

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2508149
Decision Date:	11/12/2025	Hearing Date:	08/13/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	10/03/2025

Appearance for Appellant:




Appearance for MassHealth:

Donna Burns, RN, Optum



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

APPEAL DECISION

Appeal Decision:	Approved in part; Denied in part	Issue:	Prior Authorization – Personal Care Attendant (PCA) Services
Decision Date:	11/12/2025	Hearing Date:	08/13/2025
MassHealth's Rep.:	Donna Burns, RN, Optum	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South	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 04/30/2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services from a requested 136 hours and 30 minutes per week (136:30) of PCA hours per week to 124:30 PCA hours per for the dates of service from 05/21/2025 to 05/20/2026 (130 CMR 422.410; Exhibit 1). The appellant filed this appeal in a timely manner on 05/28/2025 (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

A fair hearing took place on 08/13/2025 before the Board of Hearings. At the fair hearing, the appellant's representatives requested an opportunity to provide supplemental documentation in support the request for PCA time. The request was granted, and the record remained open in this matter until 09/19/2025 for the appellant's submission and until 10/03/2025 for the appellant's response (Exhibit 6). The appellant made no submission during the record open period.

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for personal care attendant services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410 and 450.204, in modifying appellant's prior authorization request for personal care attendant services.

Summary of Evidence

The MassHealth representative testified that she is registered nurse who works for Optum, the MassHealth contractor that makes the personal care attendant (PCA) decisions. She testified that on 04/29/2025, a prior authorization request (PA) for PCA services was received on appellant's behalf from his PCA provider, [REDACTED] ("provider," or "PCM"), and is a re-evaluation request for the dates of service of 07/27/2025 to 07/26/2026. In the PA request for PCA services (Exhibit 4), the provider requested 136:30 hours per week of PCA time. The appellant is an adult man who lives in the community in a first-floor apartment with his father, who is also his guardian.

According to the documentation included with the PA request, the appellant

is a [REDACTED] seeing today for annual re-evaluation for PCA services. A visit was conducted in the appellant's home with surrogate and guardian present. The appellant lives in first floor apartment with his father/guardian. Current diagnoses includes severe scoliosis with organ compression, right hip dislocation, hypertension, asthma, impaired respiratory function, g-tube, bladder/bowel incontinence, non-verbal, non-ambulatory, seizure disorder. The appellant is dependent on caregivers for all needs and requires care 24/7 due to physical and cognitive limitations/needs. His severe contractures and scoliosis cause him to be in constant pain, only able to sleep for < 4 hours at a time even with meds due to spasticity and pain. The appellant requires constant repositioning due to consumer sliding in bed/wheelchair. He requires 2 person assist for all transfers in Hoyer lift to maintain safety due to the appellant's spasticity and to maintain his comfort. The appellant requires all transfers and repositioning to be completed slowly and cautiously to prevent injury and/or increased pain related to significant contractures, severe scoliosis with organ compression, hip dislocation, and spasticity to all extremities. The appellant has no trunk control/support, poor sitting tolerance r/t pain/discomfort. Guardian and surrogate report the appellant's contractures are worse. He requires pillows for positioning and uses sensory objects as spacing devices for hands due to severe

contractures. Receives Botox every 6 months, currently treating arms and his right hip dislocation due to increased rotation at hip joint, pain meds increased due to increased pain at hips. The appellant's pain medicine requires him to have organs tested every 30 days, check liver and kidney functions- Dantrolene 25mg TID PO. Dependent with use of pulse throughout the day/night due to impaired respiratory function and use of respiratory depressant meds for pain management. He requires 2 person assist for most care being performed due to severe contractures (legs and arms in fixed/locked positions), consumer uncooperative with care being performed due to cognitive impairment. The appellant is dependent on G-tube for nutrition, hydration, and med administration; can eat some pureed foods and thickened liquids but only able to tolerate very small amounts at a time, given slowly to prevent aspiration. Due to g-tube feedings and pureed foods consumer has constant loose BMs at each toileting, clothing change with each toileting including often his shirt, and family reporting consumer.

(Exhibit 4).

The Optum representative testified that on 04/30/2025, MassHealth modified the PCA request to 124:30 hours per week. Modifications were made to the request for PCA services that include modifications in the activities of daily living (ADL) task of toileting special transfer, subcutaneous injection assist, other healthcare needs/bacitracin, and other healthcare needs/G-tube care (also included in bathing).

Toileting/Special Transfer

The appellant's PCA provider requested 20 minutes, 4 times per day, 7 days per week (20 X 4 X 7) for assistance toileting/special transfer. The provider noted the following regarding this request:

The appellant is incontinent of bladder/bowels, is dependent with all toileting care due to CP, spastic quadriplegia, contractures, no functional use of BUE/BLE, cognitive impairment. The appellant has frequent loose bowel movements (BM) related to his g-tube feedings, pureed diet, and use of laxatives- he requires clothing/linens changed with toileting due to large volumes of urine/loose BM. He requires toileting to be completed in bed with assist from 2 people to roll the appellant side to side, one person to hold him in proper position while the other performs care to consumer. Legs are in fixed/locked position, he requires max amount of time due to spasticity, contractures, pain, resistance to care being performed, severe scoliosis with loose BM frequently getting into skin folds. Dependent with use of suppositories (approx. 1-2x/week) and milk and molasses enemas (approx. 1/month) due to chronic constipation. He requires barrier cream applied at each toileting to maintain skin integrity.

(Exhibit 4.)

MassHealth modified the request for assistance with toileting/special transfers to 15 X 4 X 7. The MassHealth representative testified that the appellant was approved for 15 minutes for this task in the past. The request for 20 minutes is more time than is ordinarily necessary for someone with the appellant's abilities. The MassHealth representative testified that all other transfers were requested at 15 minutes, including transfers to bathroom at 15 minutes, as well as mobility with a Hoyer lift at 15 minutes. She concluded that 15 minutes for the transfer should be enough since it is what was requested for the other tasks.

The appellant's guardian/father testified that the appellant does not need assistance transferring to a toilet, he needs to be transferred to the bathtub to clean him after his BM's. The transfer includes using the Hoyer Lift. The father testified that the appellant is using "several laxatives," and his diet is based on fluids, including Pedialyte. He needs to use the bathroom 7-9 times a day during the day/evening period (6:00 a.m. to 12:00 p.m.). The father testified that the appellant needs more assistance this year than last year because "it takes us longer."

Assistance with Medications

The appellant's provider requested 5 X 2 X 7 for assistance with his G-tube, and 10 X 6 X 7 for assistance with subcutaneous injections. The provider noted that the appellant

is dependent with taking medications and PRN's for pain management via g- tube due to CP, spastic quadriplegia, contractures, no functional use of bilateral upper extremities and bilateral lower extremities, cognitive impairment. Includes time for crushing medications as ordered and administering with water flush before and after meds. He is dependent with use of nebulizer 2-4x/day dependent on symptom severity.

(Exhibit 4.)

MassHealth approved the 5 X 2 X 7 for the first request for assistance with medications; however, the MassHealth representative testified that she believes that both of these requests were entered inaccurately because in prior requests, time was requested for nebulizer assistance, not the G-tube administration of medications. She testified that administration of medications into a member's G-tube is not a PCA task, since it requires a specialization that PCAs do not necessarily have. In previous PA requests, the appellant has requested assistance with hi nebulizer treatments. The MassHealth representative testified that because this request is similar, she approved the time. She clarified that the time was approved for assistance with the nebulizer, not the G-tube medications. Next, she addressed the time requested for subcutaneous injections. MassHealth denied the time requested for assistance with subcutaneous injections, because none appear on the appellant's medication list. There is no evidence that the appellant receives or needs subcutaneous injections.

The appellant's representatives responded that they had no response to the time denied for subcutaneous injections because he does not receive them.

Other Health Care Needs

The appellant's provider requested 5 X 2 X 7 for assistance with G-tube care. The provider noted that the appellant

is dependent with G-tube care twice daily, including cleansing around stoma with soap and water, application of new split sponge dressing due to leakage from stoma. Application of bacitracin as needed.

(Exhibit 4.)

MassHealth modified the time requested for assistance with G-tube care to 5 X 1 X 7. The MassHealth representative testified that the standard of care is for G-tube to be washed at the same time that the appellant is bathed. PCA time was provided for daily bathing. The modified PCA time provides one additional instance for G-tube care. Additional time is not medically necessary, as the time is in excess of the time normally required for someone with the appellant's needs.

The appellant's representatives testified that the appellant's G-tube is covered by his diaper and when the appellant has a BM, loose feces go up into his G-tube. He needs to be cleaned in the bathtub when this happens. They provided no specific amount of time that the PCA needs to assist with this task.

The appellant's provider requested 3 X 9 X 7 for assistance with checking his oxygen levels. The provider noted that the appellant is dependent with checking oxygen level with pulse oximeter constantly throughout day and night.

MassHealth modified the request for assistance with oxygen levels to 1 X 9 X 7. The MassHealth representative testified that the pulse oximeter that the appellant uses does not monitor respirations, only oxygen levels and heart rate. She agreed that monitoring respirations would be more important for someone with the appellant's needs. The time allowed for assistance with this task is to put the monitor on the appellant's finger and the time to read it and take it off. Time is not provided for the time it takes the monitor to take a reading.

The appellant's representatives testified that it sometimes takes 4-5 minutes to use the pulse oximeter because the appellant's hands are contracted and the PCA must "fight" to open the appellant's hand to use the oximeter.

Findings of Fact

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

1. On 04/29/2025, a prior authorization request (PA) for Personal Care Attendant (PCA) services was received on appellant's behalf from his PCA provider, [REDACTED] ("provider," or "PCM"), and is a re-evaluation request for the dates of service of 05/21/2025 to 05/20/2026 (Testimony; Exhibit 4).
2. In the PA request for PCA services, the provider requested 136:30 PCA hours per week (Testimony; Exhibit 4).
3. The appellant is an adult man who lives in the community with his father/guardian. According to the provider, the appellant

is a [REDACTED] seeing today for annual re-evaluation for PCA services. A visit was conducted in the appellant's home with surrogate and guardian present. The appellant lives in first floor apartment with his father/guardian. Current diagnoses includes severe scoliosis with organ compression, right hip dislocation, hypertension, asthma, impaired respiratory function, g-tube, bladder/bowel incontinence, non-verbal, non-ambulatory, seizure disorder. The appellant is dependent on caregivers for all needs and requires care 24/7 due to physical and cognitive limitations/needs. His severe contractures and scoliosis cause him to be in constant pain, only able to sleep for < 4 hours at a time even with meds due to spasticity and pain. The appellant requires constant repositioning due to consumer sliding in bed/wheelchair. He requires 2 person assist for all transfers in Hoyer lift to maintain safety due to the appellant's spasticity and to maintain his comfort. The appellant requires all transfers and repositioning to be completed slowly and cautiously to prevent injury and/or increased pain related to significant contractures, severe scoliosis with organ compression, hip dislocation, and spasticity to all extremities. The appellant has no trunk control/support, poor sitting tolerance r/t pain/discomfort. Guardian and surrogate report the appellant's contractures are worse. He requires pillows for positioning and uses sensory objects as spacing devices for hands due to severe contractures. Receives Botox every 6 months, currently treating arms and his right hip dislocation due to increased rotation at hip joint, pain meds increased due to increased pain at hips. The appellant's pain medicine requires him to have organs tested every 30 days, check liver and kidney functions- Dantrolene 25mg TID PO. Dependent with use of pulse throughout the day/night due to impaired respiratory function and use of respiratory depressant meds for pain management. He requires 2 person assist for most care being performed due to severe contractures (legs and arms in fixed/locked positions), consumer uncooperative with care being performed due to cognitive impairment. The appellant is dependent on g-tube for nutrition, hydration, and med administration; can eat some pureed foods and thickened liquids but only able to tolerate very small amounts at a time, given slowly to prevent aspiration. Due to g-tube feedings and pureed foods consumer has constant loose

BMs at each toileting, clothing change with each toileting including often his shirt, and family reporting consumer.

(Testimony; Exhibit 4.)

4. On 04/30/2025, MassHealth modified the request to 124:30 PCA hours per week (Testimony; Exhibits 1 and 4).
5. The appellant filed his timely request for a fair hearing with the Board of Hearings on 05/28/2025. A fair hearing was held on 08/13/2025 (Exhibits 2 and 3).
6. The appellant's PCA provider requested 20 minutes, 4 times per day, 7 days per week (20 X 4 X 7) for assistance with toileting/special transfer. The provider noted the following regarding this request:

The appellant is incontinent of bladder/bowels, is dependent with all toileting care due to CP, spastic quadriplegia, contractures, no functional use of BUE/BLE, cognitive impairment. The appellant has frequent loose bowel movements (BM) related to his g-tube feedings, pureed diet, and use of laxatives- he requires clothing/linens changed with toileting due to large volumes of urine/loose BM. He requires toileting to be completed in bed with assist from 2 people to roll the appellant side to side, one person to hold him in proper position while the other performs care to consumer. Legs are in fixed/locked position, he requires max amount of time due to spasticity, contractures, pain, resistance to care being performed, severe scoliosis with loose BM frequently getting into skin folds. Dependent with use of suppositories (approx. 1-2x/week) and milk and molasses enemas (approx. 1/month) due to chronic constipation. He requires barrier cream applied at each toileting to maintain skin integrity.

(Testimony; Exhibit 4.)

7. MassHealth modified the request for assistance with toileting/special transfer to 15 X 4 X 7 (Testimony; Exhibit 4).
8. The appellant requested, and was approved for, 15 minutes of transfers for bathroom assistance and bathing (Testimony; Exhibit 4).
9. The appellant's provider requested 5 X 2 X 7 for assistance with his G-tube, and 10 X 6 X 7 for assistance with subcutaneous injections. The provider noted that the appellant

is dependent with taking medications and PRN's for pain management via G-tube due to CP, spastic quadriplegia, contractures, no functional use of bilateral upper

extremities and bilateral lower extremities, cognitive impairment. Includes time for crushing medications as ordered and administering with water flush before and after meds. He is dependent with use of nebulizer 2-4x/day dependent on symptom severity.

(Testimony; Exhibit 4).

10. The MassHealth representative is a registered nurse. She testified that the standard of practice does not permit a PCA to assist with medications through a G-tube (Testimony).
11. MassHealth approved the time requested above; however, the approval of time was for assistance with nebulizer treatments, not for assistance administering medications through the G-tube (Testimony).
12. MassHealth denied the request for PCA time for assistance with subcutaneous injections (Testimony; Exhibit 4).
13. There is no evidence in the hearing record that the appellant needs or receives injectable medications at home (Testimony; Exhibit 4).
14. The appellant's provider requested 5 X 2 X 7 for assistance with G-tube care. The provider noted that the appellant

is dependent with G-tube care twice daily, including cleansing around stoma with soap and water, application of new split sponge dressing due to leakage from stoma. Application of bacitracin as needed.

(Testimony; Exhibit 4.)

15. MassHealth modified the request for assistance with G-tube cleaning to 5 X 1 X 7 (Testimony; Exhibit 4).
16. The MassHealth representative testified that the standard of care is for G-tube to be washed at the same time that the appellant is bathed. PCA time was provided for daily bathing. The modified PCA time provides one additional instance for G-tube care (Testimony).
17. The appellant's provider requested 3 X 9 X 7 for assistance with monitoring his oxygen levels. The provider noted that the appellant is dependent with checking oxygen level with pulse oximeter constantly throughout day and night (Testimony; Exhibit 4).
18. MassHealth modified the request for assistance with oxygen levels to 1 X 9 X 7 (Testimony; Exhibit 4).

19. The time allowed for assistance with this task is to put the monitor on the appellant's finger and the time to read it and take it off. Time is not provided for the time it takes the monitor to take a reading (Testimony; Exhibit 4).
20. At the fair hearing, the appellant's representatives requested an opportunity to provide supplemental documentation in support of the request for PCA time. The request was granted, and the record remained open in this matter until 09/19/2025 for the appellant's submission and until 10/03/2025 for the appellant's response (Exhibit 6).
21. The appellant made no submission during the record open period.
22. MassHealth made a submission during the record open period; however, no changes were made to the modifications testified to at the fair hearing (Exhibit 7).

Analysis and Conclusions of Law

Regulations at 130 CMR 450.204 described medical necessity, as follows:

The MassHealth agency 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) 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency 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 (emphasis added).

Regulations at 130 CMR 422.412 describe non-covered PCA services:

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

- (A) social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;
- (B) medical services available from other MassHealth providers, such as physician, pharmacy, or community health center services;
- (C) assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;
- (D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility;
- (E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- (F) services provided by family members, as defined in 130 CMR 422.402; or
- (G) surrogates, as defined in 130 CMR 422.402.

To qualify for services under the PCA program, the member must meet the conditions defined at 130 CMR 422.403, below:

(C) MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
- (3) The member, as determined by the personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - (a) mobility, including transfers;
 - (b) medications,
 - (c) bathing/grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and
 - (g) toileting
- (4) The MassHealth agency has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

The type of PCA services available are described in 130 CMR 422.410 below:

(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/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 the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. 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) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *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).

MassHealth modified the appellant's request for PCA time in the areas of special toileting transfers, assistance with medications, G-tube cleaning, and assistance with oxygen level monitoring.

Special Toileting Transfers

The appellant's PCA provider requested 20 minutes, 4 times per day, 7 days per week (20 X 4 X 7) for assistance with toileting/special transfer. MassHealth modified the request for assistance with special toileting transfers to 15 X 4 X 7, using the reasoning that the time requested for these transfers should take approximately the same amount of time that was requested and approved for other transfers – 15 minutes per episode. The appellant's representatives testified that transfers for toileting take longer than other transfers because the appellant must be bathed after every transfer to the toilet. MassHealth's modification of time for assistance with this task is supported by the regulations and the facts in the hearing record. The time for toileting was approved in full, as requested and includes hygiene after using the toilet. This time for special toileting transfers is simply to assist the appellant to the bathroom and out again. This portion of the appeal is therefore denied.

Assistance with Medications

The appellant's provider requested 5 X 2 X 7 for assistance with his G-tube, and 10 X 6 X 7 for assistance with subcutaneous injections. MassHealth approved the time requested for the G-tube, making note that the time was not approved for G-tube medications, but because the MassHealth representative believes the time was inaccurately requested for assistance with nebulizer treatments. The time for the assistance with injections was not approved, because the appellant has not evidence that he requires or receives injections at home. This portion of the appeal is therefore denied.

Assistance with G-tube Cleaning

The appellant's provider requested 5 X 2 X 7 for assistance with G-tube care. The provider noted that the appellant

is dependent with G-tube care twice daily, including cleansing around stoma with soap and water, application of new split sponge dressing due to leakage from stoma. Application of bacitracin as needed.

(Testimony; Exhibit 4.)

MassHealth modified the request for assistance with G-tube cleaning to 5 X 1 X 7. The MassHealth nurse testified credibly that the standard of care is for G-tube to be washed while the appellant is bathed. PCA time was provided for daily bathing. The modified PCA time provides one additional instance for G-tube care. MassHealth's decision is based on the relevant facts in the hearing record as well as the MassHealth regulations. This portion of the appeal is therefore denied.

Assistance Monitoring Oxygen Levels

The appellant's provider requested 3 X 9 X 7 for assistance with monitoring his oxygen levels. The provider noted that the appellant is dependent with checking his oxygen level with pulse oximeter constantly throughout day and night (Testimony; Exhibit 4). MassHealth modified the request for assistance with oxygen levels to 1 X 9 X 7. The MassHealth representative testified that the time requested exceeds the amount of time that is ordinarily necessary for someone with the appellant's conditions. She concluded that the time to monitor the oxygen levels involves attaching the monitor to the appellant's finger. The time it takes the monitor to calibrate and report data is not included.

The appellant's representatives testified that the PCA must "fight" with the appellant's contractures to free a finger and perform the oxygen levels. The father reported that it takes about 4-5 minutes for each instance.

The appellant representative's testimony is supported by the information in the PA request. The appellant needs more than one minute of assistance with this task due to his contractures. Accordingly, this portion of the appeal is therefore approved.

For the foregoing reasons, this appeal is approved in part (as to the assistance in monitoring the oxygen levels); and denied in part (all other modifications).

Order for MassHealth

With regard to the PCA time requested for assistance with monitoring oxygen levels, restore 3 X 9 X 7. With regard to all other modifications; none.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Division of Medical Assistance, 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

[REDACTED]

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