

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2508296
Decision Date:	09/04/2025	Hearing Date:	07/17/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for Respondent, Commonwealth Care Alliance (CCA):

Via telephone:


Jeremiah Mancuso, RN, Clinical Mgr. for CCA
Appeals & Grievances

Kaley 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:	Approved in part; Denied in part	Issue:	SCO; Denial of Internal Appeal; Prior Authorization – PCA Services
Decision Date:	09/04/2025	Hearing Date:	07/17/2025
CCA's Rep.:	Jeremiah Mancuso; Kaley Emery (Observing)	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South, Remote	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 Denial of Level 1 Appeal dated May 16, 2025, Commonwealth Care Alliance (CCA) denied the appellant's internal appeal regarding personal care attendant (PCA) services because it determined the requested level of services was not medically necessary. Exhibit 1. The appellant filed this appeal in a timely manner on May 28, 2025. Exhibit 2; 130 CMR 610.015(B). A Senior Care Organization's (SCO) decision to deny or provide limited authorization of a requested service is grounds for appeal. 130 CMR 610.032(B).

Action Taken by Commonwealth Care Alliance

CCA reduced the number of PCA hours it authorized for the appellant from the requested 54.75 hours per week down to 49.75 hours per week.

Issue

The appeal issue is whether CCA was correct, pursuant to 130 CMR 422.000 and 450.204, in determining that the appellant required fewer hours of PCA assistance than she had requested.

Summary of Evidence

CCA was represented at hearing via telephone by the clinical nurse appeals and grievances manager. The appellant appeared at hearing via telephone with her care coordinator from CCA. Through testimony and documentation, CCA provided the following: the appellant is an adult over the age of 65 who lives alone and is a member of CCA's SCO. Exhibit 5 at 1. Her primary diagnoses include fibromyalgia, COPD, Diabetes, and behavioral health issues. *Id.* Prior to this most recent PCA evaluation, she was receiving 56 hours per week of PCA services. *Id.* The last evaluation took place in 2023. *Id.* Based on the PCA evaluation which occurred on March 25, 2025, the PCA assessor, through the appellant's personal care management (PCM) agency Tempus, requested 54.75 hours per week of PCA services. *Id.* After reviewing the request, CCA Utilization Management (UM) approved 49.75 hours per week because it determined that the time requested for bathing, bladder care, and dressing were excessive for her needs. *Id.* There was an internal appeal and, on May 16, 2025, CCA notified the appellant that it upheld its decision to approve 49.75 hours per week, effective June 1, 2025. Exhibit 1.

The time requested for the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs) were approved as requested, although they were requested at less time than the appellant had in past evaluations: ambulation, hair washing, nail care, bowel care, medication, and laundry. Exhibit 5 at 1. As those tasks were approved in full as requested, only the tasks that were modified (bathing, bladder care, and dressing) will be addressed at hearing.

CCA noted that the prior authorization period is from April 26, 2025 through April 30, 2026; however, the appellant continued to receive her full hours until May 31, 2025. Currently, and since June 1, 2025, she has been receiving 49.75 hours per week. Thus, any modifications resulting from this appeal should backdate to June 1, 2025.

Bathing

The appellant requested 45 minutes per day for PCA assistance with bathing. *Id.* at 257. CCA modified the request to 30 minutes per day because the full amount of time requested is not required.

CCA testified that, per the evaluation, she requires maximum assist with bathing. *Id.* She needs assistance with washing her backside and lower extremities. *Id.* She has a shower chair and received a new shower bench in April 2025. *Id.* at 1. According to the time-for-task tool, maximum

assist is where the member is involved and requires up to 75% physical assistance to complete the task. *Id.* at 66. Based on that definition and the assessor's comments in the evaluation, CCA felt that the appellant is likely more aligned with a moderate assist (member performs part of activity but requires up to 50% physical assistance to complete task) for bathing. *Id.* According to the time-per-task guidelines, maximum assist with bathing is about 45 minutes. *Id.* at 59. In the previous year, the appellant was approved for 45 minutes per day for bathing. *Id.* at 272-273.

The appellant testified that she needs help getting up and to the bathroom. She is incontinent of bladder and bowel and has accidents frequently. As a result, she takes a bath or shower at least two times per day, sometimes three times per day. She has arthritis in her right hand and everything falls out of it, like soap for example. She cannot manage her pull ups by herself due to her arthritis. She is very unsteady and slow and it takes longer than 30 minutes for her showers.

Dressing

The appellant requested 23 minutes per day for PCA assistance with dressing. *Id.* at 260. CCA modified the time to 20 minutes per day.

CCA testified that the appellant is a maximum assist for dressing. *Id.* The comment indicates that the appellant needs PCA assistance with all aspects of dressing due to shortness of breath, dizziness, vertigo, obesity, chronic arthritis pain, fibromyalgia, weakness, poor grip, bilateral shoulder pain, limited range of motion, back pain, impaired bending, knee pain, imbalance, and unsteady gait. *Id.* CCA testified that while the PCA assessor indicated the need for assistance with all dressing tasks, a Geriatric Support Services Coordinator (GSSC) evaluation only specified an "inability to manage buttons and zippers depending on her pain." *Id.* at 2. The time-per-task guidelines suggest an average of 23 minutes for maximum assist. *Id.* at 61. In the previous year, the appellant was approved for 23 minutes per day.

The appellant explained that it is time consuming and a lot of work to just get her pull-ups on before her clothing. She is [REDACTED] and she does not have the strength to help with the task. Her PCA helps with all dressing tasks because her hands are weak. She can't hold things well. The task usually takes closer to 30 minutes. She is slow and her hands hurt. Additionally, because of her incontinence, she takes a bath two to three times per day, meaning she is getting dressed multiple times per day.

Bladder Care

The appellant requested 13 minutes, 5 times per day, 7 days per week for PCA assistance with bladder care. *Id.* at 262-263. CCA modified the time to 8 minutes, 5 times per day, 7 days per week.

CCA testified that she is a moderate assist according to the PCA assessor. *Id.* She experiences urinary incontinence four to five times per day and three times per night. *Id.* at 263. She requires assistance from the PCA with hygiene, changing pull ups, and clothing management. *Id.* She was observed transferring on and off the toilet without assistance. *Id.* The time-per-task guidelines suggests an average of 13 minutes for moderate assist. *Id.* at 62. Last year, the appellant received 10 minutes, 5 times per day, 7 days per week for PCA assistance with bladder care.

The appellant testified that she needs help cleaning herself because she has accidents. The PCA assessor was there on one of her good days. Typically, she needs help on and off the toilet. She also needs help walking to the bathroom. As she is getting older, her condition does not improve and things take longer to do. Her PCA is her son, but he does not live with her.

Findings of Fact

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

1. The appellant is over the age of 65 and enrolled in CCA's SCO.
2. The appellant's primary diagnoses include fibromyalgia, COPD, Diabetes, and behavioral health issues.
3. Based on a March 25, 2025 evaluation, the appellant's PCM agency requested 54.75 hours per week of PCA services.
4. Prior to this evaluation, the appellant had been receiving 56 hours per week. She had not had an evaluation since 2023.
5. After reviewing the request, CCA approved 49.75 hours per week because it determined that the time requested for bathing, bladder care, and dressing were excessive for her needs.
6. There was an internal appeal and, on May 16, 2025, CCA notified the appellant that it upheld its decision to approve 49.75 hours per week, effective June 1, 2025.
7. The appellant requested 45 minutes per day for PCA assistance with bathing. CCA modified the request to 30 minutes per day. Previously, the appellant had been receiving 45 minutes per day.
8. The appellant requested 23 minutes per day for PCA assistance with dressing. CCA modified the time to 20 minutes per day. Previously, the appellant was approved for 23 minutes per day.

9. The appellant requested 13 minutes, 5 times per day, 7 days per week for PCA assistance with bladder care. CCA modified the time to 8 minutes, 5 times per day, 7 days per week. Previously, the appellant had been receiving 10 minutes, 5 times per day, 7 days per week.

Analysis and Conclusions of Law

A Senior Care Organization (SCO) is a managed care organization (MCO) that participates in MassHealth under a contract with the MassHealth agency to provide coordinated care and medical services through a comprehensive network to eligible members 65 years of age or older. (130 CMR 450.101). As a MassHealth SCO, CCA

will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, each SCO is required to provide evidence of its coverage, including a complete list of participating providers, 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 508.008(C)).

CCA is “responsible for providing enrolled members with the full continuum of MassHealth covered services, and for dual eligible members, the full continuum of MassHealth and Medicare covered services.” (130 CMR 450.101). Those services include PCA services, which are governed by the regulations at 130 CMR 420.000. (See 130 CMR 450.105). Whenever an SCO makes a coverage decision, it must provide notice to the affected member. 130 CMR 508.011. An SCO has 30 days to resolve any internal appeals, and the member then has 120 days to request a fair hearing from the Board of Hearings. See 130 CMR 508.012; 130 CMR 610.015(B)(7).

MassHealth is required to cover all services and treatments that are “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.

130 CMR 450.204(A).

MassHealth generally covers PCA services provided to eligible MassHealth members with a permanent or chronic disability that impairs their functional ability to perform activities of daily living (“ADLs”) and instrumental activities of daily living (“IADLs”), but who can be appropriately cared for in the home.

ADLs include:

- (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.

130 CMR 422.410(A).

IADLs include:

- (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.

130 CMR 422.410(B).

Regarding the appellant's request for PCA assistance with bathing, the appeal is approved for the requested 45 minutes per day. The appellant's testimony is credible and establishes that bathing, especially with at least two showers per day, takes her 45 minutes per day. This time is also in line with time-per-task guidelines for maximum assistance and the time she has received in the past. For these reasons, the appellant has shown that 45 minutes per day for PCA assistance with bathing is medically necessary.

Regarding the appellant's request for PCA assistance with dressing, the appeal is approved for the requested 23 minutes per day. The appellant's testimony is credible and supports the PCA assessor's evaluation that she needs assistance with all dressing tasks. This time is also in line with time-per-task guidelines for maximum assistance and the time she has received in the past. For these reasons, the appellant has shown that 23 minutes per day for PCA assistance with dressing is medically necessary.

As to bladder care, the appellant requested 13 minutes, 5 times per day, 7 days per week, but CCA modified it to 8 minutes, 5 times per day, 7 days per week. The appeal is approved in part for 10 minutes, 5 times per day, 7 days per week. The appellant's testimony is credible and supports that she needs more time than what was approved by CCA. Last year, the appellant also received 10 minutes per episode. She did not sufficiently demonstrate why bladder care (including assistance with hygiene, pull ups, and clothing management) takes longer than 10 minutes per episode. For these reasons, the appellant has shown that 10 minutes, 5 times per day, 7 days per week for bladder care is medically necessary.

Therefore, the appeal is approved in part and denied in part.

Order for CCA

Approve the appellant for 45 minutes per day for bathing; 23 minutes per day for dressing; and 10 minutes, 5 times per day, 7 days per week for bladder care. Adjustments should go retroactive to June 1, 2025.

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.

Implementation of this Decision

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

Alexandra Shube
Hearing Officer
Board of Hearings

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