

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509327
Decision Date:	9/24/2025	Hearing Date:	07/23/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	08/06/2025

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, 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:	Denied	Issue:	Prior Authorization – Personal Care Attendant (PCA) Services
Decision Date:	9/24/2025	Hearing Date:	07/23/2025
MassHealth’s Rep.:	Kelly Rayen, 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 06/13/2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services from a requested 24 hours and 00 minutes (24:00) hours per week to 6.00 hours per week for the dates of service from 06/24/2025 to 06/23/2026 (130 CMR 422.410; Exhibit 1). On 06/23/2025 a timely appeal was filed by the appellant’s mother (130 CMR 610.015(B); Exhibit 2). Individual MassHealth agency determinations regarding scope and amount of assistance (including, but not limited to, level-of-care determinations) are valid grounds for appeal (130 CMR 610.032).

A fair hearing was held before the Board of Hearings on 07/23/2025. The appellant, a minor child, was represented by her mother. At the fair hearing, the appellant’s representative requested time to submit a letter from the appellant’s physician in support of the request for PCA time. The request was granted, and the record remained open in this matter until 07/30/2025 for the appellant’s submission and until 08/06/2025 for MassHealth’s response (Exhibit 5). Both parties made submissions during the record open period (appellant’s submission has been marked as Exhibit 6 and MassHealth’s response, Exhibit 7).

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

Both the appellant's representative and the MassHealth representative appeared telephonically. Exhibits were admitted into evidence (1-4).

The MassHealth representative testified that she is a registered nurse who works for Optum, the MassHealth contractor that makes the personal care attendant (PCA) decisions. She testified that on 06/06/2025 a prior authorization request (PA) for PCA services was received on appellant's behalf from her PCA agency (PCM), [REDACTED] ("PCM," or "provider"), for the dates of service of 06/24/2025 to 06/23/2026. In the PA request for PCA services (Exhibit 4), the provider requested 24:00 hours per week of PCA assistance. The appellant is a minor child, who lives with her family in the community. She has a primary diagnosis of [REDACTED] (Exhibit 4).

MassHealth provides 26:15 weekly hours of Home Health Aide (HHA)¹ services to the appellant. She also receives weekly physical therapy in a hospital setting (Exhibit 4).

The Optum representative testified that on 06/13/2025 MassHealth modified the PCA request to 6:00 hours per week. Modifications were made to the PA request in the activities of daily living (ADL) tasks of passive range of motion exercises (PROM), overnight toileting, assistance with bi-pap, and in the instrumental activity of daily living (IADL) task of laundry.

Passive Range of Motion (PROM)

The appellant's PCM requested 5 minutes, 4 times per day, 7 days per week (1 X 6 X 7) for each upper extremity and each lower extremity for assistance with passive range of motion exercises. The provider noted that the appellant "requires PROM daily to promote strength and mobility and stretching" (Exhibit 4). MassHealth requested additional information about the request for PROM and it sent a "deferral" request to the provider. In response the provider noted that the appellant

¹ MassHealth's Home Health Aide program is separate from the Personal Care Attendant program, which is the subject of this appeal.

has low muscle tone and requires the PROM to build strength and to promote muscle tone.”

MassHealth denied the request for PCA time for assistance with PROM. The MassHealth representative testified that, according to the documentation included with the PA request, the appellant has sufficient functional ability to perform the exercises independently. The MassHealth representative cited to the provider’s notes in PA request that state the evaluator observed the appellant “in home sit to stand from kitchen chair, able to independently ambulate up and down stairs, no functional deficits noted. observed sitting leg over leg, WNL²” (Exhibit 4, p. 17). The MassHealth representative testified that she denied the request for passive range of motion exercise for each upper and lower extremities because the appellant has active range of motion and as such, PCA assistance for active range of motion exercise is not a covered service. Additionally, passive range of motion exercise is indicated only for someone who is unable to move her own limbs on her own.

The appellant, a minor child, was represented in this matter by her mother. The mother testified that the appellant suffers from [REDACTED] and has “bone pieces in her body,” which cause her pain. The PCA assists the appellant to stretch her limbs. The mother testified that the PROM helps the appellant to be able to “do more.”

Overnight Toileting

The appellant’s PCA provider requested 5 X 1 X 7 for assistance with overnight toileting/bladder care. The provider noted that the appellant requires “physical assist with toilet hygiene, physical assist with changing absorbent product. [The appellant] is continent of bowel and bladder, she is incontinent overnight due to [REDACTED] requires overnight changing to decrease risk for infection, [the appellant] is unable to manage hygiene after BM risk for infection” (Exhibit 4, p. 25).

MassHealth denied the request for assistance with overnight toileting. The MassHealth representative testified that the appellant has been provided a number of absorbency products by MassHealth, including under pads and “pull-ups.” The MassHealth representative testified that the appellant was not approved for overnight toileting last year. She cited to the PA request that does not include any information about waking the appellant at night to change her “pull-up.” The MassHealth representative testified that the “pull-ups” the appellant wears at night should not cause skin breakdown. She concluded that the provider made no request for time during the day for this task. She concluded that there is no documentation to show why overnight toileting assistance is required.

The appellant’s mother testified that the appellant is incontinent at night. She has at least two accidents every night. The PCA must change the bed linens and the appellant’s “pull-ups.” She

² WNL is an abbreviation of “within normal limits.”

often has “soaked sheets,” because the “pull-ups” fail and the appellant can suffer from skin breakdown if she is left wet.

The appellant’s mother requested an opportunity to submit additional documentation in support of her request for overnight toileting. Her request was granted, and the record remained open in this matter until 07/30/2025 for the appellant’s submission and until 08/06/2025 for MassHealth’s response (Exhibit 5).

On 07/24/2025, the appellant submitted a letter from the appellant’s physician, which states, in pertinent part: the appellant is a child under her care, who is followed closely by the physician who is a pediatric nephrologist “due to her complex medical needs.” The physician writes:

[the appellant] has a rare genetic [REDACTED] disorder known as [REDACTED]

[REDACTED] As a result of this condition, [she] is completely dependent on overnight diapering and skin care, requiring vigilant attention throughout the night. Due to her extremely sensitive skin and concentrated urine—a result of calcium imbalance—[the appellant] is at high risk for skin irritation, rashes, calcifications, and skin breakdown. Immediate diaper changes, gentle cleansing, and the application of prescribed creams are essential to prevent further dermatologic complications. Without appropriate and timely care, her condition can lead to significant discomfort, infection, and long-term dermatologic damage. Furthermore, [the appellant] has been diagnosed with severe obstructive sleep apnea and is currently prescribed CPAP therapy. However, she does not tolerate the device well and frequently requires hands-on support during the night to reposition and secure the mask to ensure proper usage and avoid apnea episodes. For these reasons, overnight PCA care is medically necessary to ensure [the appellant’s] safety, comfort, and health. The PCA provides essential support for her skin management, hygiene, and respiratory needs, and plays a critical role in helping her maintain a stable medical condition during nighttime hours.

(Exhibit 6.)

On 07/30/2025, MassHealth submitted its response (Exhibit 7). The MassHealth representative wrote that she received the letter from the appellant’s physician.

The letter states [the appellant] is completely dependent on overnight diapering and skin care, **requiring vigilant attention throughout the night** (Monitoring is a noncovered service). The letter also documents that [the appellant] is at high risk for skin irritation, rashes, calcifications and skin breakdown. Immediate diaper changes, gentle cleansing and the application of Prescribed creams (parental responsibility) are essential to prevent further dermatologic complications. The letter also addresses the appellants’ CPAP needs during overnight hours, which were not requested by [REDACTED]

MassHealth does not dispute the appellants diagnosis. The MassHealth packet (Exhibit 4), page 12 documents the appellants medication list, there are no prescription creams as mentioned in the letter from [REDACTED]. Page 20 within the packet, bathing comments, "Consumer requires minimal hands-on assistance with washing peri area as consumer is incontinent overnight and requires increased washing to decrease risk for infection". MassHealth approved the requested 5 minutes per day for PCA assistance with incontinence washing due to incontinence overnight. Page 25 of the packet, toileting comments "consumer is **continent** of bowel and bladder, consumer is incontinent overnight due to [REDACTED], requires overnight changing to decrease risk for infection".

The appellant has active prior authorizations in effect for **120 under pads** per month, **60 liners** per month, **2 large re-usable under pads** per month, and **98 pullups** per month. The appellant is also approved for Home Health Aid assistance of 26 hours and 15 minutes per week. Page 50 of the packet, the clinical documentation from the Registered Nurse assessment of the HHA agency documented **no changes in skin or reddened areas**, HHA is to provide skin care and peri-care as needed.

After review of the document submitted by the appellants' representative, the requested time for assistance with nighttime toileting remains denied. The appellant is approved for numerous absorbent products. Pullups are designed for incontinence and can typically hold anywhere from 3-50 oz of fluid. The appellant has liners which generally hold 8-24 oz of fluid. The appellants mother who is also her HHA could apply barrier ointment to the appellants skin before bed, a task she is approved to perform per the HHA Clinical Care Plan on Page 50 of the MassHealth packet. Furthermore, the appellants representative testified the appellant does not wake up due to soiling of her incontinence brief, she testified the "**PCA checks** on her and changes the pullup while she is sleeping."

The letter submitted and the testimony both support monitoring which is a noncovered service. Furthermore, MassHealth would not provide the number of absorbent products for the appellant if they were not clinically effective for consumers. MassHealth stands by the denial for nighttime toileting. The appellant has not had a change in health status, she has a myriad of absorbent products, and she does not have any signs or symptoms of skin breakdown or infection. She did not have PCA assistance overnight last year and had the same services in place.

(Exhibit 7; ***Emphasis in original.***)

Bi-Pap Machine

The appellant's PCM requested 10 X 1 X 7 for assistance with the bi-pap machine. The provider

noted that the “CPAP time [is] to fill chamber and apply to face.”

MassHealth modified the time requested for this task to 5 X 1 X 7. The MassHealth representative testified that the time requested exceeds the normal amount of time necessary for this task for someone with the appellant’s abilities.

The appellant’s mother testified that the appellant has autism and “doesn’t want to put on the mask.” It “takes more than 10 minutes.” The mother explained that it is a slow process because the appellant cries and resists the mask.

The MassHealth representative responded that the time requested for this task “sounds like intervention to help her calm down.” The MassHealth representative testified that time is only approved for “hands on” services. Helping the appellant calm down is not a covered service.

Laundry

The appellant’s PCA provider requested 45 minutes per week for assistance with laundry. The provider noted that “due to nighttime soiling consumer has an excess of laundry and it is washed separate from household laundry” (Exhibit 4, p. 34).

MassHealth denied the requested time for assistance with laundry. The MassHealth representative testified that the appellant is a minor child who lives with her parents. According to MassHealth regulations, instrumental activities of daily living, such as laundry assistance, should be provided to a minor child as a parental responsibility. Also, the Home Health Aide program provides time to the appellant that can be used for laundry services.

The appellant’s mother testified that the denial of PCA time for assistance with laundry “is fine.”

Findings of Fact

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

1. On 06/06/2025 a prior authorization request (PA) for PCA services was received on appellant’s behalf from her PCA agency (PCM), [REDACTED] “PCM,” or “provider”), for the dates of service of 06/24/2025 to 06/23/2026 (Testimony; Exhibits 1 and 4).
2. The appellant is a minor child, who lives with her family in the community. She has a primary diagnosis of [REDACTED] (Testimony; Exhibit 4).

3. In the PA request for PCA services, the provider requested 24:00 hours per week of PCA assistance (Testimony; Exhibit 4).
4. On 06/13/2025 MassHealth modified the PCA request to 6:00 hours per week. Modifications were made to the PA request in the activities of daily living (ADL) tasks of passive range of motion exercises (PROM), overnight toileting, assistance with bi-pap, and in the instrumental activities of daily living (IADL) task of laundry (Testimony; Exhibits 1 and 4).
5. The appellant filed her timely request for a fair hearing with the Board of Hearings on 06/23/2025. A fair hearing was held on 07/23/2025 (Exhibits 2 and 3).
6. MassHealth provides 26:15 weekly hours of Home Health Aide (HHA) services to the appellant. She also receives weekly physical therapy in a hospital setting (Testimony; Exhibit 4).
7. The appellant's PCM requested 5 minutes, 4 times per day, 7 days per week (5 X 4 X 7) for each upper extremity and each lower extremity for assistance with passive range of motion exercises. The provider noted that the appellant "requires PROM daily to promote strength and mobility and stretching" (Exhibit 4).
8. MassHealth requested additional information about the request for PROM and it sent a "deferral" request to the provider. In response the provider noted that the appellant has low muscle tone and requires the PROM to build strength and to promote muscle tone." (Testimony; Exhibit 4).
9. MassHealth denied the request for assistance with PROM.
10. The appellant is able to independently move her extremities.
11. MassHealth PROM assistance is not available to those who can engage in active range of motion exercises.
12. The appellant's PCA provider requested 5 X 1 X 7 for assistance with overnight toileting/bladder care. The provider noted that the appellant requires "physical assist with toilet hygiene, physical assist with changing absorbent product. [The appellant] is continent of bowel and bladder, she is incontinent overnight due to [REDACTED] requires overnight changing to decrease risk for infection, [the appellant] is unable to manage hygiene after BM risk for infection" (Testimony; Exhibit 4).
13. MassHealth denied the request for assistance with overnight toileting (Testimony; Exhibit 4).

14. The appellant's mother requested an opportunity to submit additional documentation in support of her request for overnight toileting. Her request was granted, and the record remained open in this matter until 07/30/2025 for the appellant's submission and until 08/06/2025 for MassHealth's response (Exhibit 5).
15. Both parties made submissions during the record open (Exhibit 6 is the appellant's submission and Exhibit 7, MassHealth's response).
16. The appellant has been provided a number of absorbency products by MassHealth, including under pads and "pull-ups."
17. The PA request that does not include any information about waking the appellant at night to change her "pull-up."
18. The MassHealth representative testified that the "pull-ups" the appellant wears at night should not cause skin breakdown.
19. The appellant's provider noted that the appellant "is continent of bowel and bladder, [she] is incontinent overnight due to [REDACTED] requires overnight changing to decrease risk for infection" (Testimony; Exhibit 4).
20. Appellant's physician wrote "as a result of [the appellant's] condition, [she] is completely dependent on overnight diapering and skin care, requiring vigilant attention throughout the night" (Testimony; Exhibit 6).
21. The appellant has active prior authorizations in effect for 120 under pads per month, 60 liners per month, 2 large re-usable under pads per month, and 98 pullups per month. The appellant is also approved for Home Health Aid assistance of 26 hours and 15 minutes per week. The clinical documentation from the Registered Nurse assessment of the HHA agency documented no changes in skin or reddened areas, HHA is to provide skin care and peri-care as needed (Testimony; Exhibit 7).
22. The appellant's PCM requested 10 X 1 X 7 for assistance with the bi-pap machine. The provider noted that the "CPAP time [is] to fill chamber and apply to face" (Testimony; Exhibit 4).
23. MassHealth modified the request for PCA time for bi-pap machine to 5 X 1 X 7 (Testimony; Exhibit 4).
24. The MassHealth representative testified that the time approved does not cover time for intervention to help the appellant calm down. Only "hands-on" time can be approved

(Testimony; Exhibits 4 and 7).

25. The appellant's PCA provider requested 45 minutes per week for assistance with laundry. The provider noted that "due to nighttime soiling consumer has an excess of laundry and it is washed separate from household laundry" (Testimony; Exhibit 4).
26. MassHealth denied the request for PCA time for laundry assistance.
27. The MassHealth representative testified that the appellant is a minor child who lives with her parents.
28. The appellant's mother testified she is "fine" with the denial of PCA time for assistance with laundry (Testimony).

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.

(Emphasis added.)

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.

(Emphasis added.)

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 services in the activities of daily living (ADL) tasks of PROM, overnight toileting, assistance with bi-pap machine, and the instrumental activity of daily living (IADL) task of assistance with laundry.

Passive Range of Motion Exercises (PROM)

Appellant's provider requested 5 minutes, 4 times per day, 7 days per week (5 X 4 X 7) for each upper extremity and each lower extremity for assistance with passive range of motion exercises. The provider noted that the appellant "requires PROM daily to promote strength and mobility and stretching." MassHealth denied the time requested for assistance with PROM, based on the MassHealth representative's testimony that PROM is only approved for a member who cannot independently move her extremities. In this case, the appellant was observed independently sitting to standing from kitchen chair. She is also able to independently ambulate up and down stairs, with no functional deficits noted.

MassHealth's denial of PCA time to assist with PROM is supported by the facts in the hearing record, as well as the regulations. The appellant is able to independently move her extremities. This portion of the appeal is therefore denied.

Overnight Toileting

The appellant's PCA provider requested 5 X 1 X 7 for assistance with overnight toileting/bladder care. The provider noted that the appellant requires "physical assist with toilet hygiene, physical assist with changing absorbent product. [The appellant] is continent of bowel and bladder, she is incontinent overnight due to [REDACTED] requires overnight changing to decrease risk for infection, [the appellant] is unable to manage hygiene after BM risk for infection." MassHealth denied the request for assistance with overnight toileting. The appellant's mother requested an opportunity to submit additional documentation in support of her request for overnight toileting. Her request was granted, and the record remained open in this matter until 07/30/2025 for the appellant's submission and until 08/06/2025 for MassHealth's response.

During the record open period, the appellant's mother submitted a letter from the appellant's

physician that states “as a result of [the appellant’s] condition, [she] is completely dependent on overnight diapering and skin care, requiring vigilant attention throughout the night.” MassHealth responded that The PA request that does not include any information about waking the appellant at night to change her “pull-up,” and that the “pull-ups” the appellant wears at night should not cause skin breakdown.

MassHealth also cited to the PA request that included information that the appellant’s provider noted that the appellant “is continent of bowel and bladder, [she] is incontinent overnight due to [REDACTED] requires overnight changing to decrease risk for infection.” According to MassHealth, the appellant has active prior authorizations in effect for 120 under pads per month, 60 liners per month, 2 large re-usable under pads per month, and 98 pullups per month. The appellant is also approved for Home Health Aid assistance of 26 hours and 15 minutes per week. The clinical documentation from the Registered Nurse assessment of the HHA agency documented no changes in skin or reddened areas, HHA is to provide skin care and peri-care as needed.

MassHealth argued that the time requested for overnight toileting is for monitoring the appellant for nighttime accidents, is not a covered service, as it involves assistance provided in the form of cueing, prompting, supervision, guiding, or coaching. MassHealth’s denial of time for assistance with overnight toileting is supported by the facts in the hearing record, as well as the regulations above. This portion of the appeal is therefore denied.

Bi-Pap

The appellant’s PCM requested 10 X 1 X 7 for assistance with the bi-pap machine. The provider noted that the “CPAP time to fill chamber and apply to face.” MassHealth modified the request for PCA time for bi-pap machine to 5 X 1 X 7. The MassHealth representative testified that the time approved does not cover time for intervention to help the appellant calm down. Only “hands-on” time can be approved. The appellant’s mother testified that the PCA must help calm down the appellant so she will wear the bi-pap mask. MassHealth’s modification is supported by the facts in the hearing record and the above regulations. This portion of the appeal is therefore denied.

Laundry

The appellant’s PCA provider requested 45 minutes per week for assistance with laundry. The provider noted that “due to nighttime soiling consumer has an excess of laundry and it is washed separate from household laundry.” The MassHealth representative testified that the appellant is a minor child who lives with her parents and the MassHealth regulations considers IADLs for a minor child as parental responsibilities. The appellant’s mother testified she is “fine” with the denial of PCA time for assistance with laundry. This portion of the appeal is therefore denied.

For the foregoing reasons, this 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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