

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part; Dismissed in Part	Appeal Number:	2507726
Decision Date:	09/04/2025	Hearing Date:	06/17/2025
Hearing Officer:	Rebecca Brochstein, BOH Deputy Director	Record Closed:	07/11/2025

Appearances for Appellant:




Appearances for MassHealth:

Robin Brown, OTR/L



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Approved in Part; Denied in Part; Dismissed in Part	Issue:	Prior Approval (PCA Services)
Decision Date:	09/04/2025	Hearing Date:	06/17/2025
MassHealth's Rep.:	Robin Brown, OTR/L	Appellant's Reps.:	
Hearing Location:	Board of Hearings (Telephonic)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated May 9, 2025, MassHealth modified the appellant's request for prior authorization for Personal Care Attendant (PCA) services by denying some of the time requested (Exhibit 1). The appellant filed this appeal in a timely manner on May 19, 2025, seeking approval of the denied time (130 CMR 610.015(B) and Exhibit 2). Modification of a request for PCA services is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's request for PCA services by denying some of the time requested for several tasks.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410, in modifying the appellant's request for PCA services.

Summary of Evidence

MassHealth was represented at hearing by a licensed occupational therapist from Optum, the MassHealth contractor that manages the personal care attendant (PCA) program. The appellant appeared with her mother, who is also a registered nurse. The MassHealth representative testified that the appellant is in her [REDACTED] and has a primary diagnosis of spinal muscular atrophy (SMA). She is a college student and lives on campus with PCA assistance.

On May 5, 2025, the appellant's PCA provider, Tempus Unlimited, Inc., submitted a prior authorization (PA) request and re-evaluation for PCA services. The PCA evaluation offers the following summary of the appellant's medical history and current needs:

No recent overnight hospitalizations. Reports since eval done last year she had debulking of stomach done. Consumer has Spinal Muscular Atrophy Type 2 which is a genetic neuromuscular disorder that affects the nerve cells that control voluntary muscles. It is reported that SMA is similar to ALS but not fatal like ALS. Consumer is wheel chair bound- able to use power chair. Consumer has no FMS, unable to lift arms > 90 degrees. Unable to stand, bear weight, roll, turn self side to side. She is D for all aspects of care. She is currently a student living at [college]. At this time there is no assistance on campus that aids the disabled. (Exhibit 4 at 8-9)

The provider requested PCA services in the amount of 101.25 hours per week for the prior authorization period of May 19, 2025, to May 18, 2026. On May 9, 2025, MassHealth modified the request by approving 84.5 PCA hours per week.¹ MassHealth modified the time requested for the following ten tasks:

1. Repositioning
2. Passive range of motion
3. Bathing
4. Grooming (hair care)
5. Undressing
6. Eating
7. Other healthcare needs (classroom setup)
8. Meal preparation and cleanup

¹ The PA evaluation indicates that the appellant's total request of 101.25 PCA hours per week is a combination of daytime (87.25) and nighttime hours (14.0). Similarly, MassHealth's approval of 84.5 hours represents the combined total of daytime (70.5) and nighttime (14.0) PCA hours. See Exhibit 4 at 33. The MassHealth representative did not testify to any modifications made to the nighttime hours, but it is apparent that the agency did make one modification (for repositioning) to the nighttime request, similar to its modification of that same task during the daytime hours (from six to five minutes per episode, as discussed *infra*). Because MassHealth rounds up nighttime assistance to a standard of two hours per night, the one modification to nighttime repositioning did not impact the overall determination here and is not addressed in this decision.

9. Housekeeping
10. Shopping

For each of these areas, the MassHealth representative testified to the basis for the modification and the appellant and her mother responded in turn.

1. Repositioning

The appellant requested PCA assistance with repositioning in the amount of six minutes, four times per day, six days per week (6x4x6). The comments in the PCA evaluation describe the appellant's need for repositioning assistance as follows:

Observed consumer using power chair in home [independently]. She is Max A for all is D for all surface to surface transfers via hooyer lift. She has one at school and one at home. Max A for all repositioning for pain and pressure relief due to SMA. Consumer unable to lift, carry, bear weight, roll, and has no force to push button/zip, write due to SMA type 2. (Exhibit 4 at 13)

MassHealth modified the request to approve PCA assistance with repositioning in the amount of five minutes, four times per day, six days per week (5x4x6). The MassHealth representative testified that the reason for the modification is that the time requested is longer than ordinarily required for someone with the appellant's physical needs. She stated that MassHealth based its decision to approve only five minutes rather than the requested six minutes per episode on its time-for-task tool² as well as the clinical experience of the nurse reviewers. She noted that the appellant's wheelchair has tilt, recline, and power standing features, which can help with repositioning. She testified that the appellant was approved for five minutes, four times per day, seven days per week (5x4x7) in last year's evaluation.

The appellant testified that she suffers from "really severe" chronic pain in her legs, hips, back, and knees; has had her spine fused and her hips "rebuilt;" and has issues with skin integrity. She stated that she must be handled very carefully and intentionally, which adds time to the repositioning process. The appellant's mother added that the appellant cannot move herself and must be repositioned frequently – significantly more than the four times per day that was requested – to provide comfort and preserve her skin integrity. The mother noted that the appellant needs assistance for repositioning seven days per week, not the six that was requested; she suggested that this must have been an error by the PCA agency.

2. Passive range of motion

The appellant requested PCA assistance with passive range of motion (PROM) in the amount of seven minutes, three times per day, seven days per week (7x3x7), for each of her four extremities. The PCA evaluation includes the following comments regarding the appellant's PROM needs:

² The time for task tool is not part of the record.

PROM done TID to preserve joints/prevent contractures. Consumer reports they did not take PROM as seriously as they do know [sic] when she was younger because they were unaware of the benefits of doing it and the complications caused by not doing it enough such as contractures so they do PROM as much as possible. (Exhibit 4 at 14)

MassHealth modified the request for PCA assistance with PROM to seven minutes, twice per day, seven days per week (7x2x7) for each extremity. The basis of the modification was that the time requested is longer than what is ordinarily required for someone with the appellant's physical needs. The MassHealth representative testified that the standard of care is to perform PROM exercises once or twice a day. She noted that in last year's evaluation, the appellant requested and was approved for PROM at eight minutes, twice per day, seven days per week. The MassHealth representative added that the appellant can also get the benefits of PROM in her knees, hips, and ankles by using the power standing feature of her wheelchair. She also added that the appellant does have some active mobility in her upper extremities.

The appellant testified that she needs PROM exercises three times per day to preserve her joints and prevent contractures, as well as to alleviate her chronic pain. As to MassHealth's argument that she can use her power wheelchair to achieve some of the same effects, she pointed out that she cannot access the standing feature independently; additionally, she stated, she needs to wear AFOs and must stretch before using the stander, so she would need assistance regardless. The mother confirmed that she cannot use the stander without another person's assistance. She noted that the appellant suffered an injury to her hips in a car accident and now is unable to sit squarely in her wheelchair, so she needs additional opportunities for stretching. The mother stated that she would get a letter from the appellant's providers to document the need for PROM assistance three times per day.

3. Bathing

The appellant requested PCA assistance with bathing in the amount of 60 minutes, once per day, seven days per week (60x1x7). The PCA evaluation describes the appellant's bathing needs as follows:

D hoyer to shower chair and push into shower. D to wash, rinse, dry head to toe. Consumer does not have enough force/strength to hold a cloth and wash. Reports she does a bath weekly to ensure she is extra clean- socks [sic] in Epsom. (Exhibit 4 at 16)

MassHealth modified the request to allow 40 minutes, once per day, seven days per week (40x1x7), on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs. The MassHealth representative noted that the Hoyer transfer was a separate item in the PCA evaluation that was approved in full.³ She added that the appellant

³ The evaluation reflects a request for "bathing special transfers" in the amount of 12 minutes, twice per day, seven days per week. See Exhibit 4 at 15.

was approved for 30 minutes per day for this task in last year's PA. She emphasized that the time approved is for hands-on PCA time only.

The appellant testified that her bathing routine is "extremely time-consuming" and that special care must be taken to ensure she is clean because she wears diapers. She stated that she takes an Epsom salt soak in the tub to address skin issues and to alleviate pain, and then transfers to the shower using a Rifton shower chair to wash her body and hair. She testified that the process is very slow and deliberate because of her pain. She stated that she has minimal muscle control and cannot assist with any of these tasks. She added that she cannot be left alone in the tub and that the PCA must always keep hands on her to ensure she does not slide down into the water. The appellant's mother commented that these tub soaks are not a new part of her routine. She indicated that for reasons outside their control they were unable to file an appeal on last year's prior authorization to convey these details to MassHealth.

4. Hair care

The appellant requested PCA assistance with hair care (under the heading of "Grooming") in the amount of seven minutes, once per day, seven days per week (7x1x7). The PCA evaluation notes that the appellant is dependent for all grooming tasks. See Exhibit 4 at 17. MassHealth modified the request to allow five minutes, once per day, seven days per week (5x1x7) for hair care, on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs. She reiterated that this modification was made in accordance with the time-for-task tool and noted that last year's authorization was also for five minutes, once per day, seven days per week.

The appellant testified that she has extremely long, curly hair that requires additional time and care to make sure it is neat and orderly. The PCA applies hair care products and wraps it in a bun (redoing it two or three times per day) to keep it neat. The appellant added that if her hair is washed at night she needs it to be blown dry.

5. Undressing

The appellant requested PCA assistance with undressing in the amount of 25 minutes, once per day, seven days per week (25x1x7). The PCA evaluation describes the appellant's needs around dressing (which was approved) and undressing as follows:

A to gather clothing. Able to move arm towards clothing but unable to lift arms > 90 degrees. A to put upper body clothing over head, pull down and threat legs trough [sic] clothing. A to initiate and pull up lower body clothing- roll back and forth in bed. Don socks and shoes. A to remove all clothing, socks and shoes. (Exhibit 4 at 19)

MassHealth modified the request to allow 20 minutes, once per day, seven days per week (20x1x7), on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs. The MassHealth representative testified that the appellant

requested and was approved for 25 minutes per day for dressing. She commented that 20 minutes is more time than MassHealth usually approves for undressing but that because the appellant is in a wheelchair and has limited movement, MassHealth kept the authorization at 20 minutes (the same as last year's approval).

The appellant testified that the undressing process is very slow because of the "hardware" in her joints and because she has limited stability. She stated that she shifts easily and it is necessary to keep her from tilting over. She stated that it is necessary to stabilize her arms and to protect her legs and hips, which are very fragile. She is also incontinent and wears diapers, and it is common for her to have leakages through her pants and onto her wheelchair. She sometimes needs to have her pants changed two or three times per day.

6. Eating

The appellant requested PCA assistance with eating in the amount of 20 minutes, three times per day, seven days per week (20x3x7 for meals), plus ten minutes, twice per day, seven days per week (10x2x7 for snacks). The PCA evaluation states that the appellant is: "A for feeding meals with utensils- unable to grasp, load, make target. Able to finger feed. Able to sip from cup with straw." It also states that the appellant requires assistance "with utensils/adaptive devices intermittently," or one to five times per meal. See Exhibit 4 at 20.

MassHealth modified the request by approving the time requested for assistance with meals (20x3x7) but denied the time requested for snacks (10x2x7). The reason for the denial was that the time requested is longer than ordinarily required for someone with the appellant's physical needs. The MassHealth representative testified that in the previous year's PA the only time requested was for meals (at the same level of 20 minutes, three times per day, seven days per week), with no time requested for snacks. She pointed to comments in the evaluation that the appellant is able to manage finger foods and to sip from a straw. She emphasized that only hands-on PCA time is covered by the program.

The appellant testified that she recently began taking Zepbound, a GLP-1 injectable medication, to promote weight loss. She stated that this drug can deplete lean muscle mass and that she was advised to start eating smaller, higher protein meals during the day, and to add snacks to make up for the smaller meals. She also noted that she has been having an increasingly difficult time managing finger foods independently because of a decrease in her arm function. The appellant's mother emphasized that the appellant was started on Zepbound because her increased weight was making it harder for her to move her arms. She stated that the appellant is planning to have a procedure to remove adipose tissue from her arm. She emphasized that the appellant cannot eat food "on the fly" and must instead eat four to six small, pre-planned meals each day.

7. Classroom setup

The appellant requested PCA assistance with setting up in her college classrooms (under the heading of "Other Healthcare Needs") in the amount of 15 minutes, once per day, seven days per

week (15x1x7). The PCA evaluation states: "Requesting special consideration for PCA to open back pack when consumer gets to class and set up books/computer." See Exhibit 4 at 24-25.

MassHealth denied the request in its entirety on the basis that this is not a covered service. The MassHealth representative testified that this task is neither an activity of daily living (ADL) nor an instrumental activity of daily living (IADL) that is covered under the PCA program. She stated that she understands why the appellant needs this assistance but reiterated that it is not a covered service.

The appellant and her mother testified that she is unable to open or retrieve items from her backpack when she arrives in her classroom and maintained that she needs this assistance.

8. Meal preparation and clean-up

The appellant requested PCA assistance with meal preparation and clean-up in the amount of 20 minutes per day for breakfast, 15 minutes per day for lunch, 30 minutes per day for dinner, and 10 minutes per day for snacks. The PCA evaluation states the following:

Consumer lives on campus. Housing has kitchen. Reports she eats breakfast and dinner in apartment. Lunch: on campus cafeteria- PCA will hold tray, walk around cafeteria gathering what consumer wants to eat and then cut/chop all food. (Exhibit 4 at 28)

MassHealth modified the request to allow a total of 35 minutes per day for all meals and snacks. The MassHealth representative testified that the appellant's situation is "very unusual" because the appellant is living on campus with her PCA and that some of the time requested (lunch in the cafeteria) is not for actual meal preparation. She added that MassHealth will not approve separate time for snack preparation because the total time of 35 minutes per day should include this.

The appellant and her mother testified that the appellant no longer eats in the college cafeteria and instead goes back to her apartment for lunch. They stated that because of her new weight loss medication she must eat "very cleanly" and cannot eat anything processed. Instead, they argued, she needs assistance with preparing several small meals each day that are "carefully curated to meet her needs." This includes lean meats and other proteins that help her preserve muscle mass and fight the nausea that is a side effect of the medication. They argued that the time MassHealth has approved is not enough for the PCA to prepare all of the appellant's meals for the day.

9. Housekeeping

The appellant requested PCA assistance with housekeeping in the amount of 90 minutes per week (90x1x1). The PCA evaluation states that the appellant is totally dependent on the PCA for her housekeeping needs. See Exhibit 4 at 29. MassHealth modified the request to allow 50 minutes per week for this task on the basis that the time requested is longer than is ordinarily required for

someone with the appellant's physical needs. The MassHealth representative testified that the appellant was approved for 50 minutes in last year's PA. She noted that this is not meant to be a deep cleaning but rather is for maintaining the appellant's space (and not shared spaces). She stated that typically MassHealth will approve 45 minutes per week when the member lives in shared space, so given a PCA lives in the second bedroom, the 50 minutes is more than normal. She pointed out that the PCA also uses the apartment bathroom and the kitchen.

The appellant and her mother testified that the appellant lives in a large two-bedroom campus apartment that is meant to house four people. She has a group of four or five PCAs that share the responsibility for keeping the apartment clean. The overnight PCA stays in the apartment's second bedroom. They stated that the appellant currently only lives in the campus apartment during the week because they do not have enough PCA hours for her to stay there through the weekend. They testified that the PCAs are responsible for cleaning the living room, kitchen, and bathroom as well as the appellant's bedroom. The appellant testified that she is immunocompromised and that sickness on campus spreads very quickly so she needs her living space to be sanitized regularly. She also noted that the tires from her wheelchair leave a "rubbery, oily" residue on the apartment floor that needs to be cleaned daily; the wheelchair tires have big crevices that collect gravel and grime that "follows her everywhere." In addition, when she is incontinent there is more for the PCA to clean.

10. Shopping

The appellant requested PCA assistance with shopping in the amount of 90 minutes per week. The PCA evaluation states that the appellant is totally dependent on the PCA for her shopping needs. See Exhibit 4 at 29. MassHealth modified the request to allow 60 minutes per week for this task on the basis that the time requested is longer than is ordinarily required for someone with the appellant's physical needs. The MassHealth representative testified that there is no specific information about the appellant's shopping needs in the evaluation so they relied on last year's PA, in which MassHealth approved 60 minutes per week.

The appellant testified that she needs two grocery trips per week plus two to three pharmacy trips per month. She stated that these trips never take less than two hours each time; she testified that the shopping itself takes at least 30 minutes, travel to and from the store takes 15 minutes each way, and additional time is needed to unload and unpack the items. She noted that the college bus stop is not right near her dorm and that parking on campus is difficult. The appellant added that she also needs PCA assistance shopping for clothing, which requires a trip to the mall. The appellant testified that when she shops she finds it difficult to navigate all of the spaces in a store and that it takes less time when someone is there to help her.⁴

⁴ The MassHealth representative responded that shopkeepers should be able to assist her by, for example, handing her items. The appellant expressed disagreement, saying the store attendants do not help her reach and carry items when she is shopping.

The appellant noted that she had moved home for the summer and planned to return to school in mid-August. She indicated that she hoped to be approved for enough PCA time that she could stay on campus during the summer to take classes.

The record was held open after the hearing to allow the appellant to submit supplemental documentation from her providers that pertained to the PCA tasks addressed at hearing.⁵ During the record-open period, the appellant submitted the following:

- **Letter from [REDACTED] (June 27, 2025):**

I am writing to formally appeal the recent reduction in PCA hours for my patient, [appellant], under MassHealth Appeal #2507726. While we appreciate that some hours were approved, the reduction significantly underestimates the level of care [she] requires daily due to her complex medical needs and physical limitations.

[Appellant] has a diagnosis of Spinal Muscular Atrophy (SMA), and in 2023 she sustained a severe injury in a motor vehicle accident, resulting in significant orthopedic surgeries and chronic pain. She now has substantial orthopedic hardware and experiences daily pain in her hips, knees, low back, and legs. She is entirely dependent on caregivers for all activities of daily living (ADLs) and instrumental ADLs. I am requesting a re-evaluation of her PCA hours based on the following:

1. Repositioning Needs

MassHealth approved 6 minutes of repositioning, four times per day for six days per week, plus two hours overnight. While we recognize that 2 overnight hours may reflect the upper limit, daytime repositioning should not be limited to six days per week. [Appellant] experiences pain and stiffness daily, and the standard of care for individuals who cannot reposition independently is repositioning **at least every two hours, every day**. Her wheelchair's tilt/stand features are not substitutes for hands-on repositioning – they do not provide the necessary pressure relief or comfort. [Appellant] is unable to shift her weight or change position herself and relies entirely on her PCA for frequent adjustments throughout the day, including weekends.

2. PROM (Passive Range of Motion)

MassHealth approved PROM twice daily; we requested three times daily to reflect [appellant's] increased discomfort and her current use of the standing feature on her wheelchair. PROM is performed in the morning, prior to standing, again before bed, and when preparing to use the stander to reduce risk of injury and discomfort. This third session is necessary due to her persistent joint stiffness and pain, particularly

⁵ The appellant submitted two more general provider letters in advance of hearing. One is a January 2024 letter from [REDACTED] regarding the appellant's anticipated needs on her college campus, and the other is a September 2023 letter from [REDACTED] that speaks generally to the appellant's need for ADL support. See Exhibits 6 and 7.

after prolonged sitting. [Appellant] has recently been prescribed Gabapentin due to worsening pain. This routine is not excessive but clinically appropriate for comfort and function.

3. Bathing and Personal Hygiene

Our approved bathing time was reduced by 2.5 hours weekly. [Appellant's] bathing process involves soaking in a tub with Epsom salts and baking soda to reduce pain and inflammation, followed by showering, shaving, nail care, and full hygiene assistance. She cannot be left unattended due to her disability and must be closely supervised throughout the bath and transfer process. Due to her size (), her pain level, and the number of transfers involved, this process is lengthy but medically necessary. The time also includes post-bath cleaning and bathing equipment sanitation. These activities are essential for both her comfort and health and should be fully accounted for.

4. Dressing and Undressing

The reduction of 30 minutes per week for dressing does not account for the time required due to [appellant's] orthopedic limitations and incontinence-related dressing changes. Changing her clothes requires extreme care to avoid causing pain, especially at the hips and knees. Additionally, dressing her in her wheelchair (especially bras, pants, and shirts) is time-consuming and must be done slowly and safely. Her incontinence care often necessitates full outfit changes multiple times per week, including chuck, sling, and cushion changes.

5. Eating and Food Preparation

[Appellant] is physically unable to prepare her own meals, open containers, or access the refrigerator. Her recent medical changes, including starting a GLP-1 injectable for weight management (approved by () and discussed with ()), require strict dietary changes. She now eats several small, home-prepared meals daily. In the evenings, due to fatigue and weakness in her arms, [appellant] often needs full assistance with feeding. This has been well-documented in her medical records for the past 18+ months. Her ability to eat independently fluctuates throughout the day and declines sharply by dinner. The cut of nearly an hour per day does not reflect her current condition or care plan.

[Appellant's] needs are real, ongoing, and complex. These services directly affect her quality of life, comfort, and safety. We respectfully request that her PCA hours be restored to a level that accurately reflects the hands-on assistance required to manage her daily care. (Exhibit 9)

- Letter from (), PT (June 30, 2025):

[Appellant] is a . . . woman [in her () who has DMA II and who has been followed here in the SMA clinic at Boston Children's Hospital for many years. Physically, [she]

requires a lot of assistance in order to participate in daily life. She is transferred from bed to w/c and w/c to shower/commode chair via ceiling or portable lift, or a personal caregiver, depending on the environment she's in, and what supports are in place. [She] needs this amount of assistance because of her SMA, which causes chronic muscle weakness and contractures. Despite the amount of physical assistance [she] requires, she has intact intellectual and communication abilities, graduated from high school and attends [college] full-time, where she lives as independently as possible.

Given the extent of her physical disability, [appellant] relies on PCA's around the clock, in order to be transferred, repositioned and to be able to access her environment. These PCA's are an essential part of [her] health and well-being.

The amount of hours that [appellant] has previously received only covers care for the weekdays, and not the weekends. This means that [she] is not able to remain on campus and participate in academics and other daily life activities, because she doesn't have access to a PCA (hiring one privately would not be feasible financially).

Please see below for justification regarding the need for 648 minutes/day and 12 minutes/night, for [her] care:

Repositioning – [Appellant] is approximately [REDACTED] and weighs [REDACTED]. When she is at school, she is consistently in her chair for 12 hours. This is similar on the weekends. She needs to be transferred to/from the chair for the bathroom on a schedule x5 throughout the day, in order to use the bathroom, change/reposition her clothes if needed, etc.... [sic]. When she returns to her chair, it takes a few minutes to get her in the right position in her chair. The lift that [she] has on campus is a portable mechanical lift and it doesn't sit her in her chair perfectly. The PCA has to reposition [her] hips so that she is in a good position and use her upper extremities effectively in order to access what she needs. Throughout the day, she needs to be shifted a few times at least. Overnight, she needs to be repositioned 3-5 times per night in order to minimize the risk of pressure sores and pulmonary compromise.

MassHealth only approved 6 minutes, 4 times per day, 6 days per week and 6 minutes, 2 times per night. This is not sufficient and will not allow [her] to remain healthy and be successful at college. The above requested hours are medically necessary in order to meet [her] health needs. . . . (Exhibit 10)

- Letter from [REDACTED] (July 2, 2025):

[Appellant] is a patient of mine in the [REDACTED]. [She] is a . . . young woman [in her [REDACTED]] who was diagnosed with Spinal Muscular Atrophy Type II in 2007. I am writing this letter to formally appeal the recent decision to reduce her in home care hours to ensure she has appropriate in home support.

Spinal Muscular Atrophy (SMA) is a motor neuron disease. The motor neurons affect the voluntary muscles that are used for activities such as crawling, walking, head and neck

control, and swallowing. SMA affects muscles throughout the body, although the proximal muscles (those closest to the trunk of one's body – i.e. shoulders, hips, and back) are often the most severely affected. Weakness in the legs is generally greater than in the arms. Sometimes feeding and swallowing can be affected. Involvement of respiratory muscles (muscles involved in breathing and coughing) can lead to an increased tendency for pneumonia and other lung problems. Sensation and the ability to feel are not affected. Intellectual activity is normal.

Key respiratory problems in individuals with SMA include impaired cough, hypoventilation (insufficient respiratory effort) during sleep, chest wall and lung underdevelopment, and recurrent infections. Respiratory care is critically important for individuals with spinal muscular atrophy and affects both their survival and quality of life. SMA affects the muscles for breathing as well as the muscles for moving the arms and legs.

Key problems associated with orthopedics and rehabilitation includes [sic] contracture formation, spinal deformity and limited mobility as a result of muscle weakness and limited motor function. Pain, osteopenia (bone loss) and fractures are additional problems that should be considered.

[Appellant's] neurological examination is notable for generalized weakness and hypotonia. She is wheelchair dependent and uses a motorized wheelchair for her mobility needs. She is lacking about 5 degrees of knee extension bilaterally, both ankles go at least to neutral with knees flexed.

Strength:	Right	Left
Shoulder abduction	2	2
Elbow flexion	3	3
Elbow extension	2	2
Wrist extension	3	3
Finger flexion	3	3
Finger abduction	2	2
Hip flexion	0	0
Knee extension	0	0
Knee flexion	0	0
Ankle dorsiflexion	1	1
Plantarflexion	1	1

FUNCTION:

Mobility: Power wheelchair

Household: Power wheelchair, needs assistance with repositioning in bed every 2 hours

Community: Power wheelchair

Transfers: Hoyer lift at school and home

Self care: Needs assistance with activities of daily living

Toileting: Needs assistance

Feeding: Independent after set up. She is unable to prepare her own food. She needs assistance with opening packages and cannot open fridge or use the stove.

Hygiene: Needs assistance with bathing and dressing

Communication: Verbal

Swallow: No concerns for coughing or choking

She has a longstanding history of pain in her hips, lower back, legs and knees. Passive range of motion is medically necessary and should be performed 3 times a day, 5-10 repetitions per session.

Given her physical disabilities, [appellant] needs assistance with care. She requires around the clock care to assist with positioning and care needs. She is not able to perform any of her own personal care due to her weakness. Due to her limited movements she is at risk for skin breakdown. She needs to be turned and repositioned every 2 hours, including during nighttime sleep and passive range of motion 3 times per day.

It is my understanding that Mass Health [sic] is reducing her services. This is unacceptable and does not meet her care needs. This reduction in home care hours will significantly impact [her] health, safety, and quality of life. Without adequate PCA support, [she] is at risk for injury, health decline, skin breakdown and hospital admission to ensure her care needs are met. This reduction of in home support undermines the standard of care necessary to maintain her health and independence at home.

Reducing care to six days leaves a full 24-hour period each week without coverage, during which time [she] will be without necessary support. This not only increases the risk of harm but also places an unreasonable burden on informal caregivers, who may not have the training or availability to meet the patient's needs safely. . . .

On July 10, 2025, MassHealth filed a response to the appellant's record-open submissions. MassHealth's response includes the following:

This appeal hearing was held on June 17, 2025 and the record was held open for the appellant or her representative to submit additional documentation regarding any of the modifications to PCA hours that are in dispute. Those modifications include Repositioning, PROM, Bathing, Grooming – hair, Undressing, Eating, Other Health Care Needs – unpack backpack and computer set up in class, Meal preparation, Housekeeping, and Shopping.

After requesting an extension on the deadline, the Appellants [sic] representative submitted two letters.

The first letter is written by [REDACTED], of [REDACTED], and the second letter is written by [REDACTED], PT, also of [REDACTED]

[REDACTED] [sic] letter consists of an explanation [sic] Spinal Muscular Atrophy and its

effects on motor function, respiratory function, and functional abilities which MassHealth does not dispute. The doctor writes that [appellant] is lacking a few degrees of knee extension and also gives details of her upper and lower body strength measurements. [REDACTED] also outlines [appellant's] functional status and the amount of assist she requires for tasks which MassHealth also does not dispute.

[REDACTED] [sic] letter also gives a brief overview of Spinal Muscular Atrophy and [appellant's] need for assistance with task performance. She also writes "The amount of hours that [appellant] has previously received only covers care for the weekdays, and not the weekends. This means that [appellant] is not able to remain on campus and participate in academics and other daily life activities, because she doesn't have access to a PCA." However, MassHealth has approved time for PCA services for 7 days per week as requested by her PCM.

Passive Range of Motion (PROM)

[REDACTED] writes that [appellant] requires PROM 3x per day to prevent contractures. [REDACTED] [sic] letter does not address the PCA PROM time in dispute.

However, MassHealth notes that [appellant] was recently approved for a Permobil F5 group 3 power wheelchair in February 2025. This power wheelchair also has power tilt, power recline, power elevating legrests [sic] power standing and power seat elevator features.

The letter of medical necessity for that wheelchair was also written by [REDACTED], PT, and in it she wrote:

"she is able to access the standing feature through the mounted joystick independently and demonstrates the ability to achieve increased extension at the hips and knees when in the standing position. She is able to tolerate this activity for at least 30 minutes without difficulties. Furthermore, she reports relief of lower extremity joint pain, when in the standing position, and is better able to use her upper extremities for self care tasks"

"[Appellant's] home exercise program will consist of *utilizing this stander for up to 2 hours at a time, 2-3 times per day.*" "Exercises that will be added to [her] home exercise program in addition to this standing program will include passive manual stretches to the lower extremity muscle groups daily by her caretakers. *It is anticipated that [appellant] will demonstrate improved or maintained bone mineral density, improved muscle length of the gastrocs, hamstrings and gastrocs, halting of worsened neuromuscular scoliosis, delayed onset of skin breakdown, and ability to use the urinal for toileting in the standing position.*"

"Overall it is anticipated that the standing component of the F5 power wheelchair *will be more effective in improving [appellant's] range of motion and muscle length as compared to caregiver stretching alone. This is due to fact (sic) that muscle length changes are most evident when the muscle is exposed to a stretched position for up to 2 hours at a time.*"

Regarding the power tilt and recline features of the power wheelchair [REDACTED] wrote: [Appellant] is at high risk for developing worsening hip flexion contractures, and *the reclining feature of this wheelchair will allow her to achieve a more prolonged and effective stretch at her hip flexors, as compared to when a caregiver attempts to stretch her.*["]

MassHealth **agrees** to restore the time for right and left Upper extremity PROM 7x3x7.

MassHealth **denies** the additional time requested for right and left lower extremity PROM.

Repositioning

[REDACTED] writes that [appellant] requires turning and repositioning every 2 hours. MassHealth does not dispute this as this is the professional standard of care for pressure relief and comfort. [Appellant] has a power wheelchair with power features to assist with repositioning for pressure relief and comfort.

MassHealth **denies** the additional time requested for respositioning.

Eating

[REDACTED] [sic] letter state [sic] [appellant] is independent after set up. The PCM had documented that [she] is able to feed finger foods, needs maximum assistance for utensil use. [Appellant] testifies [sic] in the hearing that she is eating smaller more frequent meals. MassHealth contends that the PCA time involved would not be affected by this change as she is now eating less food but more often during the day.

MassHealth **denies** the additional time requested for eating.

Meal Preparation

[REDACTED] writes "She is unable to prepare her own food. She needs assistance with opening packages and cannot open fridge or use the stove" and MassHealth does not dispute this. MassHealth also notes that [appellant] and her representative testified that she returns to the family home for the summer break which includes most of May, June, July, and part of August. However, an adjustment for reduction in meal preparation time for shared meals has not been submitted so [appellant] has more than sufficient time approved to meet her annual needs.

MassHealth **denies** the additional time requested for meal preparation.

Bathing, Grooming-hair, Undressing, Other Healthcare Needs, Housekeeping, Shopping

The times in dispute for bathing, grooming-hair, undressing, other healthcare needs, housekeeping, and shopping were not addressed in the letters from [REDACTED] [sic] or [REDACTED]

MassHealth **denies** the additional time requested for bathing, grooming-hair, undressing, other healthcare needs, housekeeping and shopping. (Exhibit 12)

Findings of Fact

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

1. The appellant is a woman in her [REDACTED] with a primary diagnosis of spinal muscular atrophy (SMA) Type 2.
2. The appellant uses a power wheelchair for mobility. Her wheelchair has power tilt, lift, and stand features.
3. The appellant has undergone significant orthopedic surgeries due to injuries sustained in a car accident. She has substantial orthopedic hardware in her spine and hips. She experiences chronic pain in her hips, knees, low back, and legs.
4. The appellant has no fine motor control and is unable to lift her arms greater than 90 degrees, to stand, to bear weight, to roll, or to turn herself side to side. Due to her limited movement she is at risk of skin breakdown.
5. The appellant is a college student who lives on campus with PCA assistance.
6. On or around May 2, 2025, the appellant's PCA provider, [REDACTED], Inc., submitted a prior authorization request and re-evaluation for PCA services. The provider requested PCA services in the amount of 101.25 hours per week for the period of May 19, 2025, to May 18, 2026.
7. On May 9, 2025, MassHealth modified the request by approving 84.5 PCA hours per week.
8. MassHealth modified the time requested for repositioning; passive range of motion; bathing; grooming (hair care); undressing; eating; other healthcare needs (classroom setup); meal preparation and cleanup; housekeeping; and shopping.
9. The appellant requested PCA time for assistance with **repositioning** in the amount of six minutes, four times per day, six days per week (6x4x6).
 - a. MassHealth modified the request to approve five minutes, four times per day, six days per week (5x4x6) on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs.
 - b. The appellant requires repositioning every two hours to provide pain and pressure relief and to preserve her skin integrity.
 - c. The appellant requires maximum assistance for all repositioning. She is unable to shift her weight or change position herself and relies entirely on her PCA for frequent adjustments throughout the day.

- d. Because of severe pain in her hips, knees, lower back, and legs, the appellant must be moved very carefully and intentionally, which adds time to the repositioning process. When she is transferred into her wheelchair, it takes a few minutes for her PCA to properly reposition her in the chair.
 - e. The appellant's power wheelchair has tilt, recline, and power standing features. However, these features do not provide her adequate pressure relief or comfort.
10. The appellant requested PCA assistance with **passive range of motion (PROM)** in the amount of seven minutes, three times per day, seven days per week (7x3x7), for each of her four extremities.
- a. MassHealth modified the request to allow seven minutes, twice per day, seven days per week (7x2x7) for each extremity on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs. MassHealth determined the standard of care is to perform PROM exercises once or twice a day; that the appellant can get the same benefits in her lower extremities by using the power standing feature of her wheelchair; and that the appellant has some active mobility in her upper extremities.
 - b. The appellant needs PROM in the morning, before bed, and when preparing to use her stander. The third session is necessary due to her persistent joint stiffness and pain, particularly after prolonged sitting.
 - c. During the record-open period, MassHealth agreed to restore the full time requested (7x3x7) for right and left upper extremities. MassHealth declined to restore the time for the appellant's lower extremities on the basis that her physical therapist had written, in an earlier medical necessity letter for the power wheelchair, of similar benefits from the standing, tilt, and recline features of the wheelchair.
 - d. The appellant requires PROM stretching of her lower extremities before she can use the standing feature of her wheelchair.
11. The appellant requested PCA assistance with **bathing** in the amount of 60 minutes, once per day, seven days per week (60x1x7).
- a. MassHealth modified the request to allow 40 minutes, once per day, seven days per week (40x1x7) on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs.
 - b. Time for Hoyer transfers for bathing was approved in a separate line-item request (at 12x2x7).

- c. The appellant's bathing routine is very slow and deliberate due to her pain. She takes an Epsom salt soak to address her skin issues and then transfers to the shower using a Rifton shower chair to wash her body and hair.
 - d. The appellant has minimal muscle control and cannot assist with any bathing tasks.
 - e. The PCA must always keep hands on her to ensure she does not slide down into the water. She cannot be left alone in the tub.
 - f. The appellant is incontinent and requires extra time and attention to ensure she is fully clean.
 - g. The PCA sanitizes the appellant's shower equipment after use.
12. The appellant requested PCA assistance with **hair care** in the amount of seven minutes, once per day, seven days per week (7x1x7).
- a. MassHealth modified the request to allow five minutes, once per day, seven days per week (5x1x7) on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs.
 - b. The appellant has extremely long, curly hair that requires additional time and care to ensure it is neat and orderly. The PCA applies hair care products and wraps the appellant's hair in a bun (redoing it two or three times per day) to keep it neat.
 - c. The appellant does not have the physical ability to participate in her hair care routine.
13. The appellant requested PCA assistance with **undressing** in the amount of 25 minutes, once per day, seven days per week (25x1x7).
- a. MassHealth modified the request to allow 20 minutes, once per day, seven days per week (20x1x7) on the basis that the time requested is longer than ordinarily required for someone with the appellant's physical needs.
 - b. The appellant requested and was approved for 25 minutes per day for dressing.
 - c. The undressing process is very slow and requires extreme care because of the appellant's chronic pain, poor stability, and fragile joints.
 - d. The appellant is incontinent and wears diapers. It is common for her to soak through to her pants and onto her wheelchair; she sometimes needs to have her pants changed two or three times per day.

14. The appellant requested PCA assistance with **eating** in the amount of 20 minutes, three times per day, seven days per week (20x3x7 for meals), plus ten minutes, twice per day, seven days per week (10x2x7 for snacks).
- a. MassHealth modified the request by approving the time requested for assistance with meals (20x3x7) but denying the time requested for snacks. The reason for the denial is that the time requested is longer than ordinarily required for someone with the appellant's physical needs.
 - b. The appellant requires assistance for eating with utensils, as she is unable to grasp, load food, or make her target. She has some ability to manage finger foods but has been having an increasingly difficult time with this due to a decrease in her arm function. Her ability to feed herself declines sharply later in the day.
 - c. The appellant recently began taking a GLP-1 injectable medication to promote weight loss. Her provider advised her to begin eating smaller, higher protein meals during the day and to add snacks to make up for the smaller meals.
 - d. The appellant eats four to six small, home-prepared meals each day.
15. The appellant requested PCA assistance with **setup in her college classroom** in the amount of 15 minutes, once per day, seven days per week (15x1x7).
- a. MassHealth denied this request in its entirety on the basis that it is not a covered service.
 - b. The request was for the PCA to open the appellant's backpack and set up her books and computer. The appellant is unable to open or retrieve items from her backpack when she arrives in her classroom.
16. The appellant requested PCA assistance with **meal preparation and clean-up** in the amount of 20 minutes per day for breakfast, 15 minutes per day for lunch, 30 minutes per day for dinner, and 10 minutes per day for snacks. This is a total of 75 minutes per day for all meals and snacks.
- a. MassHealth modified the request to allow a total of 35 minutes per day for all meals and snacks.
 - b. The appellant is physically unable to prepare her own meals, open containers, or access the refrigerator.
 - c. The PCA evaluation stated that the appellant was eating breakfast and dinner in her apartment and ate lunch in a campus cafeteria; the PCA was needed to hold her

tray, walk around the cafeteria with the appellant to gather food, and then to cut up the food for the appellant to eat.

- d. When the appellant began taking weight loss medication, she was required to make strict dietary changes. She now goes back to her campus apartment to eat lunch and no longer eats in the cafeteria.
- e. The appellant's providers have advised her to eat several small meals per day that are high in protein and do not include any processed ingredients.

17. The appellant requested PCA assistance with **housekeeping** in the amount of 90 minutes per week (90x1x1).

- a. MassHealth modified the request to allow 50 minutes per week for housekeeping on the basis that the time requested is longer than is ordinarily required for someone with the appellant's physical needs. MassHealth typically approves 45 minutes for housekeeping when a member lives in shared space.
- b. The appellant lives in a large two-bedroom campus apartment that is normally meant to house four people. Her overnight PCA stays in the apartment's second bedroom.
- c. The PCAs are responsible for cleaning the living room, kitchen, and bathroom, as well as the appellant's bedroom.
- d. The appellant is immunocompromised and needs her living space to be sanitized regularly.
- e. The tires from the appellant's wheelchair tires leave a rubbery, oily residue on the apartment floor that needs to be cleaned daily.

18. The appellant requested PCA assistance with **shopping** in the amount of 90 minutes per week (90x1x1).

- a. MassHealth modified the request to allow 60 minutes per week for shopping on the basis that the time requested is longer than is ordinarily required for someone with the appellant's physical needs.
- b. The appellant typically needs two grocery trips per week as well as two to three pharmacy trips per month.
- c. It takes approximately 15 minutes each way to drive to the grocery store. Once at the store, shopping takes approximately 30 minutes.

- d. It is difficult to find parking near the appellant's dorm. She does not live near a college bus stop.

Analysis and Conclusions of Law

Regulations concerning Personal Care Attendant (PCA) Services are found at 130 CMR 422.000, et seq. PCA services are physical assistance with 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 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 ADLs as defined in 130 CMR 422.410(A); and (4) MassHealth has determined that the PCA services are medically necessary. ADLs and IADLs are addressed in 130 CMR 422.410, which provides as follows:

(A) Activities of Daily Living (ADLs). 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.

(B) Instrumental Activities of Daily Living (IADLs). 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 personal care services; and

(c) other special needs approved by MassHealth as being instrumental to the health care of the member.

(C) In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the personal care agency must assume the following:

(1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.

(2) When a member is living with one or more other members who are authorized for MassHealth personal care services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.

(3) MassHealth will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

In this case, the appellant's PCA agency requested a total of 101.25 hours of PCA assistance per week. MassHealth approved a total of 84.5 hours per week. After hearing and submission of additional materials during the record-open period which followed, nearly all of the modifications, covering a total of ten activities, remain in dispute.

1. Repositioning

The appellant requested PCA assistance for repositioning in the amount of six minutes, four times

per day, six days per week (6x4x6).⁶ MassHealth approved the appellant for five minutes, four times per day, six days per week (5x4x6). MassHealth used its time-for-task tool to determine how much time is ordinarily required for an individual with the appellant's needs to complete a particular task. The MassHealth representative also argued that the appellant's power wheelchair has features that can assist with her repositioning needs.

However, the appellant offered detailed evidence as to why she requires more than the usual amount of time for repositioning. The record indicates the appellant suffers from severe chronic pain in her legs, hips, back, and knees, in part because of injuries suffered in an accident that required surgical repair of her spine and hips. She also has issues maintaining her skin integrity. As a result, she must be repositioned frequently (at least every two hours) and the process of repositioning must be done with heightened care, which requires additional time. In addition, the appellant persuasively explained that she is unable to independently use the power features of her wheelchair to achieve proper repositioning. For these reasons, the appellant has demonstrated the need for the extra minute per episode of repositioning (to 6x4x6). This aspect of the appeal is approved.

2. Passive range of motion

The appellant requested PCA assistance with passive range of motion in the amount of seven minutes, three times per day, seven days per week (7x3x7), for each of her four extremities. MassHealth modified the request to allow this only twice, rather than three times, per day. MassHealth determined that the standard of care is to perform PROM only twice per day. As with the category of repositioning, MassHealth also argued that the appellant can get the benefits of PROM in her lower extremities by using the power standing feature of her wheelchair, and also noted that the appellant has some active mobility in her upper extremities. The appellant argued that she needs PROM exercises to preserve her joints, prevent contractures, and alleviate her chronic pain. She disagreed that the power features of her wheelchair can be a replacement for the PCA, as she cannot independently access these features for this purpose.

During the record-open period that followed the hearing, the appellant submitted additional documentation from her providers stating that she requires PROM three times per day (morning, before bed, and when preparing to use her stander). After reviewing the record-open submission, MassHealth agreed to restore the full time requested (three times per day) for both upper extremities but declined to approve that frequency for her lower extremities. MassHealth pointed to an earlier letter from the appellant's physical therapist, submitted with her PA request for her power wheelchair, regarding the benefits of standing, tilt, and recline features of the wheelchair; MassHealth maintains that these features serve a similar purpose and obviate the need for a third daily session of PROM for the appellant's lower extremities.

⁶ The PCA agency apparently erred in requesting PCA assistance for repositioning only six days per week. If the appellant wishes to request PCA time for the seventh day, she may have her agency submit an increase request at any time.

The appellant has offered persuasive evidence that she requires three sessions of PROM per day for her lower extremities as well. The record indicates that because of persistent joint stiffness and pain, she needs the third PROM session to properly stretch *before* she uses the stander. The stander and other power features of the wheelchair are not a replacement for the benefits of PROM exercises for her lower extremities. Considering this evidence, the appellant has demonstrated the medical necessity of PROM three times per day. Accordingly, the appeal is approved as to the time requested for PROM for lower extremities and dismissed as to the request for upper extremities (which MassHealth agreed to restore).

3. Bathing

The appellant requested PCA assistance for bathing in the amount of 60 minutes, once per day, seven days per week (60x1x7). MassHealth modified this request to approve bathing assistance at 40 minutes, once per day, seven days per week (40x1x7), on the basis that the request is for more time than is typical. However, the appellant provided sufficient evidence to demonstrate that she requires more than the usual amount of time for this task. The record indicates that the appellant has minimal muscle control and cannot assist with any bathing tasks. Further, because of the severity of her pain and joint stiffness, as well as extra soiling due to incontinence, the entire routine must be completed slowly and deliberately. The evidence shows that before her shower, the appellant also requires an Epsom salt soak in the bathtub; during this time in the tub, the PCA must keep hands on her at all times to ensure she does not slide down into the water. After the tub soak, she transfers to the shower using a shower chair to wash her body and hair. The PCA then sanitizes the appellant's shower equipment after use. Considering all of the steps involved in the bathing process and the appellant's particular need for slow and careful movement throughout that process, there is adequate evidence that 60 minutes is medically necessary for bathing. This aspect of the appeal is approved.

4. Hair care

The appellant requested PCA assistance for hair care in the amount of seven minutes, once per day, seven days per week (7x1x7). MassHealth modified this request to five minutes, once per day, seven days per week (5x1x7), again on the basis that the request is for more time than is typically needed. The appellant maintained that she needs more time than usual because of the unique nature of her hair, which she described as "extremely long and curly." The PCA applies hair care products and wraps the appellant's hair in a bun, which must be redone two or three times during the day to keep it neat and orderly. Based on this credible evidence, the appellant has demonstrated the need for an extra two minutes to manage her hair care. This aspect of the appeal is approved.

5. Undressing

The appellant requested PCA assistance for undressing in the amount of 25 minutes, once per day, seven days per week (25x1x7). MassHealth approved 20 minutes, once per day, seven days per week (20x1x7), because it determined the time requested was longer than ordinarily required. Of

note, MassHealth approved the appellant for 25 minutes per day of PCA time for dressing and argues that it generally takes more time to get dressed than undressed. The appellant counters that she needs the full 25 minutes requested because the process must be very slow and careful due to her pain and stiffness. Further, the appellant argued that additional time is needed because she is incontinent and frequently soaks through her diapers onto her pants, necessitating additional lower body changes during the day.

The appellant's argument is persuasive. As noted above, the appellant has chronic pain, poor stability, and fragile joints, requiring slow and careful movement when going through the process of undressing (which presumably also involves dressing in a different set of garments). It is also reasonable to consider that the appellant requires clothing changes more than once per day due to chronic incontinence and urine leakage. For these reasons, the appellant has demonstrated the medical necessity of an additional five minutes of time per day for undressing. This aspect of the appeal is approved.

6. Eating

The appellant requested PCA assistance for eating in the amount of 20 minutes, three times per day, seven days per week (20x3x7 for meals), plus ten minutes, twice per day, seven days per week (10x2x7 for snacks). MassHealth approved the time requested for assistance with meals (20x3x7) but denied the time requested for snacks. The appellant offered evidence that, due to her recent introduction of a weight loss medication, she is now required to eat four to six smaller meals each day. The record indicates that the appellant requires assistance for eating with utensils and that she has been having an increasingly difficult time managing finger foods due to a decrease in her arm function and fatigue later in the day. With this evidence, the appellant has persuasively demonstrated that she requires PCA assistance with eating no less than the four times per day that was requested. This aspect of the appeal is approved.

7. Classroom setup

The appellant requested PCA assistance of 15 minutes per day (15x1x7) for setting up her laptop, books, and other materials in her college classrooms. MassHealth denied this request in its entirety on the basis that it is not a service covered by the PCA program. This determination is supported by the regulations. This activity is not one of the enumerated ADLs or IADLs and, further, it cannot be considered under the "special needs" provision of 130 CMR 422.410(B)(4)(c) because it is not related to the appellant's health. While there is no dispute that the appellant requires this type of assistance, it is not a PCA function under the regulations. This aspect of the appeal is therefore denied.

8. Meal preparation and clean-up

The appellant requested PCA assistance with meal preparation in the amount of 20 minutes per day for breakfast, 15 minutes per day for lunch, 30 minutes per day for dinner, and 10 minutes per day for snacks; this is a combined total of 75 minutes per day for all meals and snacks.

MassHealth modified the request to allow a total of 35 minutes per day for all meals and snacks combined. The modification was in part due to comments in the PCA evaluation indicating the appellant was eating lunch in her college cafeteria, and the PCA's role was to gather and set up items for her in that setting. However, the appellant clarified at hearing that she is no longer eating in the school cafeteria because she now requires smaller, more frequent meals (four to six per day) that consist of specific types of foods that take longer to prepare. In particular, the appellant offered credible evidence that she is advised to eat meals that are high in protein and do not contain processed ingredients, requiring preparation from scratch. Given this evidence, the appellant's request for a combined 75 minutes per day for preparation and clean-up for all of her meals throughout the day is objectively reasonable and medically necessary to support her health needs. This aspect of the appeal is approved.

9. Housekeeping

The appellant requested PCA assistance for housekeeping in the amount of 90 minutes per week. MassHealth modified the request to allow 50 minutes per week for this task on the basis that the appellant's overnight PCA uses the apartment's second bedroom and is responsible for maintaining their own share of the space. The evidence indicates that the appellant lives in a large campus apartment that is designed to house four students, and that the PCA is responsible for cleaning the living room, kitchen, bathroom, and the appellant's bedroom. While it is reasonable to argue that the PCA (whether individually or as part of the PCA team) has some personal housekeeping needs in the apartment that would not be covered under the PCA program, the circumstances here are distinguishable from the more common arrangement where a member lives with other family members or a roommate and has shared living space. The campus apartment is, presumably, not the PCA's full-time, personal living space; rather, the only reason the overnight PCA stays in the apartment is to care for the appellant during the nighttime hours. Under these circumstances, it is not rational to evenly (or nearly evenly) divide responsibility for maintaining the space.

In addition, the appellant persuasively testified to two additional factors: First, that she is immunocompromised and needs her living space to be sanitized regularly; and second, that her wheelchair tires track gravel and leave an oily residue on the apartment floor that necessitates daily cleaning. Both factors support the need for additional cleaning time. For all of these reasons, the appellant has demonstrated the medical necessity of the full 90 minutes per week requested for PCA assistance with housekeeping. This aspect of the appeal is approved.

10. Shopping

The appellant requested PCA assistance for shopping in the amount of 90 minutes per week. MassHealth modified the request to allow 60 minutes per week for this task. The appellant testified credibly that she needs two grocery trips per week and that these outings – including retrieving the car, driving to the store, collecting the groceries, driving home, and unloading and unpacking the items in her apartment – take no less than two hours each time. The record indicates that the appellant does not have the physical capacity to assist with any part of this process. The appellant also testified credibly that she needs the PCA to make two or three grocery

trips per month, as well as trips to the mall for clothing and other necessities. Based on this evidence, I am persuaded that the appellant requires the full 90 minutes requested for shopping. This aspect of the appeal is approved.

For the forgoing reasons, this appeal is approved as to the requests for repositioning (to 6x4x6); passive range of motion for both lower extremities (to 7x3x7); bathing (to 60x1x7); hair care (to 7x1x7); undressing (to 25x1x7); eating (to restore the time for snacks to 10x2x7); meal preparation and clean-up (to a total of 75 minutes per day); housekeeping (to 90 minutes per week); and shopping (to 90 minutes per week). The appeal is denied as to the request for PCA assistance to set up the appellant's workspace in her college classroom. The appeal is dismissed as to the modification for passive range of motion for both upper extremities, which MassHealth agreed to restore during the record-open period.

Order for MassHealth

Adjust the time approved for repositioning (to 6x4x6); passive range of motion (to 7x3x7 for each extremity); bathing (to 60x1x7); hair care (to 7x1x7); undressing (to 25x1x7); eating (to approve the time for snacks at 10x2x7); meal preparation and clean-up (to a total of 75 minutes per day); housekeeping (to 90 minutes per week); and shopping (to 90 minutes per week). Notify the appellant of the adjusted total PCA time, which is retroactive to the beginning of the new PA period.

Implementation of this Decision

If this decision is not implemented within 30 days after the date hereon, you should contact Optum. If you experience further problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Office of Medicaid, at the address on the first page of this decision.

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.

Rebecca Brochstein
Deputy Director
Board of Hearings

cc: Optum