimony and Exhibit 4.
3. The appellant received a Gastrostomy Tube (G-Tube) on March 19, 2025, originally for the primary function of administering medication. Testimony.
4. The appellant's nutritionist adjusted his feeding regime due to decreased oral intake and poor weight gain, and the G-Tube became the appellant's primary source of nutrition. Testimony.
5. On May 6, 2025, the appellant's personal care management (PCM) agency, [REDACTED] sent MassHealth a prior authorization request seeking an increase of personal care attendant (PCA) hours to twenty-two hours and forty-five minutes per week, on behalf of the appellant. Testimony and Exhibit 4.
6. On May 8, 2025, MassHealth denied the request for additional hours, and the complement of PCA hours is to remain eighteen hours and thirty minutes per week, effective March 27, 2025, to March 26, 2026. Testimony and Exhibit 4.
7. The appellant specifically requested ten minutes twice per day, seven days per week (10x2x7) and five minutes thrice per day, seven days per week (5x3x7) for G-Tube feeding support. Testimony.
8. The MassHealth representative testified that for a PCA adjustment for G-Tube feeds to be approved, MassHealth needs evidence that the G-Tube is established (in place for at least three months), the formula is consistent, the placement site is well-healed, and the G-Tube is the primary source of nutrition and not supplemental. Testimony.
9. At the time of the hearing, the appellant's G-Tube was four days away from being "established", the placement site was well-healed, the G-Tube was the primary source of nutrition, and the same formula (PediASURE) was being administered since its placement. Testimony.
10. The appellant was missing documentation that would support approval of the adjustment, to wit, a letter from the appellant's nutritionist clearly stating the frequency of feedings, the primary nutrition source, formula, and water flushes required for the appellant, as well as confirmation from the gastroenterologist that the site is healed. Testimony.
11. The MassHealth representative testified that if the appellant obtains the necessary documentation, he can file a new prior authorization request with MassHealth for an adjustment in PCA hours. Testimony.

Analysis and Conclusions of Law

MassHealth covers personal care 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 personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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 personal care 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 or grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and
 - (g) toileting.
- (4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

See 130 CMR 422.403(C).

Here, there is no dispute that appellant meets all the prerequisites to qualify for PCA services. This appeal addresses whether MassHealth allotted sufficient time, in accordance with program regulations, for appellant to receive PCA assistance to meet his care needs. The requested services must also be medically necessary for the prior authorization request to be approved. 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 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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider or identified by the Division 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 Division upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)
- (C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

See 130 CMR 450.204.

Pursuant to 130 CMR 422.410(A), 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 or 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.

Pursuant to 130 CMR 422.410(B), 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.

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;
- (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.

See 130 CMR 422.412 (emphases added).

MassHealth denied the appellant's request for PCA assistance with G-Tube feedings because the appellant failed to provide proper documentation that supported approval by MassHealth. To approve a requested PCA adjustment for G-tube feeds, MassHealth requires evidence that the G-tube is established, the formula is consistent, the site is well-healed, and the G-tube is the primary source of nutrition, not supplemental. The appellant's representative was informed by the MassHealth representative at hearing that if the proper documentation is acquired, then the appellant can file a new prior authorization request for an adjustment in PCA hours.

At this time, however, and for the foregoing reasons, this 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

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