

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509268
Decision Date:	9/9/2025	Hearing Date:	07/10/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Robin Brown, Occupational Therapist, Optum

Interpreter:
Language Line



*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:	Prior Authorization- Personal Care Attendant (PCA) Services
Decision Date:	9/9/2025	Hearing Date:	07/10/2025
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	Pro se
Hearing Location:	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 notice dated June 10, 2025, MassHealth modified Appellant's prior authorization request for an increase in PCA services (130 CMR 422.000 *et seq.*, 450.204 and Exhibit 1). Appellant filed this appeal in a timely manner on June 18, 2025 (130 CMR 610.015(B) and Exhibit 2). Modification of a request for assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified Appellant's prior authorization request for increased PCA services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.000 *et seq.*, 130 CMR 450.204, in modifying Appellant's prior authorization request for increased PCA services.

Summary of Evidence

MassHealth was represented by an occupational therapist and clinical appeals reviewer who appeared by telephone and testified that a prior authorization adjustment request for personal care attendant (PCA) services was submitted to MassHealth by [REDACTED] on June 9, 2025, requesting an increase from 15.0 hours to 32.5 hours for the remainder of the certification period June 9, 2025 through November 12, 2025. Appellant is [REDACTED] years old, with diagnoses of arthritis, neck and back pain, left-side neuropathy, depression, anxiety, and migraines secondary to a motor vehicle accident 3 years ago. Appellant experiences back pain, reduced grip strength, decreased range of motion on the left side, impaired ability to bend at the waist, and mild neck stiffness. Appellant can ambulate inside her apartment while holding on to furniture with fair balance and utilizes a cane when out in the community. An occupational therapist report recommends that she use grab bars, a raised toilet seat, and a walker with wheels. Appellant has a tub-transfer bench to assist with getting in and out of the shower. The request was modified on June 10, 2025 with 15.5 hours approved for the remainder of the certification period. The MassHealth representative testified that when a request for increased PCA services is submitted to MassHealth, regulation 130 CMR 422.416(B) requires a letter of need due to a change in medical conditions, functional status, or living arrangements. A letter submitted by Appellant's physician does not address the required elements (Exhibit 4, p. 21); however, the reviewer approved an additional 30 minutes per week for dressing and undressing due to carpal tunnel syndrome. In the initial request for services, PCA time for transfers was approved 2 minutes, once per day, 7 days per week. Appellant requested two additional minutes for transfers twice per day, 7 days per week, which MassHealth determined is more time than ordinarily required with Appellant's documented needs. The MassHealth representative stated that assistance with transfers is limited to assistance with getting up or sitting down and getting in and out of bed. She added that the additional time for transfers was denied because Appellant's functional status has not changed, other than documented carpal tunnel syndrome and increased difficulty using her hands which would not affect her ability to complete transfers. MassHealth noted that the original PCA authorization request indicates that Appellant is independent with transfers but requires assistance getting out of bed in the morning only, and adequate time has already been approved to assist Appellant to get out of bed in the morning (Exhibit 4, p. 42).

MassHealth testified that PCA time for toileting was not requested in the initial authorization request. Appellant requested increased PCA time for bladder care 2 minutes, 3 times per day, 7 days per week and bowel care 4 minutes, once per day, 7 days per week, and requested 14 nighttime PCA hours per week for toileting. The MassHealth representative testified that the increased time was denied because Appellant has the functional ability to complete toileting independently. The initial request states that Appellant is modified-independent with toileting, and recommended the purchase of a raised toilet seat (Exhibit 4, pp. 50-51). The request for increased PCA time indicates that Appellant needs assistance to transfer on and off the toilet, and for hygiene needs, and experiences episodes of incontinence. Appellant wears briefs/Depends and has a liner on the bed.

A raised toilet seat with handlebars was recommended because the toilet seat is very low (Exhibit 4, p. 11). MassHealth added that Appellant can request a prescription for a raised toilet seat from her physician, and MassHealth will purchase the required equipment. MassHealth also testified that the physician letter provided does not state that Appellant needs assistance with toileting (Exhibit 4, p. 21). MassHealth added that although Appellant wears braces for carpal tunnel syndrome, she has the hand function to complete toileting tasks independently. MassHealth noted that Appellant does not require assistance with eating, which shows that she has functional ability to use her fingers.

Next, MassHealth testified that the initial PCA request includes time for bathing 15 minutes, once per day, seven days per week. Appellant requested an increase in time for bathing to 25 minutes, once per day, seven days per week. MassHealth testified that the physician letter submitted with the requested increase does not indicate a change in the ability to complete bathing (Exhibit 4, p. 21). The initial prior authorization request also states that Appellant requires minimal physical assistance with bathing, purchased an extended tub bench, and needs supervision to minimal assistance to get in and out of the bath (Exhibit 4, p. 45). Because there are no documented changes in Appellant's ability to complete bathing, the modification was denied. Moreover, PCA time for medication management was approved in the initial request 2 minutes, once per day, seven days per week. Increased PCA time was requested 2 minutes, twice per day, 7 days per week for medication management and application of topical pain patches for hard-to-reach areas such as the neck and back. The requested increase in PCA time was not allowed because less costly EZ-off caps are recommended in the PCA evaluation notes that will allow Appellant to open medications independently (Exhibit 4, p. 12).

Appellant testified that she has difficulty getting out of bed in the morning and sometimes urinates in bed as a result. Appellant stated that the PCA and her daughter also help with transfers during the day. Appellant testified that she was unable to purchase a raised toilet seat and was told that she could get help from MassHealth to purchase it. Appellant testified that she needs assistance going to the bathroom in the morning, and the PCA has been helping her. During the day, Appellant's daughter helps her use the bathroom when she is present. Appellant testified that when the PCA or her daughter are not available, she is able to use the bathroom independently, and also at night, but it takes longer, and she has to remove the braces she wears for carpal tunnel syndrome which increases pain. Appellant testified that she is tall and obese and has long hair which requires additional PCA time for bathing. Appellant testified that she takes 5 medications, and she is able to remove the caps herself, but her daughter helps with medications in the evening.

Findings of Fact

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

1. A prior authorization adjustment request for personal care attendant (PCA) services was submitted to MassHealth by [REDACTED] on June 9, 2025, requesting an increase from 15.0 hours to 32.5 hours for the remainder of the certification period June 9, 2025 through November 12, 2025.
2. Appellant is [REDACTED] years old, with diagnoses of arthritis, neck and back pain, left-side neuropathy, depression, anxiety, and migraines secondary to a motor vehicle accident 3 years ago.
3. Appellant experiences back pain, reduced grip strength, decreased range of motion on the left side, impaired ability to bend at the waist, and mild neck stiffness.
4. Appellant can ambulate inside her apartment while holding on to furniture with fair balance and utilizes a cane when out in the community.
5. An occupational therapist report recommends that she use grab bars, a raised toilet seat, and a walker with wheels.
6. Appellant has a tub-transfer bench to assist with getting in and out of the shower.
7. The request for increased PCA time was modified on June 10, 2025, and the reviewer approved an additional 30 minutes per week for dressing and undressing due to carpal tunnel syndrome. 15.5 total PCA hours are approved for the remainder of the certification period ending November 12, 2025.
8. PCA time for transfers was approved 2 minutes, once per day, 7 days per week. Appellant requested two additional minutes for transfers twice per day, 7 days per week.
9. Appellant is independent with transfers but requires assistance getting out of bed in the morning.
10. PCA time for toileting was not requested in the original prior authorization request.
11. Appellant requested increased PCA time for bladder care 2 minutes, 3 times per day, 7 days per week and bowel care, 4 minutes, once per day, 7 days per week. Appellant also requested 14 nighttime PCA hours per week for toileting.

12. The original request states that Appellant is modified-independent with toileting.
13. Appellant wears briefs overnight and experiences episodes of incontinence.
14. A raised toilet seat with handlebars was recommended in both evaluations because the toilet seat is very low.
15. The physician letter provided does not state that Appellant needs assistance with toileting.
16. Appellant wears braces for carpal tunnel syndrome.
17. Appellant has the hand function to complete toileting tasks independently and completes toileting independently when alone.
18. The initial PCA request includes time for bathing 15 minutes, once per day, seven days per week. Appellant requested an increase in time for bathing to 25 minutes, once per day, seven days per week.
19. The physician letter submitted with the requested increase does not indicate a change in Appellant's ability to complete bathing.
20. The initial prior authorization request states that Appellant requires minimal physical assistance with bathing, and that she purchased an extended tub bench, and needs supervision to minimal assistance to get in and out of the bath.
21. In the initial prior authorization request, PCA time for medication management was approved 2 minutes, once per day, seven days per week. Increased PCA time was requested 2 minutes, twice per day, 7 days per week for medication management and application of topical pain patches for hard-to-reach areas such as the neck and back.
22. Less costly EZ-off caps are recommended in the PCA evaluation notes that will allow Appellant to better open medications independently.
23. Appellant removes medication caps independently.

Analysis and Conclusions of Law

The PCA program provides assistance with the following:¹

¹ See also PCA Consumer Handbook available at: <https://www.mass.gov/doc/pca-consumer-handbook-personal-care-attendant-program/download>.

130 CMR 422.410: 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.

(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.

(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 PCM 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 PCA 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.

130 CMR 422.411: Covered Services

(A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency.

130 CMR 422.412: Noncovered 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, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;

(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;

(G) surrogates, as defined in 130 CMR 422.402; or

(H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

130 CMR 422.416: (B) Adjustment of Current Prior Authorization.

Prior authorization requests to increase or decrease the number of hours of PCA services must

be submitted to the MassHealth agency by the member's PCM agency in writing within 30 calendar days of the member or surrogate request, and include:

- (1) a copy of the original prior authorization request and PCA evaluation;
- (2) a written summary of the specific adjustment requested that includes the reason for the adjustment and the specific ADLs or IADLs for which an increase or decrease in PCA services is being requested, including the number of units, the number of hours, and the duration of time for which the adjustment is being requested; and
- (3) **a letter from the member's physician, nurse practitioner, or physician assistant stating that the need for an adjustment in the member's authorized number of hours of PCA services is a result of changes in the member's medical condition, functional status, or living situation that affects the member's ability to perform ADLs and IADLs without physical assistance. The letter must also describe these conditions. The letter must include the length of time for which the adjustment is required.** (Emphasis added)

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are 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: *Potential Sources of Health Care*, or 517.007: Utilization of Potential Benefits.

Appellant has the burden of demonstrating the invalidity of the MassHealth action.² First, the letter submitted by Appellant's physician with the prior authorization request for increased PCA

² 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 Page 9 of Appeal No.: 2309752 (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).

services does not identify changes in Appellant’s medical conditions, functional status, or living situation that affect her ability to perform ADLs and IADLs without physical assistance. The physician letter states that Appellant has medical and mental health diagnoses that make it difficult to perform ADLs, and recommends increased hours, but does not provide the specific information required at 130 CMR 422.416(B) (Exhibit 4, p. 21). Despite her conditions, the evidence shows, and Appellant testified, that she is able to complete transfers independently with the exception of getting out of bed in the morning; she is able to complete toileting tasks independently when she is alone; and she is able to remove medication caps and manage her own medications.³ The initial prior authorization request describes Appellant as independent with toileting and included no PCA time in the request for assistance with toileting (Exhibit 4, p. 50). The physician letter does not specify that Appellant requires PCA assistance with toileting (Exhibit 4, p. 21). The initial and subsequent evaluations state that Appellant would benefit from a raised toilet seat with handles, and EZ-off caps for her medications as recommended, which are less costly alternatives to MassHealth.⁴ With regard to bathing, Appellant is described in the initial prior authorization evaluation as needing minimal assistance for bathing with the use of a tub bench, and requiring supervision to minimal assistance to get in and out of the bathtub (Exhibit 4, p. 45). The physician letter does not adequately detail a change in functional status or medical conditions to support the increased time requested for bathing. While Appellant does require some assistance with bathing due to a reduced range of motion, the documentation in the hearing record does not support the medical necessity for the increased time requested.

The appeal is DENIED.

Order for MassHealth

None.

³ See Evaluation at Exhibit 4, p. 38 for further support of Appellant’s functional ability consistent with the MassHealth testimony: “witnessed functional tasks included (sic) transfer on/off chair, ambulation to BR, transfer on/off toilet, transfer in/out of bed, and attempted UB/LB dressing activities.” See also Exhibit 4, p. 42: “Requesting [transfer] time for OOB AM only. Consumer can complete all other transfers.”

⁴ See Exhibit 4, p. 50: “Consumer is modified independent with toileting. Toilet seat is low and she lacks surrounding structures to hold onto for leverage. Advised her to request order from PCP for durable DME to raise seat.”

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

Thomas J. Goode
Hearing Officer
Board of Hearings

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