

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509271
Decision Date:	09/11/2025	Hearing Date:	07/22/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Robin Brown, OTR/L
Heather Adams, RN, BSN (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:	Prior Authorization - PCA Services
Decision Date:	09/11/2025	Hearing Date:	07/22/2025
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 denied appellant's prior authorization request for personal care attendant (PCA) services. (Ex. 1). Appellant filed this appeal in a timely manner on June 20, 2025. (Ex. 2). Modification and/or denial of PCA hours are valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization request for PCA services.

Summary of Evidence

Appellant acted pro se and appeared by phone. MassHealth was represented by an occupational therapist. (MassHealth representative).¹ All parties appeared by phone. The hearing commenced, all were sworn and documents were marked as evidence. The MassHealth representative stated the following: Appellant is in her late [REDACTED] with a primary diagnosis of fibromyalgia, arthritis, asthma, chronic pain and a history of nine motor vehicle accidents resulting in a mis-healed collar bone. Appellant is unable to raise her left arm and lives independently. (Testimony). Appellant is functionally independent with mobility with a cane, independent with transfers, and has a shower chair. It was recommended appellant obtain grab bars for the bathroom. Appellant is independent with eating, toileting, mobility, meal preparation, getting in and out of bed and on and off toilet. (Testimony; Ex. 4, p. 12). She is dependent for long-haired care and for foot care and has documented minimal assistance with two other self-care tasks. (Testimony).

Appellant's PCM agency, ADLIB, Inc., submitted a prior authorization request on May 30, 2025 requesting 11 hours and 30 per week for one year. This request was denied on June 10, 2025 as the reviewer determined the documents provided for review did not support that appellant had 2 unmet ADL needs that are needed to qualify for the PCA program. The reviewer was able to identify other less costly options that had not been considered to assist appellant. This denial was sent to medical review and a physician agreed with the denial. (Testimony). The MassHealth representative stated appellant requested time for two ADLs, Bathing/grooming² and Dressing/Undressing. (Testimony).

Bathing:

Appellant requested 15 minutes of an episode, 1 episode a day, 7 days a week for Bathing. (Ex. 4, p. 23). MassHealth denied this request because appellant's documentation stated she was only having trouble with her left arm and the Occupational Therapist report recommended a shower chair. (Ex. 4, p. 13). The MassHealth representative stated she included in her evidence pictures of a shower chair. (Ex. 4, p. 66). The MassHealth representative stated MassHealth covers the cost of a shower chair and pays for Occupational Therapy services on an annual basis for up to 20 visits to teach appellant how to use the shower chair and other devices so appellant can do these things independently while waiting for her collarbone to heal. (Testimony). The MassHealth representative stated the shower chair allows someone to step in and out of the tub without stepping over the edge of the tub. The MassHealth representative also noted the pictures of the dressing aids in evidence. (Ex. 4, p. 67). The MassHealth representative testified that documents submitted state appellant has sufficient hand function to perform a host of activities and these dressing aids can help appellant reach parts of her body that are hard to reach. (Testimony).

Appellant stated she went to an orthopedic surgeon, and she has a frozen shoulder with scoliosis

¹ A registered nurse was also present but only observing.

² Under the regulations, Bathing and grooming are considered one ADL. 130 CMR 422.410 (A) (3).

and it will be about a year before she recovers. She described it as the ball of her left shoulder and said she cannot lift her left arm. She testified she would like a PCA for bathing. In response, the MassHealth representative stated she could not understand why appellant could not use her right hand as documents show appellant has sufficient functional ability to be independent with such things as toileting. She also stated she understands that appellant's shoulder hurts, but it gets tight due to lack of use and not using an extremity could be worse for appellant.

Grooming (nail care and hair care):

For nail care, appellant requested 20 minutes once a week and for hair care 20 minutes every day. (Testimony; Ex. 4, p. 25). MassHealth denied these requests because appellant has sufficient right upper extremity function to perform a host of tasks. The MassHealth representative stated these are excessive amounts of time and it is unclear why appellant cannot use her right hand, especially when she can use the right hand for other tasks. (Testimony). She also stated that an occupational therapist can assist appellant to work out compensations until appellant's shoulder has healed. (Testimony).

Appellant stated she also has a right shoulder injury that will not heal. The MassHealth representative testified that this information is not documented in appellant's submissions. I asked appellant if she called her PCM agency about this right shoulder injury and she stated she called and asked about the result of the evaluation. She stated her hair is "really long" and is harder to wash the way she is accustomed because she can't move her hair with only the use of one shoulder. Regarding nail care, she stated she goes to the salon to get them done and would need a ride there. She testified "on occasion I can paint my own nails." She testified, "I can use my hands, my left is hard because of my shoulder but I can use it a little bit and I can use my right hand." (Testimony).

Dressing/Undressing:

For Dressing, appellant requested 15 minutes an episode, 1 episode a day, 7 days a week with the same amount of time requested for Undressing. (Ex. 4, p. 27). The MassHealth representative stated the Occupational Therapy reviewer wrote appellant required minimum assistance with Dressing. (Ex. 4, p. 12). Time was denied because the description that appellant cannot grip, grasp or reach (Ex. 4, p. 27) for Dressing and Undressing is disputed by other documentation that appellant can grip, grasp and reach. The MassHealth representative noted in the Occupational Therapy report appellant was independent in Mobility, minimal assist in Bathing, independent in Toileting, minimal assist with Dressing, independent with Eating and independent with Medications. (Ex. 4, p. 12). The MassHealth representative argued that if someone can use a cane and perform all their own toileting, eating and medication tasks then they have sufficient hand function to learn how to use devices pictured in evidence. (Testimony; Ex. 4, pp. 66-73).

Appellant stated the Occupational Therapy person who was there doing the evaluation was in a hurry and had her sign her paperwork without allowing her to read it. The MassHealth representative reminded appellant the Occupational Therapy reviewer works for the PCM agency

and is there only to observe and not perform OT services. She stated appellant would need a prescription to obtain OT services.

Appellant made no argument about the time for Dressing and Undressing in her testimony.

Findings of Fact

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

1. Appellant is in her late [REDACTED] with a primary diagnosis of fibromyalgia, arthritis, asthma, chronic pain and a history of nine motor vehicle accidents resulting in a mis-healed collar bone. Appellant is unable to raise her left arm and lives independently. (Testimony).
2. Appellant's PCM agency, ADLIB, Inc., submitted a prior authorization request on May 30, 2025 requesting 11 hours and 30 per week for one year. This request was denied on June 10, 2025 as MassHealth determined the documents provided for review did not support that appellant had 2 unmet ADL needs that are needed to qualify for the PCA program. (Testimony).
3. This denial was sent to medical review and a physician agreed with the denial. (Testimony).
4. The Occupational Therapy report appellant is independent with eating, toileting, mobility, meal preparation, getting in and out of bed and on and off toilet. (Testimony; Ex. 4, p. 12).
5. Appellant requested time for Bathing and Grooming, which is classified as one ADL. (130 CMR 422.410 (A)(3)). Bathing was requested for 15 minutes a day, 1 episode a day, 7 days a week. (Ex. 4, p. 23). Regarding Grooming, for nail care, appellant requested 20 minutes once a week and for hair care 20 minutes every day. (Testimony; Ex. 4, p. 25).
6. MassHealth denied time for Bathing because appellant's documentation stated she was only having trouble with her left arm, and the Occupational Therapist report recommended a shower chair and MassHealth covers the cost of a shower chair and pays for OT services on an annual basis for up to 20 visits to teach appellant how to use the shower chair and other devices (Testimony; Ex. 4, p. 13).
7. MassHealth denied the requests for time for Grooming, nail care and hair care, because appellant has sufficient right upper extremity function to perform a host of tasks. The MassHealth deemed these requests for time as excessive and it is unclear why appellant cannot use her right hand, especially when she can use the right hand for other tasks. (Testimony).
8. For Dressing, appellant requested 15 minutes an episode, 1 episode a day, 7 days a week

with the same amount of time requested for Undressing. (Testimony; Ex. 4, p. 27).

9. MassHealth denied the time requested for Dressing/Undressing because the Occupational Therapy reviewer wrote appellant is independent in Mobility, minimal assist in Bathing, independent in Toileting, minimal assist with Dressing, independent with Eating and independent with Medications. (Ex. 4, p. 12).
10. Appellant can use both her hands and uses a cane for mobility. (Testimony; Appellant Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

422.416: PCA Program: Prior Authorization for PCA Services

(A) Initial Request for Prior Authorization for PCA Services. With the exception of 130 CMR 422.416(D), PCM agencies must submit the initial request for prior authorization for PCA services to the MassHealth agency within 45 calendar days of the date of the initial inquiry about a member to the PCM agency for PCA services. Requests for prior authorization for PCA services must include:

- (1) the completed MassHealth Application for PCA Services and MassHealth Evaluation for PCA Services;
- (2) the completed MassHealth Prior Authorization Request form;
- (3) any documentation that supports the member's need for PCA services. This documentation must:**
 - (a) identify a permanent or chronic disability that impairs the member's ability to perform ADLs and IADLs without physical assistance; and
 - (b) state that the member requires physical assistance with two or more ADLs as defined in 130 CMR 422.410(A).**
- (4) the completed and signed assessment of the member's ability to manage the PCA program independently. **(emphasis added)**.

PCA services requested must meet medical necessity criteria as defined at 130 CMR 450.204, below:

- (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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

In addition to being medically necessary as defined above, time requested for PCA services must comport with the following guidelines at 130 CMR 422.410:

(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. (**Emphasis added**).

(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. **(Emphasis added).**

422.403: Eligible Members

...

(C) MassHealth covers PCA 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 PCA services are authorized for the member in accordance with 130 CMR 422.416.

(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 PCM agency, requires physical assistance **with two or more of the ADLs as defined in 130 CMR 422.410(A).** **(Emphasis added).**

(4) The MassHealth agency has determined that PCA services are medically necessary.

MassHealth denied appellant's prior authorization requests for the ADLs of Bathing/grooming and Dressing/Undressing. (Testimony Ex. 4, pp. 23-27).

Bathing:

Appellant requested PCA assistance of 15 minutes an episode, 1 episode a day, 7 days a week for Bathing. MassHealth modified this to zero time. The MassHealth representative stated MassHealth denied the prior authorization for this task because there are devices and adaptive techniques that would allow appellant to do this task and they are a less costly option. MassHealth covers the cost of a shower chair and pays for Occupational Therapy services on an annual basis for up to 20 visits to teach appellant how to use the shower chair and other devices. Appellant has sufficient hand function to perform a host of activities.

I credit the MassHealth representative's testimony and find MassHealth's modification of time for Bathing to zero is supported by the record. Appellant did not request time for Mobility transfer or Toileting transfer and the record shows appellant can independently get in and out of bed and independently get on and off the toilet. I find appellant has the use of her hands and right arm which further negates her need for PCA assistance in Bathing. There are devices and teaching available covered by MassHealth at no cost to appellant. This is a medical service available and suitable for the appellant that is less costly to the MassHealth agency. There was no error in

MassHealth denying prior authorization for time for Bathing as their decision is supported by the record.

Regarding grooming, nail care, appellant requested 20 minutes an episode, 1 episode a day, 1 day a week for this task. Appellant requested 20 minutes an episode, 1 episode a day, 1 day a week for hair washing. MassHealth denied this prior authorization request because appellant has sufficient right upper extremity function to perform a host of tasks. More importantly, appellant testified “on occasion, I can paint my own nails” and she also stated, “I can use my hands.” (Appellant Testimony). The record also shows appellant is independent with medications and meal preparation. I find appellant has not shown a medical necessity for PCA assistance for nail care or hair washing as she has admitted she can use her hands. There was no error by MassHealth in denying time for these tasks.

Dressing/Undressing:

For Dressing, appellant requested 15 minutes an episode, 1 episode a day, 7 days a week with the same amount of time requested for Undressing. MassHealth modified this request to zero time. In the Occupational Therapy report appellant was found independent in Mobility, minimal assist in Bathing, independent in Toileting, minimal assist with Dressing, independent with Eating and independent with Medications. (Ex. 4, p. 12). As a less costly alternative, MassHealth recommends long-handled devices that are covered by MassHealth and to have an Occupational Therapist teach appellant how to use the devices effectively. The MassHealth representative argued that if someone can use a cane and perform all their own toileting, eating and medication tasks then they have sufficient hand function to learn how to use long handled devices pictured in evidence. I credit the testimony of the MassHealth representative and find the record supports MassHealth’s denial of time for this ADL. Appellant has not met her burden to show medical necessity for Dressing/Undressing and I find no error in MassHealth denying appellant’s request for time for this task.

I find there are other medical services, long-handled devices and appropriate training provided by an Occupational Therapist, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Therefore, I find appellant has failed to show medical necessity for at least 2 ADLs and any discussion regarding the prior authorization request for IADLs is unnecessary. The appeal is denied.

Order for MassHealth

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.

Thomas Doyle
Hearing Officer
Board of Hearings

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