Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2508678
Decision Date:	9/3/2025	**Hearing Date:**	07/10/2025
Hearing Officer:	Christopher Jones		

Appearances for Appellant:

[redacted]

Appearances for CHA:
Kathryn Tylander PT, DPT
Tara Sherman, RN – Director of Nursing
Dr. Jonathan Burns – Medical Director

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:**	Waivers; Program of All-Inclusive Care for the Elderly (PACE)
Decision Date:	9/3/2025	**Hearing Date:**	07/10/2025
PACE Reps.:	Kathryn Tylander PT, DPT; Tara Sherman, RN; Dr. Jonathan Burns	**Appellant's Reps.:**	Pro se; Family
Hearing Location:	Virtual	**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 letter dated April 11, 2025, Cambridge Health Alliance (CHA), a Program of All-Inclusive Care for the Elderly (PACE) plan, denied the appellant's internal appeal for continuation of short-term rehabilitation services. (Exhibit 1.) The appellant filed this appeal in a timely manner on June 6, 2025. (Exhibit 2; 130 CMR 610.015(B).) The Board of Hearings initially dismissed the appeal, requesting that the appellant submit a copy of the notice being appealed. (Exhibit 2.) The letter denying the internal appeal was submitted, and this matter was scheduled for hearing. (Exhibit 3.)

A managed care contractor's decision to limit requested services is grounds for appeal (130 CMR 610.032(B)), and a PACE plan must allow for external review of its coverage decisions (42 CFR § 460.124).

Action Taken by Cambridge Health Alliance

CHA denied the appellant's request for continued skilled physical therapy and occupational therapy in a short-term rehabilitation setting with the goal to return home.

Issue

Whether CHA appropriately assessed and documented the appellant's need for continued rehabilitation therapies with the goal of discharge to the community, pursuant to 130 CMR 519.007 and 42 CFR 460.000, et seq.

Summary of Evidence

The appellant is over the age of [redacted] and he has been participating in CHA's PACE plan since March 2008. The appellant has resided in an apartment in the community with the assistance of PACE services. The appellant suffers multiple chronic conditions, including "congestive heart failure, stage 4 chronic kidney disease (with congenital solitary kidney - right), anemia, esophagitis, GERD, hearing loss, history of tuberculosis of the R hip (with childhood surgery, decreased ROM and a leg length discrepancy that requires a shoe lift), peripheral artery disease, cognitive impairment, and mild protein-calorie malnutrition." (Exhibit 5, p. 2.)

The appellant was hospitalized on [redacted] due to exacerbations related to his various chronic medical conditions. After a month in a rehabilitation facility, the appellant returned to his community home with the support of PACE services. On [redacted] the appellant fell and broke his humerus while standing up from a chair in his apartment. The appellant was hospitalized for 2 days and discharged to a rehabilitation facility with an order to start passive range of motion exercises in 4 weeks. The appellant stayed in this facility until [redacted] when he was transferred to another skilled nursing facility for ongoing rehabilitation. The appellant has had 3 hospitalizations since he was transferred to the new skilled nursing facility.

On March 27, 2025, CHA recommended that the appellant's stop receiving rehabilitation services and therapies with the goal of discharging him to the community. CHA sought to transition the appellant's care to long-term care coverage. CHA's representatives explained that once the transition to long-term care takes place, the appellant is expected to pay a patient-paid amount toward the cost of his care. CHA's representatives also explained that long-term care services do not prioritize regaining independence to allow for the member to return to the community.

CHA's representatives testified that their decision was based in part on a physical therapist's assessment from March 26, 2025, which found that the appellant was still dependent on assistance with most Activities of Daily Living (ADLs), including mobility, dressing, and toileting. (Exhibit 5, p. 41.) An interdisciplinary team determined that the clinical record reflected that the appellant's progression toward independence with ADLs appears to have plateaued, and that he still needed 24-hour assistance. (Exhibit 5, pp. 41-45.) The submitted notes reflect that the appellant was initially in agreement with transitioning to long-term care, but he changed his mind after his family advocated that he receive additional therapies. (Exhibit 5, p. 38.)

In order to return to his community residence, the appellant would need to be independent with all functional mobility and toileting. On June 5, 2025, a doctor noted that the appellant has been unable to regain prior level of function and is unable to safely return to the community. (Exhibit 5, p. 76.) CHA's representatives confirmed that if he ever recovers more independence the appellant could return to the community.

The appellant's family expressed frustration with how the appellant was treated. They were especially upset with the care the appellant received shortly after breaking his arm. The appellant's representatives testified that the first facility to which the appellant was discharged was negligent and unclean. They testified that the facility was short-staffed, so the appellant did not receive therapy when he was supposed to receive it. The appellant's family believes that the appellant would have recovered more quickly had he received better care at this facility. They raised these concerns with the nursing facility ombudsman, and the appellant was transferred to a new nursing facility. The appellant's representatives now feel that CHA should provide occupational and physical therapy for longer because the appellant needs to make up for the poor care he initially received.

The appellant's representatives and CHA's representatives discussed various services that could be available at the current facility. CHA's representatives explained that additional investigation needed to be done to determine what additional services were included in the long-term care coverage. They confirmed that any additional services could be requested through the PACE plan, and those services would be reviewed for medical necessity. CHA's representatives explained that occupational or physical therapy is usually only approved when there is an acute event from which the patient would be trying to recover. Other services, such as recreational exercises, may be available at the facility, but they might not be covered by the PACE plan.

The appellant was asked if he wanted to stay in long-term care, or if he wanted to pursue continued rehabilitation with the goal of returning to the community. The appellant testified that he wanted to stay in long-term care because he could not get out of bed without assistance. The appellant's representatives asked that a formal decision be issued on whether the appellant should be allowed further rehabilitation services.

Findings of Fact

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

1) The appellant is over the age of [redacted] and he has been enrolled in CHA's PACE plan since March 2008. (Testimony by CHA's representatives.)

2) The appellant suffers multiple chronic conditions, including "congestive heart failure, stage 4 chronic kidney disease (with congenital solitary kidney - right), anemia, esophagitis, GERD, hearing loss, history of tuberculosis of the R hip (with childhood surgery, decreased ROM and a leg length discrepancy that requires a shoe lift), peripheral artery disease, cognitive impairment, and mild protein-calorie malnutrition." (Exhibit 5, pp. 2, 67-73.)

3) The appellant was hospitalized on [redacted] due to exacerbations of his chronic medical conditions. After a month in a rehabilitation facility, he returned to his community home with the support of PACE services. (Testimony by CHA's representatives; Exhibit 5, pp. 2, 36.)

4) On [redacted] the appellant fell and broke his humerus while standing up from a chair in his apartment. The appellant was hospitalized for 2 days and discharged to a rehabilitation facility with an order to start passive range of motion exercises in 4 weeks. (Testimony by CHA's representatives; Exhibit 5, pp. 2, 36.)

5) The appellant's family found the first rehabilitation facility to be substandard, and they filed a complaint with the long-term care ombudsman. (Testimony by appellant's representatives.)

6) On [redacted] the appellant was transferred to another skilled nursing facility for ongoing rehabilitation. The appellant has had 3 hospitalizations since he was transferred to the new skilled nursing facility. (Exhibit 5, pp. 2, 36.)

7) On March 26, 2025, an interdisciplinary team from CHA reviewed the appellant's medical records and recommended that he transition from rehabilitation services with a goal of returning to the community to long-term care services. (Exhibit 5, pp. 37-54.)

8) As of March 26, 2025, the appellant had improved in independence, but he still required physical assistance with mobility, transfers, dressing, and toileting. (Exhibit 5, p. 41; testimony by CHA's representatives.)

9) The interdisciplinary team found that it would be unsafe for the appellant to reside anywhere without 24-hour support. (Exhibit 5, p. 47-48.)

10) The appellant initially agreed with this decision, but he was persuaded by his family to continue pursuing rehabilitation services. (Exhibit 5, p. 38.)

11) The appellant wants to stay in a long-term care facility because he cannot get out of bed without assistance. (Testimony by the appellant.)

Analysis and Conclusions of Law

The Programs of All-Inclusive Care for the Elderly is one of several Medicaid waiver programs that allow state Medicaid agencies, such as MassHealth, to experiment with different reimbursement methods for providing care to frail and elderly populations. (See Centers for Medicare and Medicaid Services, Programs of All-Inclusive Care for the Elderly (PACE) Manual, CMS Pub. 100-11 ["PACE Manual"], Ch. 1, § 10 (Rev. 2, June 9, 2011) (available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pace111c01.pdf (last visited August 29, 2025)).)

> PACE provides participants all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team (IDT), as well as additional medically necessary care and services not covered by Medicare and Medicaid. There are no limitations or condition as to amount, duration or scope of services and there are no deductibles, copayments, coinsurance, or other cost sharing that would otherwise apply under Medicare or Medicaid. The IDT assesses the participant's needs and develops a comprehensive care plan that meets the needs of its participants across all care settings on a 24 hour basis, each day of the year.

(PACE Manual at § 30.3; see also 42 USC § 1395eee.)

A PACE "benefit package for all participants" must include access to all Medicare- and Medicaid-covered services and may also include "[o]ther services determined necessary by the interdisciplinary team to improve and maintain the participant's overall health status." (42 CFR 460.92(a) (Jan. 19, 2021).) A PACE organization must "[e]stablish an interdisciplinary team … at each PACE center to comprehensively assess and meet the individual needs of each participant." (42 CFR § 460.102(a)(1) (Mar. 22, 2021).) This interdisciplinary team must be comprised of at least 11 different participants representing various caregiver roles. (See 42 CFR § 460.102(b)(1)-(11).)

The interdisciplinary team is responsible for assessing and meeting the member's individual needs. (42 CFR § 460.102(a)(1).) However, the interdisciplinary team has wide latitude regarding medical decision-making, so long as decisions are based upon "all relevant information … including findings and results of any reassessments required" when a specific service is requested. (42 CFR § 460.121(g); see also 42 CFR § 460.92(b).) These decisions and the recommendations underlying them must be thoroughly documented. (42 CFR § 460.210(b).)

MassHealth's regulations do not provide additional guidance regarding how an IDT is to review a participant's request for services or how an IDT's decision should be reviewed. (See 130 CMR 519.007(C).) Medicare generally only covers 30 days of rehabilitation services following hospitalization, and Medicare has a maximum coverage of 100 days of rehabilitation services. (Exhibit 5, p. 137.) MassHealth will automatically convert a beneficiary from short-term care to long-term care after six months from their initial admission to a nursing facility. (See 130 CMR 520.026(D).)

CHA duly constituted an interdisciplinary team to evaluate the appellant's need for ongoing rehabilitation services with the goal of returning to the community. The appellant was found to continue to require hands-on care with his ADLs, and it was deemed unsafe for him to reside in the community without 24/7 support. While the appellant's family has raised significant concerns regarding the care the appellant received immediately after breaking his arm, there is no evidence the appellant is going to regain sufficient independence to be able to safely reside in the community. The appellant agrees with this assessment; it is his family that believes that he could return to the community if he were given additional rehabilitation.

Therefore, this appeal is DENIED.

Order for PACE

Proceed with transitioning the appellant's care to long-term care services.

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc: [redacted]

PACE: Cambridge Health Alliance, Attn: Kathryn Tylander, PT, DPT, Manager of Quality and Compliance, 163 Gore Street, Cambridge, MA 02141