

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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| Appeal Decision: | Approved | Appeal Number: | 2507399 |
| Decision Date: | 07/17/2025 | Hearing Date: | 06/11/2025 |
| Hearing Officer: | Amy B. Kullar, Esq. | | |

Appearance for Appellant:



Appearances for MassHealth:

Donna Burns, R.N., Clinical Reviewer, Optum;
Allison Langlois, Senior Program Manager,
Office of Long-Term Services and Supports
(OLTSS)



*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

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| Appeal Decision: | Approved | Issue: | Prior Authorization; Personal Care Attendant (PCA) Services - Termination |
| Decision Date: | 07/17/2025 | Hearing Date: | 06/11/2025 |
| MassHealth's Reps.: | Donna Burns, R.N.; Allison Langlois | Appellant's Rep.: | [REDACTED] |
| Hearing Location: | Quincy Harbor South 2 (Telephone) | 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 dated May 7, 2025, MassHealth notified the appellant that it was terminating the appellant's personal care attendant (PCA) services effective May 21, 2025, because the appellant had been directed to find a new surrogate, and he had not found one; the notice states: "Your PCM agency, [REDACTED] conducted an assessment in accordance with 130 CMR 422.422(A) and determined that you need a surrogate to help manage the PCA program. You are therefore required to obtain a surrogate in accordance with 130 CMR 422.420(A)(23)." *See* 130 CMR 422.422(B)(3); Exhibit 1. The appellant filed this appeal with the Board of Hearings in a timely manner on May 12, 2025. *See* 130 CMR 610.015; Exhibit 2. Termination of services is a valid ground for appeal to the Board of Hearings. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth terminated the appellant's PCA services because he did not designate a new surrogate.

Issue

Was MassHealth correct in terminating the appellant's PCA services because he did not designate a new surrogate?

Summary of Evidence

MassHealth was represented by a senior program manager from the Office of Long-Term Services and Supports (OLTSS) and by a registered nurse and clinical appeals reviewer; they both appeared telephonically. The appellant was represented at hearing by his mother, who is his legal guardian and his current surrogate; the appellant's mother also appeared at hearing via telephone and verified her identity and the appellant's identity. The parties' testimony and record evidence are summarized as follows:

The clinical appeals reviewer testified that the appellant is an adult between the ages of 19 and 65. The appellant has a primary diagnosis of right cerebral dysgenesis and seizure disorder. Testimony, Exhibit 5. The appellant was re-evaluated for PCA services on October 3, 2024, and his PCM agency, [REDACTED], requested 40 hours and 30 minutes per week for the service period of 11/28/2024-11/27/2025. MassHealth modified this request on November 13, 2024, to 39 hours and 15 minutes per week for the service period of 11/28/2024-11/27/2025. Testimony, Exhibit 5. She further stated that the issue at this appeal is that MassHealth terminated the appellant's PCA services effective May 21, 2025. Testimony. The clinical appeals reviewer stated that the reason for the termination is that the appellant failed to designate a compliant surrogate to manage the PCA program, as required after issues with noncompliance with the electronic visit verification (EVV) protocols were documented to MassHealth by the appellant's PCM agency. Testimony. On April 1, 2025, the appellant's PCM agency notified the current surrogate, the appellant's mother/guardian, that she needed to locate a new surrogate within 30 days, due to her noncompliance with the EVV system. No new surrogate was designated by the deadline and on May 7, 2025, MassHealth notified the appellant of his termination from the PCA program by letter. Testimony.

The OLTSS representative then offered testimony on behalf of MassHealth. She stated that OLTSS received notice from the appellant's PCM agency that they had been attempting to contact the surrogate in regard to EVV violations.¹ She explained that EVV stands for electronic visit

¹ The OLTSS representative provided communication logs from the appellant's PCM agency in a pre-hearing submission. Exhibit 6. The logs detail the telephonic, in person, and miscellaneous "Other" communications between the appellant's surrogate and the PCM agency from March 2024 until March 4, 2025. There are 39 communication episodes between the PCM agency and the appellant's surrogate recorded; of these 39 encounters, for "Contact Type," only two were in person. 16 telephonic communications were documented, but the Hearing Officer could only identify 6 actual phone contacts between the appellant's surrogate and the PCM; the rest of the phone episodes documented voicemails left by the PCM or the surrogate and internal file transfers

verification, and it is the new electronic timekeeping system utilized by the PCA program beginning in 2024. Testimony. The OLTSS representative testified that since February 2025, the appellant's PCM agency repeatedly attempted to contact the appellant's mother/surrogate regarding noncompliance issues with the EVV system. She testified that the PCM agency contacted the appellant's mother/surrogate on February 21, 2025; according to the communication log notes, during that call, several training and device options were offered to the appellant's surrogate, but these options were reportedly refused by the surrogate, who asserted that she preferred paper time sheets to electronic reporting. Exhibit 6 at 2.

The communication logs provided by OLTSS provide additional information about the communications between the PCM agency and the appellant's surrogate in 2025. These notes document the attempts by the PCM agency to offer skill training to the appellant's surrogate, and they also document the many attempts by the appellant's mother/surrogate to request assistance from the PCM agency. Exhibit 6. The first entry in the log that was documented in 2025 states:

I received a test (*sic*) message on Saturday 2/8/2025: [REDACTED] I need help with updating my phone number my PCA is ready to quit can you update my number please' received from [REDACTED] I messaged back: 'I would need your consumer number, name and the phone number to update from and to.' I received a response back, 'Consumer name [REDACTED] 11p490 surrogate name [REDACTED] (*sic*) [REDACTED] and the phone number is [REDACTED]. I'm sorry I'm not trying to lose this PCA. Inever (*sic*) got anything in the mail with the new updates.' I texted back, 'I will let your ST know.'

Exhibit 6.

Also according to the log, on February 14, 2025, the PCM agency left a voicemail for the appellant's surrogate:

1st Attempt Consumer appears on a previous EVV Warning report for 1/24/25. I called surrogate [REDACTED] at [REDACTED] to address this issue and there was no answer. I left VM: Hi, my name is [REDACTED] with the [REDACTED] program and I am calling to let you know that our records indicate that you have not submitted your timesheet through the EVV system. Submitting your timesheet in the system the EVV system is a requirement of the PCA Program and it is mandatory to use this new billing system. Not using EVV will cause you to continue to escalate in the non-compliance report. This information is reported

at the PCM agency. The remaining communication episodes are categorized as "Other" or "Travel" – these episodes document internal PCM agency communications, PCM emails, and also travel on behalf of the appellant. An in-person Skills Training session was recorded on May 22, 2024. The second "in-person" encounter entry is dated 9/24/2024. Testimony and Exhibit 6.

to MH and MH can terminate your PCA services if you continue to not use the EVV system. Please call me back at [REDACTED] so that I can assist you with the EVV registration process. Even if you are using EVV please call me back to let me know so that we can update our records.

Id.

Two additional entries were created before the PCM agency terminated the appellant's PCA services. One, the call that the OLTSS representative described as a "Skills Training" session in her testimony at hearing, occurred on February 21, 2025, and reads as follows:

Consumer appears on a previous EVV Strike One report for 02/14/25. Second attempt on following up with the surrogate, contacted # [REDACTED]. I introduced myself and informed the reason I am calling, due to the consumer/surrogate on their first strike because of not using the EVV system to submit the PCA timesheet nor is the PCA clocking in or out using this system. Surrogate informed me she does not have a reliable device nor does not know anything relating too (*sic*) EVV. She has received multiple emails regarding the EVV and stated she has contacted her ST multiple times on this issue and the ST is no help due to not sending an in-person training nor an device that is needed to assist the surrogate with setting up the EVV portal on an device. I understood and informed the surrogate I apologize for the frustration and attempted to schedule her for FI Training and give her the steps to applying for a device. She denied and informed me she will keep sending paper timesheet and will ...

Exhibit 6.

On February 25, 2025, the PCM agency attempted to contact the appellant's surrogate via telephone, was unable to reach her, and left a voicemail:

3rd attempt as on the 2nd attempt
surrogate hung up on the ST

Will be requesting a letter for need for new surrogate at this time as based onthe (*sic*) previous note in Zuke surrogate told previous ST that she is not going to use EVV and she will keep getting strikes and hung up on the ST. Based on the previous note in Zuke surrogate is refusing to use EVV. Consumer now appears on the EVV Strike 2 for 2/21/25PCM Census shows no EVV Exemption forms on file PCM report shows timesheet submitted outside of EVV for PCA [REDACTED] called surrogate at C - [REDACTED] to inform her that EVV is mandatory and it is a program requirement. At this time there was no answer and I left the following VM: Hi my name is [REDACTED] with the [REDACTED] PCA program and I am calling

to let you know that our records indicate that you have not submitted your timesheet through the EVV system. Submitting your timesheet in the EVV system is a requirement of the PCA Program and it is mandatory to use this ...

Exhibit 6.

A record of an internal email was also made on February 25, 2025. The note states: “email sent to EVV [REDACTED] advising that I have requested letter need for new surrogate as the surrogate on file is refusing to use EVV per the last notes in Zuke.” Exhibit 6. ²

On March 4, 2025, the PCM sent the appellant a letter that directed him to find a new surrogate by April 3, 2025; no new surrogate was designated. Testimony and Exhibit 6. On May 7, 2025, MassHealth sent the appellant a notice which terminated his PCA services effective May 21, 2025. *Id.*³

In response to the MassHealth testimony, the appellant’s mother stated that she has repeatedly contacted the PCM agency, and this is not properly documented by the PCM log; she has been seeking assistance to access and use the electronic timesheet system, but she has not received adequate support from them. She testified that MassHealth sent communication and training materials to her old address, not her current verified address, which has caused her to miss important information and training opportunities. Testimony. She does not understand how MassHealth began using a mailing address that she has not used or lived at for over five years. Testimony. The appellant’s mother acknowledged that MassHealth eventually sent a tablet computer to her, but she asserted that she received no effective training or in-person support. Her own attempts to navigate the EVV system resulted in her being locked out of the account. Testimony.

At this point in the hearing, there was discussion between the parties, and it was learned that despite “Aid Pending” protection being applied to this appeal by the Board of Hearings, the appellant’s mother/surrogate was still locked out of her account on the EVV system and was unable to report any PCA hours worked since the appeal was filed. The OLTSS representative acknowledged this error and stated she would make sure that the appellant’s mother/surrogate has access to the EVV system during the rest of the appeal process.

The appellant’s mother further testified that she feels that the phone support by the PCM

² The written notes were reviewed after the hearing by this Hearing Officer, and the Hearing Officer infers that “Zuke” is the data tracking program utilized by the PCM agency; there are several references in the communications log to ongoing notes and documentation by the PCM in “Zuke.”

³ The only other documented communication by the PCM agency to the appellant or his surrogate in 2025 in the communications log is the April 1, 2025, letter sent to the appellant by the PCM agency informing the appellant he needed to find a new surrogate. Exhibit 6.

agency and MassHealth has been extremely unhelpful. She was not offered or given in-person training or effective remote training, and she stated that MassHealth never sent a trainer to her home despite promising to do so. Testimony. At times the appellant's mother became emotional as she gave her testimony and described her difficulties in resolving this issue with the PCM agency and MassHealth; she asserted that she is the only available surrogate for her son, and there is no one else in her life who can serve as the appellant's surrogate. Testimony.

Findings of Fact

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

1. On November 13, 2024, MassHealth authorized the appellant for 39 hours and 15 minutes per week PCA services, running for the prior authorization period of November 28, 2024, through November 27, 2025. Testimony.
2. Tempus PCM is the appellant's PCM agency; and the appellant's mother is his surrogate and legal guardian. Testimony by the appellant's mother and MassHealth's OLTSS representative.
3. In 2024, MassHealth began using the EVV system to electronically track PCA hours. The PCM agency was responsible for training the appellant's surrogate in using the EVV program. Testimony by MassHealth's OLTSS representative.
4. The PCM agency did not record any in person Skills Training meetings with the appellant's surrogate since October 2024. Tempus logged calls to the appellant's surrogate on February 14, February 21, and February 25, 2025. These notes are documented as "Attempts" to reach the appellant's surrogate. Exhibit 6.
5. On March 4, 2025, [REDACTED], the appellant's PCM agency, mailed the appellant a letter stating that he had 30 days to register a new surrogate. Testimony and Exhibit 6.
6. Through a notice dated May 7, 2025, MassHealth informed the appellant that it was terminating the appellant's personal care attendant services effective May 21, 2025, because the appellant had been directed to find a new surrogate, and he had not found one. The notice states: "Your PCM agency, [REDACTED] conducted an assessment in accordance with 130 CMR 422.422(A) and determined that you need a surrogate to help manage the PCA program. You are therefore required to obtain a surrogate in accordance with 130 CMR 422.420(A)(23)." Exhibit 1.
7. The appellant filed a timely appeal on May 12, 2025. The Board of Hearings ordered MassHealth to protect the appellant's PCA services pending the outcome of the appeal. Exhibit 2.

8. There is no evidence that the PCM agency performed an Assessment of the appellant's surrogate prior to terminating the appellant's PCA services.
9. Despite "aid pending" protection being placed on this appeal by the Board of Hearings, the appellant's surrogate has been unable to report any PCA hours worked by the appellant's PCA since this appeal was filed in May 2025 due to being "locked out" of the EVV system by MassHealth.

Analysis and Conclusions of Law

MassHealth regulations about PCA services are found at 130 CMR 422.000 *et seq.* Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as described in 130 CMR 422.410.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when: (1) they are prescribed by a physician; (2) the member's disability is permanent or chronic in nature; (3) the member 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; and (4) MassHealth has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

Activities of daily living are listed at 130 CMR 422.410(A) and include mobility, assistance with medications or other health-related needs, bathing/grooming, dressing and undressing, passive range-of-motion exercises, eating, and toileting (including bowel care and bladder care). MassHealth pays for PCA time in physically assisting members to perform the aforementioned activities of daily living.

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 422.402 defines “surrogate” as follows:

the member's legal guardian, a family member, or other person as identified in the service agreement, who is responsible for performing certain PCA management tasks that the member is unable or unwilling to perform.

Furthermore, pursuant to 130 CMR 422.402, “Assessment” is defined as follows:

- a PCM agency's determination of a member's ability to manage the PCA program independently and the ability of a surrogate or administrative proxy, if any, to manage the PCA program on behalf of the member. The PCM agency conducts an assessment of a member and surrogate or administrative proxy, if any, in accordance with 130 CMR 422.422(A) and the contract for PCM functions. The result of an assessment of the member is a determination that the member either requires a surrogate or administrative proxy to receive PCA services or can manage the PCA program independently. The result of an assessment of the surrogate or administrative proxy, if any, is a determination about whether the surrogate or administrative proxy can appropriately and effectively manage the PCA program on behalf of the member.

The operating procedures for the PCA program can be found at 130 CMR 422.422: “PCA Program: Personal Care Management Agency Operating Procedures:”

(A) Assessment. For each member determined initially eligible for PCA services in accordance with 130 CMR 422.421(A)(2), the PCM agency must conduct a written assessment of the member's capacity to manage PCA services independently and, if applicable, a written assessment of the ability of the surrogate or administrator proxy to manage PCA services on the member's behalf. **If a member has a court-appointed legal guardian or is a minor child, a surrogate is required, and the agency is not required to conduct an assessment of the member, but is required to conduct an assessment of the surrogate. The PCM agency must document the assessments in the application for PCA services and in the member's record. The assessments must be in a form and format required by the MassHealth agency.** The process for assessment of the member must include the member and may include participation of family members or other member representatives. **The PCM agency must:**

(1) based on an in-person visit with the member, conduct a written assessment of the member's ability to manage PCA services and to function

as an employer of PCAs. **The assessment must be conducted before submitting an initial request for prior authorization for PCA services to the MassHealth agency, at least annually thereafter, and whenever necessary due to a change in circumstances that may affect a member's ability to manage PCA services independently or function as an employer of PCAs.**

The result of an assessment of the member is that the member either:

- (a) is able to perform independently all tasks required to manage the PCA program (The PCM agency will conduct a PCA evaluation and submit the request for prior authorization to the MassHealth agency); or

- (b) requires the assistance of a surrogate or administrative proxy to perform some or all of the PCA management tasks that the member is unable or unwilling to perform. (A surrogate or administrative proxy must be identified before the PCM agency submits a prior-authorization request to the MassHealth agency);

(2) if the member requires the assistance of a surrogate or administrative proxy, based on an in-person visit with the surrogate or administrative proxy, conduct a written assessment of the ability of the surrogate or administrative proxy to manage PCA services on behalf of the member. The assessment must be conducted before submitting an initial request for prior authorization for PCA services to the MassHealth agency and *whenever necessary due to a change in circumstances that may affect the ability of the surrogate or administrative proxy to manage PCA services on the member's behalf.* The result of an assessment of a surrogate or administrative proxy is that the surrogate or administrative proxy is either:

- (a) able to perform the tasks designated to the surrogate or administrative proxy to manage the PCA program on behalf of the member; or

- (b) unable to perform the tasks designated to the surrogate or administrative proxy to manage the PCA program on behalf of the member;

(3) complete an assessment of the member at the time of the member's reevaluation, which must occur at least annually and **whenever necessary due to a change in circumstances that may affect a member's ability to manage PCA services independently or function as an employer of PCAs;**

(4) complete an assessment of any new surrogate or administrative proxy; and

(5) review the assessment of the member and modify it, as appropriate, when:

- (a) the member's medical, cognitive, or emotional condition changes in a way that affects the member's ability to manage PCA services independently;

- (b) the member exhibits a pattern of overutilization of authorized PCA services, an inappropriate use of PCA services, or potential fraud, and does not discontinue such behavior after intervention from a skills trainer; or
 - (c) the member, the fiscal intermediary, or the MassHealth agency requests review of an assessment; and
- (6) review the assessment of the surrogate or administrative proxy and modify it, as appropriate, when:
 - (a) there is a change in circumstances that may affect the ability of the surrogate or administrative proxy to manage PCA services on behalf of the member; or
 - (b) the member, the surrogate or administrative proxy, the fiscal intermediary, or the MassHealth agency requests review of an assessment; and
- (7) review the assessment of the member with the member and obtain the signature of the member. If the member does not agree with the assessment, provide a process for resolving the disagreement; and
- (8) notify the MassHealth agency and the fiscal intermediary in writing of any change in the member's assessment findings.

(emphases and italics added)

Here, MassHealth terminated the appellant's PCA services, despite a finding that the appellant is clinically eligible for PCA services. The appellant's PCM agency reported to MassHealth that the appellant's current surrogate was not compliant with the EVV system, and that the appellant's current surrogate/mother/legal guardian had not found a new surrogate by a deadline date imposed by the PCM agency. As a result of this report from the PCM agency, MassHealth ended the appellant's PCA services effective May 21, 2025.

It is not clear from the record that the appellant's current surrogate is unable or unwilling to use the EVV system for reporting PCA hours as required by MassHealth; although the written record documents multiple instances of missed communications between the PCM agency and the appellant's mother/surrogate, it does not appear that the appellant's mother/surrogate ever stopped requesting assistance from MassHealth and the PCM agency as she attempted to access the EVV system. I strongly credit the appellant's mother's testimony that she attempted to interact with the appellant's PCM agency customer service staff, especially in light of the fact that MassHealth sent the appellant's EVV tablet training materials to an address that the appellant has not resided at for over five years. MassHealth did not dispute this testimony at the hearing.

The appellant's mother/surrogate credibly testified at hearing that she would be able to manage the EVV piece of the PCA program if she was properly supported by MassHealth and the PCM agency. Furthermore, there was no evidence offered by MassHealth that showed that the

appellant's surrogate was reporting erroneous hours for the appellant's PCA; the evidence provided indicates that the appellant attempted to comply with the EVV system despite not receiving in person training from the PCM agency or MassHealth. Then, the appellant's surrogate was unable to comply with the PCA time reporting requirements when she was locked out of her EVV account for an unexplained reason in May 2025, despite the Board of Hearings ordering MassHealth to protect the appellant's PCA services pending the outcome of this appeal.⁴

Lastly, there is nothing in the written or testimonial record that indicates that the PCM agency complied with the requirements of 130 CMR 422.422(A)(2). Even though the May 7, 2025 termination notice states that an assessment was performed "in accordance with 130 CMR 422.422(A)," no written or testimonial evidence was presented by MassHealth that showed that an assessment was done of the appellant's current surrogate to document her ability or inability to manage the administrative requirements of the PCA program. Pursuant to 130 CMR 422.422(A)(2), if a member has a court-appointed legal guardian, a surrogate is required, and the agency is not required to conduct an assessment of the member but *is required to conduct an assessment of the surrogate*. The assessment must be conducted...*whenever necessary due to a change in circumstances that may affect the ability of the surrogate or administrative proxy to manage PCA services on the member's behalf*. The evidence MassHealth submitted in support of terminating the appellant's medically necessary PCA services does not show that a recent assessment of the appellant's surrogate's ability to manage the administrative requirements of the PCA program was conducted prior to the PCM agency initiating the termination of services; this is despite of a change in circumstances having occurred, *to wit*, MassHealth utilizing a new electronic system for reporting PCA time since the initial assessment of the appellant's surrogate.

The evidence shows that the appellant's surrogate was able to successfully manage the PCA program for the appellant for over a year without any issues until February 2025. Furthermore, there is no documentation of successful Skills Training ever being performed by the PCM agency with the appellant's surrogate, despite MassHealth rolling out a new, online format for reporting PCA hours in the last year. There is nothing in the record beyond the two-page communications log, which only reflects the PCM agency's side of the interaction, to support the MassHealth decision to terminate PCA services. The rest of the submitted written record is limited to the two notices from March and April 2025 informing the appellant he needs to locate a new surrogate, and the applicable MassHealth regulations; I conclude that the PCM agency and MassHealth did not comply with the latter.

⁴ When aid pending protection is applied to an appeal by the Board of Hearings, the MassHealth benefits that the appellant is receiving are meant to remain exactly as they were prior to the MassHealth determination on appeal; here, the appellant's surrogate was locked out of her EVV account in May 2025, despite aid pending protection being in place, and could not report the PCA's hours worked. Therefore, the appellant's PCA was working without a guarantee that he or she would receive payment for the PCA services that he or she has provided to the appellant since May 2025.

In short, there is little evidence that the appellant's current surrogate is unable or unwilling to perform the PCA management task of utilizing the EVV system for reporting PCA hours, as asserted by the PCM agency; rather, the evidence shows that the PCM agency did not provide meaningful training or assistance to the appellant's surrogate. The legal basis on which the appellant's medically necessary PCA services were terminated was quite thin.

I conclude that currently, the appellant does not need to name a new surrogate to manage the PCA program. Instead, the PCM agency must provide more meaningful assistance to the appellant's mother/surrogate in how to use the EVV system successfully.

If at any time the PCM agency has reason to believe the appellant needs a new surrogate, it may revisit the issue of finding a new surrogate for the appellant and should assist him to find one that is suitable.

MassHealth's decision to terminate the appellant's PCA services effective May 21, 2025 was incorrect.

This appeal is APPROVED.

Order for MassHealth

Remove Aid Pending.

Rescind notice of May 7, 2025. Send notice to the appellant apprising him that he will receive 39 hours and 15 minutes per week for the service period of 11/28/2024-11/27/2025, effective November 28, 2024.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

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

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

cc: Office of Long-Term Services and Supports