

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507869
Decision Date:	8/1/2025	Hearing Date:	06/16/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:

Pro se

Appearances for Commonwealth Care Alliance (CCA):

Cassandra Horne, Operations Manager for Appeals and Grievances Unit; Jeremiah Mancuso, RN, Clinical Manager; Kaitlin Emery, Appeals Supervisor (Observing)



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

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Managed Care Organization—Denial of Internal Appeal; Prior Authorization; Personal Care Attendant (PCA) Services
Decision Date:	8/1/2025	Hearing Date:	06/16/2025
MassHealth's Reps.:	Cassandra Horne; Jeremiah Mancuso	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated May 12, 2025, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO) and MassHealth's agent, denied the Appellant's level one appeal of a modification of a prior authorization request for personal care attendant (PCA) services. Exhibit 1.¹ The Appellant filed this external appeal with the Board of Hearings in a timely manner on May 21, 2025. 130 CMR 610.015 and Exhibit 2. Denial of a level one internal appeal by

¹ An Integrated Care Organization is defined at 130 CMR 501.001 as "an organization with a comprehensive network of medical, behavioral-health care, and long-term services and supports providers that integrates all components of care, either directly or through subcontracts, and has contracted with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) and been designated as an ICO to provide services to dual eligible individuals under M.G.L. c. 118E. ICOs are responsible for providing enrollees with the full continuum of Medicare- and MassHealth-covered services."

a managed care organization is a valid ground for appeal to the Board of Hearings. 130 CMR 610.032(B).

Action Taken by Commonwealth Care Alliance

CCA reduced the Appellant's allotted PCA service hours from the requested 17.5 hours to 10.5 hours weekly for the time period of March 14, 2025 to February 28, 2026.

Issue

Whether CCA was acting within its discretion in its decision to reduce the Appellant's requested PCA service hours.

Summary of Evidence

The hearing was held by telephone. The Appellant verified her identity. The parties' testimony and record evidence are summarized as follows:

The Appellant is an adult between the ages of 21 to 64. The Appellant's diagnoses include migraines, blurry vision, anemia, cataracts, bipolar disorder, depression, and sleep apnea. An initial assessment for PCA services was conducted on February 19, 2025, which requested 17.5 hours weekly for the Appellant. The time period at issue is for March 14, 2025 to February 28, 2026.

On March 14, 2025,² CCA reduced the Appellant's requested PCA service hours in the activities of daily living of mobility, bathing, and toileting, and the instrumental activity of daily living of meal preparation and cleanup. Specifically, for ambulation, the 105 minutes requested weekly was reduced to zero; for bathing, the 140 minutes requested weekly was reduced to 105 minutes weekly; for toileting, the 175 minutes requested weekly for bladder care, and the 35 minutes weekly for bowel care, were both reduced to zero; for breakfast preparation and cleanup, 105 minutes was reduced to 35 minutes weekly.

CCA explained the time for ambulation was reduced to zero based on medical notes indicating that the Appellant is independent and does not need physical assistance. CCA also stated that to the extent that the Appellant has concerns about poor balance and falls, that CCA's authorization is based on the Appellant's actual need, not speculation about a possible fall. Regarding bathing, CCA explained the reduction was to 15 minutes daily because the Appellant's needs were minimal, and that 15 minutes instead of 20 minutes was consistent with MassHealth's time-for-task guidelines. CCA explained that there is no evidence that the Appellant needs physical assistance to complete

² The March 14, 2025 notice states that the reduction is to 9.75 hours. Exhibit 5 at 63. Subsequently, CCA corrected the reduction to 10.5 hours. Exhibits 1 & 5.

toileting. CCA testified that based on the Appellant's health records, she is able to stand and sit, as well as use her arms and hands. CCA testified that the time for breakfast preparation and cleanup was reduced because 15 minutes daily for the activity is excessive for the Appellant's needs, and 5 minutes daily is more appropriate. The CCA representative stated that breakfast is typically smaller and requires less preparation time compared to lunch and dinner, and that no evidence was presented that breakfast is the Appellant's largest meal of the day.³

The Appellant testified that her PCA has to go with her at all times when she is walking anywhere in her home because she feels dizzy all the time.⁴ The Appellant testified that she does not use a walker or wheelchair. The Appellant testified that her PCA is with her to make sure that she doesn't fall. The Appellant testified that her dizziness has been worsening and that she had to stop working as a hairstylist. The Appellant testified that her PCA assists her with showering and that it takes 20 minutes daily. The Appellant stated that she has a shower chair but that it does not help. When asked about toileting, the Appellant testified that her PCA goes to the bathroom with her to monitor and ensure that she does not fall. The Appellant testified that she is able to wipe herself when she uses the bathroom. The Appellant testified that the reduction in time for breakfast preparation and cleanup did not make any sense because while she can stand, she cannot cook anything for herself when she is dizzy.

In preparation for the hearing, CCA also submitted a series of the Appellant's medical records and CCA's 2025 Member Handbook. Exhibits 5 & 6. In visit notes from a medical visit on September 27, 2024, the Appellant's physician stated that the Appellant had "no difficulty with ambulation" and "5/5 strength throughout [upper and lower extremities bilaterally], normal gait." Exhibit 5 at 8. Notes from the same visit state that the Appellant had "no trouble ambulating." *Id.* at 10. A December 17, 2024 assessment states that the Appellant ambulates and toilets independently and without assistance. *Id.* at 35. The Appellant's CCA record also includes an April 2, 2025 letter from her primary care provider stating that the Appellant relies on her PCA for her activities of daily living and requesting at least 25 hours of PCA services per week for the Appellant. *Id.* at 52.

CCA's submission includes MassHealth's time-for-task guidelines which state that showering for someone who requires minimal assistance involves an estimated average time of 15 minutes. *Id.* at 75. The time-for-task guidelines state that when a member is living with family members, the family members will provide assistance with most instrumental activities of daily living and that MassHealth will consider individual circumstances when determining the number of hours of physical assistance that a member requires with instrumental activities of daily living. *Id.* at 79. For instrumental activities of daily living, the guidelines do not have differing categories for minimal, moderate, or maximum assistance needed. For meal preparation and cleanup, the guidelines list an average assistance time estimate of 20 minutes for breakfast and 5 minutes for a snack. *Id.* at 80.

³ CCA did not modify the time requested for lunch and dinner preparation and cleanup.

⁴ The Appellant testified that her PCA is her adult son who lives with her. Exhibit 5 also states that other family members live with the Appellant.

CCA included its medical necessity guidelines, which state that for ICO members to receive PCA services they must have a permanent or chronic disability that prevents the member from completing at least two activities of daily living without hands-on physical assistance and/or cueing or monitoring. *Id.* at 85. If they meet that requirement, “they may receive additional hands-on assistance, cueing or monitoring” with instrumental activities of daily living, including meal preparation and cleanup. *Id.* at 86. The CCA medical necessity guidelines state that authorizations must not exceed the MassHealth time-for-task guidelines. *Id.* at 87. They also state that if the member lives with relatives or other caregivers, that the relative/caregiver is expected to provide assistance with most instrumental activities of daily living and “would not be included in the PCA hours, unless otherwise authorized. Any exceptions must be clearly documented.” *Id.* The medical necessity guidelines state that they are not “rigid rule[s]” and that “CCA has the mission to address all of our complicated members’ health needs.” *Id.* at 89.

The CCA 2025 Member Handbook states that the plan covers PCA services:

The plan covers personal care attendant services to assist you with activities of daily living and instrumental activities of daily living if you qualify. These include, for example:

- Bathing
- Meal preparation and eating
- Dressing and grooming
- Medication management
- Moving from place to place
- Toileting
- Transferring
- Laundry
- Housekeeping

These services also include Personal Assistance Services, such as cueing and monitoring.

You can hire a worker yourself or use an agency to hire one for you.

A worker can help you with hands-on tasks. The plan may also pay for a worker to help you, even if you do not need hands-on help. Alternative services may be recommended when no hands-on help is needed.

Personal assistance services are available through community agencies.

Your care team will work with you to decide if that service is right for you and will be in your Individualized Care Plan (ICP).

Prior Authorization is required.

Exhibit 6 at 93.

Findings of Fact

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

1. The Appellant is an adult between the ages of 21 to 64. Exhibit 4.
2. The Appellant's diagnoses include migraines, blurry vision, anemia, cataracts, bipolar disorder, depression, and sleep apnea. Testimony and Exhibit 5.
3. On February 19, 2025, an initial assessment for PCA services was conducted, which requested 17.5 hours weekly for the Appellant. The time period at issue is for March 14, 2025 to February 28, 2026. Testimony and Exhibit 5.
4. On March 14, 2025, CCA modified the Appellant's PCA service hours in the activities of daily living of mobility, bathing, and toileting, and the instrumental activity of daily living of meal preparation and cleanup. Specifically, for ambulation, the 105 minutes requested weekly was reduced to zero; for bathing, the 140 minutes requested weekly was reduced to 105 minutes weekly; for toileting, the 175 minutes requested weekly for bladder care, and the 35 minutes weekly for bowel care, were both reduced to zero; for breakfast preparation and cleanup, 105 minutes was reduced to 35 minutes weekly. Testimony and Exhibit 5.
5. On May 12, 2025, CCA denied the Appellant's level one appeal. Exhibit 1.
6. The Appellant timely appealed CCA's decision to the Board of Hearings on May 21, 2025. Exhibit 2.
7. The CCA 2025 Member Handbook states that the plan covers PCA services:

The plan covers personal care attendant services to assist you with activities of daily living and instrumental activities of daily living if you qualify. These include, for example:

- Bathing
- Meal preparation and eating
- Dressing and grooming
- Medication management
- Moving from place to place
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- Laundry
- Housekeeping

These services also include Personal Assistance Services, such as cueing and

monitoring.

You can hire a worker yourself or use an agency to hire one for you.

A worker can help you with hands-on tasks. The plan may also pay for a worker to help you, even if you do not need hands-on help. Alternative services may be recommended when no hands-on help is needed.

Personal assistance services are available through community agencies.

Your care team will work with you to decide if that service is right for you and will be in your Individualized Care Plan (ICP).

Prior Authorization is required. Exhibit 6.

8. The Appellant's CCA case file includes visit notes from a medical visit on September 27, 2024, in which the Appellant's physician stated that the Appellant had "no difficulty with ambulation" and "5/5 strength throughout [upper and lower extremities bilaterally], normal gait." Notes from the same visit state that the Appellant had "no trouble ambulating." A December 17, 2024 assessment states that the Appellant ambulates and toilets independently and without assistance. Exhibit 5.
9. The Appellant's CCA case file includes an April 2, 2025 letter from her primary care provider stating that the Appellant relies on her PCA for her activities of daily living and requesting at least 25 hours of PCA services per week for the Appellant. Exhibit 5.
10. MassHealth's time-for-task guidelines state that showering for someone who requires minimal assistance involves an estimated average time of 15 minutes. The time-for-task guidelines state that when a member is living with family members, the family members will provide assistance with most instrumental activities of daily living and that MassHealth will consider individual circumstances when determining the number of hours of physical assistance that a member requires with instrumental activities of daily living. For instrumental activities of daily living, the guidelines do not have differing categories for minimal, moderate, or maximum assistance. For meal preparation and cleanup, the guidelines list an average time estimate of 20 minutes for breakfast and 5 minutes for a snack. Exhibit 5.
11. CCA's medical necessity guidelines state that for ICO members to receive PCA services, they must have a permanent or chronic disability that prevents the member from completing at least two activities of daily living without hands-on physical assistance and/or cueing or monitoring. If they meet that requirement, they may receive additional hands-on assistance, cueing or monitoring" with instrumental activities of daily living, including meal preparation and cleanup. The CCA medical necessity guidelines state that authorizations must not exceed the MassHealth time-for-task guidelines. They also state that if the member lives with relatives or other caregivers, that the relative/caregiver is expected to provide assistance with most instrumental activities of daily living and "would not be included in the PCA hours, unless otherwise authorized. Any exceptions must be clearly documented." The medical

necessity guidelines state that they are not “rigid rule[s]” and that “CCA has the mission to address all of our complicated members’ health needs.” Exhibit 5.

12. At hearing, CCA testified that the time for ambulation was reduced to zero because the Appellant is independent and does not need physical assistance. CCA also stated that to the extent that the Appellant has concerns about poor balance and falls that CCA’s authorization is based on the Appellant’s actual need, not speculation about a possible fall. Regarding bathing, CCA explained the reduction was to 15 minutes daily because the Appellant’s needs were minimal and that 15 minutes instead of 20 minutes was consistent with MassHealth’s time-for-task guidelines. CCA explained that there is no evidence that the Appellant needs physical assistance to complete toileting. CCA testified that based on the Appellant’s health records, she is able to stand and sit, as well as use her arms and hands. CCA testified that the time for breakfast preparation was reduced because 15 minutes daily for the activity is excessive for the Appellant’s needs and 5 minutes daily is more appropriate. The CCA representative stated that breakfast is typically smaller and requires less preparation time compared to lunch and dinner and that no evidence was presented that breakfast is the Appellant’s largest meal of the day. Testimony.
13. At hearing, the Appellant testified that she does not use a walker or wheelchair. The Appellant testified that she has a shower chair. The Appellant testified that her dizziness has been worsening and that she had to stop working as a hairstylist. The Appellant testified that her PCA’s role in walking and toileting is to make sure that she doesn’t fall. The Appellant testified that she is able to wipe herself when she uses the bathroom. Testimony.
14. The Appellant lives with family members. Testimony and Exhibit 5.

Analysis and Conclusions of Law

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

(D) Integrated Care Organizations (ICO). Also referred to as "One Care plans." Members enrolled in an ICO (One Care plan) are participants in the Duals Demonstration, also known as "One Care." MassHealth members who are 21 through 64 years of age at time of enrollment may enroll in an ICO pursuant to 130 CMR 508.007(A).

130 CMR 508.001(D).

Next, pursuant to MassHealth regulation 130 CMR 508.007(C):

Obtaining Services When Enrolled in an ICO. When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize,

arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports.

130 CMR 508.007(C).

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

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

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

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

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

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

140 CMR 508.010 (emphasis added).

As MassHealth's agent, CCA is required to follow MassHealth laws and regulations pertaining to a member's care. Under the regulations pertaining to MassHealth ICOs, above, CCA is empowered to authorize, arrange, integrate, and coordinate the provision of all covered services for the Appellant.

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 and instrumental activities of daily living 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.

130 CMR 422.403(C).

Regulation 130 CMR 422.410 describes the activities of daily living and instrumental activities of daily living:

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL:

- (1) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
- (2) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self administered;
- (3) bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
- (4) dressing: physically assisting a member to dress or undress;
- (5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
- (6) eating: physically assisting a member to eat. This can include assistance with tube feeding and special nutritional and dietary needs; and
- (7) toileting: physically assisting a member with bowel or bladder needs. 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.

(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 PCA services; and
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member

130 CMR 422.410(A), (B).

Pursuant to 130 CMR 450.204(A), MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary. A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

130 CMR 450.204(A).

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

CCA modified the Appellant’s PCA service hours in the activities of daily living of mobility, bathing, and toileting, and the instrumental activity of daily living of meal preparation and cleanup. Specifically, for ambulation, the 105 minutes requested weekly was reduced to zero; for bathing, the 140 minutes requested weekly was reduced to 105 minutes weekly; for toileting, the 175 minutes requested for bladder care, and the 35 minutes for bowel care, were both reduced to zero; and for breakfast preparation and cleanup, 105 minutes was reduced to 35 minutes weekly.

Ambulation

The Appellant's CCA case file includes visit notes from a medical visit on September 27, 2024, in which the Appellant's physician stated that the Appellant had "no difficulty with ambulation" and "5/5 strength throughout [upper and lower extremities bilaterally], normal gait." Exhibit 5 at 8. Notes from the same visit state that the Appellant had "no trouble ambulating." *Id.* at 10. A December 17, 2024 assessment states that the Appellant ambulates independently and without assistance. *Id.* at 35. At hearing, CCA testified that to the extent that the Appellant has concerns about poor balance and falls that CCA's authorization is based on the Appellant's actual need, not speculation about a possible fall. The Appellant credibly testified that she feels dizzy all the time and that her PCA goes with her. However, the Appellant did not dispute that she is able to ambulate without physical assistance. Based on a preponderance of the evidence demonstrating that the Appellant ambulates independently, the Appellant has failed to meet her burden to show that CCA acted outside of its discretion to reduce the time authorized for ambulation to zero, and this part of the appeal is denied.

Bathing

CCA explained the reduction was to 15 minutes daily because the Appellant's needs were minimal and that 15 minutes instead of 20 minutes was consistent with MassHealth's time-for-task guidelines. MassHealth's time-for-task guidelines state that showering for someone who requires minimal assistance involves an estimated average time of 15 minutes. The Appellant credibly testified that her PCA assists her with showering and that it takes 20 minutes daily. However, there is no additional information that supports this additional time, as a preponderance of the evidence shows that the Appellant is able to sit and stand independently, has a shower chair, and is able to use her upper extremities. Accordingly, the Appellant has not demonstrated that CCA acted outside of its discretion, and the appeal regarding time for bathing is denied.

Toileting

CCA explained that there is no evidence that the Appellant needs physical assistance to complete toileting. CCA testified that based on the Appellant's health records, she is able to stand and sit, as well as use her arms and hands. A December 17, 2024 assessment states that the Appellant toilets independently and without assistance. Exhibit 5 at 25. The Appellant credibly testified that her PCA goes to the bathroom with her to monitor and ensure that she does not fall. The Appellant testified that she is able to wipe herself when she uses the bathroom. CCA's PCA guidelines do allow for PCA services for monitoring and cueing. *See* Exhibit 5 and 6. However, based on the record evidence and the parties' testimony, the Appellant is independent in toileting, such that CCA did not act outside of its discretion in not authorizing PCA time to assist the Appellant with this task. Therefore, this portion of the appeal is denied.

Breakfast Preparation and Cleanup

CCA testified that the Appellant is able to stand and sit, as well as use her arms and hands, such that she should be able to assist in the preparation and clean-up of her breakfast. CCA reduced this time for an instrumental activity of daily living on the grounds that 15 minutes a day was excessive. The Appellant credibly testified that when she is dizzy, she is unable to cook for herself. The Appellant lives with family members. As family members have a responsibility to assist with instrumental activities of daily living, based on a preponderance of the evidence, the Appellant has failed to meet her burden to show that CCA acted outside of its discretion to reduce the time authorized for breakfast preparation and cleanup, and this portion of the appeal is denied.

Order for Commonwealth Care Alliance

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

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