

Office of Medicaid

BOARD OF HEARINGS

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2509706
Decision Date:	09/23/2025	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:	09/23/2025	Hearing Date:	07/22/2025
MassHealth's Rep.:	Robin Brown	Appellant's Rep.:	Pro se ¹
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 9, 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 30, 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

¹ Appellant had appointed his girlfriend as his appeal representative on the fair hearing request form but at hearing he stated he would represent himself. His girlfriend was present, was sworn and testified on his behalf.

MassHealth was represented by an occupational therapist. (MassHealth representative).² 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 a male in his [REDACTED] who lives with his girlfriend and two children. Appellant has a primary diagnosis of a left below knee amputation with a non-healing wound; renal failure, anxiety, depression and numbness and tingling in hands. The MassHealth representative noted an Occupation Therapy (OT) report in evidence. (Ex. 4, p. 11). This report states appellant's physician does not want appellant to wear his prosthesis for his leg because of the wound. When appellant wears the prosthesis, he is able to complete transfers to and from bed, couch and toilet with close supervision. When wearing the prosthesis, appellant ambulates with good balance. Without the prosthesis, appellant uses crutches, and his balance is more impaired, and he needs more assistance for the tub and stairs. He also requires some assistance with standing aspects of lower body ADLs. When appellant is wearing the prosthesis, he is independent with upper body ADLs and appellant can independently put his prosthesis onto his wound. (Testimony; Ex. 4, pp. 11-14). The MassHealth representative noted the OT report indicated appellant needs some assistance with showering but would benefit from a transfer tub bench to shower in a seated position. The OT report stated appellant's ability to safely complete most IADLs is limited by his ability to wear the prosthesis. The OT report also states appellant would benefit from reassessment once his wound has healed and the prosthetic fits more securely because it may be assumed that appellant's functional status would improve significantly. (Testimony; Ex. 4, pp. 13-14). The MassHealth representative stated the OT report also recommended appellant obtain, along with the transfer tub bench, a wheeled walker, a handheld shower, grab bars and a urinal. (Testimony; Ex. 4, p. 13).

Appellant's PCM agency, [REDACTED], submitted a prior authorization request on May 29, 2025 requesting 15 hours per week for one year. This request was denied on June 9, 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 MassHealth representative stated the documents submitted by the PCM agency suggested that appellant's condition was not chronic but was caused by problems with his leg wound. The reviewer was also able to identify other less costly options that had not been considered to assist appellant.

Appellant requested prior authorization for 3 ADLs, Bathing (grooming),³ Dressing (undressing)⁴ and Assistance with Medications. (Testimony; Ex. 4).

Bathing:

Appellant requested 20 minutes an episode, 1 episode a day, 7 days a week for Bathing. (Ex. 4, p. 23). After reading the comments made by the reviewing nurse (Ex. 4, p. 24) the MassHealth

² A registered nurse was also present but only observing.

³ Grooming is included in the ADL of Bathing. (130 CMR 422.410 (A)(3)).

⁴ Undressing is included in the ADL of Dressing. (130 CMR 422.410 (A)(4)).

representative stated that normally people that have an amputation use their prosthesis to sit on the transfer tub bench and then swing their legs into the shower. Also available would be a wheelchair where appellant could enter the bathroom, "scoot over" to the transfer bench and then swing his lower extremities over the tub and into the shower. The MassHealth representative noted this would be a safe and independent way to shower and MassHealth denied time for this task because of a lack of medical necessity. (Testimony).

Appellant testified he has a "tub bench but in the past it has not been a help. My girlfriend does help me get in and out and she helps dry me off." He stated he has had many falls because his girlfriend was not there to help him. The MassHealth representative asked appellant if he was standing when he fell and appellant stated he was trying to get out of the tub. The MassHealth representative asked appellant if he had the larger transfer shower chair and if he replaced it with a smaller chair. Appellant said yes because the bigger chair broke and the MassHealth representative told appellant MassHealth would pay for another bigger transfer chair. Appellant stated he did not bathe with the larger transfer shower chair because he felt he did not get as clean as when he kneeled in the tub, which is how he takes a shower. I asked appellant to clarify that he does not use a transfer bench at all, and he stated he does not use any transfer bench.

Grooming (nail care and shaving):

Appellant requested 3 minutes an episode, 1 episode a day, 1 day a week for nail care. (Ex. 4, p. 25). Appellant requested time for this task because he needs assistance to cut right foot toenails. The MassHealth representative stated time was denied because the Occupational Therapist wrote appellant is independent with seated aspects of lower body ADLs (Ex. 4, p. 14) and independent with the grooming. (Ex. 4, p. 12). Appellant requested 5 minutes an episode, 1 episode a day, 2 days a week for shaving. (Ex. 4, p. 25). The PCM agency requested time for this task because of neuropathy of appellant's hands. (Id). The MassHealth representative stated MassHealth denied time for this task because appellant did not ask for time for other tasks requiring hand function, such as Eating or Toileting.

Appellant stated he did not really have anything to say regarding shaving or nail care. He stated his girlfriend helps him with shaving and he is on medication for nerve issues. (Appellant Testimony).

Dressing/Undressing:

For Dressing, appellant requested 5 minutes an episode, 1 episode a day, 1 day a week with the same amount of time requested for undressing. (Ex. 4, p. 27). The MassHealth representative noted the comment section stated appellant is independent with dressing upper body. Regarding the comment appellant needs assistance with donning and doffing right leg compression stocking, shoes and socks, the MassHealth representative stated the Occupational Therapy report notes appellant can do these things when seated. (Testimony; Ex. 4, p. 14). The MassHealth representative argued that no time was asked for Toileting, meaning appellant can complete his lower body dressing involved with toileting because he is sitting down. (Testimony; Ex. 4, p. 29).

When asked, appellant stated it was true he is independent with dressing his upper body. He stated his girlfriend helps him with his shoes and compression socks and she helps him to pull up his boxers. (Testimony). Regarding undressing, appellant stated his girlfriend helps get his shoes and socks off. He stated he can take off his boxers and shorts off himself. He tries to wear shorts as much as he can because he needs help sometimes with removing long pants. (Testimony).

Assistance with Medications:

Appellant requested 2 minutes an episode, 6 episodes a day, 7 days a week for this task. (Ex. 4, p. 31). The MassHealth representative stated time was denied for this task appellant has sufficient hand functioning to perform toileting and eating tasks. As to any need for time for this task due to memory loss, she stated this would mean appellant would need a reminder and that would be seen as supervision and that is not covered by the PCA regulations. (Testimony; 130 CMR 422.412 (C)). She stated this task deals with physical assistance where someone is unable to manipulate the medication or is unable to get the medication to their mouth or open a container where the medication is stored. (Testimony).

Appellant stated his girlfriend brings him the medication and he takes them. He stated he takes his medication 3 times a day and that he is "bad" taking his medications. (Testimony). Appellant's girlfriend testified and stated she was worried about appellant's memory. She stated if she is not there to remind appellant to take his medications, he will not remember to take them. She also stated appellant's balance is bad. (Testimony). The MassHealth representative stated MassHealth would pay for physical training to help appellant with his balance.⁵

Findings of Fact

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

1. Appellant is a male in his late [REDACTED] who lives with his girlfriend and two children and has a primary diagnosis of a left below knee amputation with a non-healing wound; renal failure, anxiety, depression and numbness and tingling in hands. (Testimony; Ex. 4, p. 16).
2. Appellant's PCM agency, [REDACTED], submitted a prior authorization request on May 29, 2025 requesting 15 hours per week for one year. This request was denied on June 9, 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).

⁵ Appellant requested time for Other Healthcare Needs. (Ex. 4, p. 33). The MassHealth representative testified she was providing no testimony regarding time for this request because this task is not specified in the regulations as a separate ADL. (See 130 CMR 422.410 (A)). I asked her if she knew why it was requested and she stated it was most likely a clerical error.

3. Appellant wears a prosthesis on his left leg. (Testimony).
4. When appellant wears the prosthesis, he is able to complete transfers to and from bed, couch and toilet with close supervision. When wearing the prosthesis, appellant ambulates with good balance. Without the prosthesis, appellant uses crutches, and his balance is more impaired, and he needs more assistance for the tub and stairs. He also requires some assistance with standing aspects of lower body ADLs. When appellant is wearing the prosthesis, he is independent with upper body ADLs and appellant can independently put his prosthesis onto his wound. (Testimony; Ex. 4, pp. 11-14).
5. Appellant requested prior authorization for 3 ADLs, Bathing (grooming), Dressing (undressing) and Assistance with Medications. (Testimony; Ex. 4).
6. The Occupational Therapy report also recommended appellant obtain a transfer tub bench, a wheeled walker, a handheld shower, grab bars and a urinal. (Testimony; Ex. 4, p. 13).
7. Regarding the level of assist for ADLs, appellant is minimal assist with Mobility, Dressing and Bathing and Independent with grooming, Toileting and Assistance with Medications. (Ex. 4, p. 12).
8. Appellant requested time for Bathing and grooming, which is classified as one ADL. (130 CMR 422.410 (A)(3)). Bathing was requested for 20 minutes a day, 1 episode a day, 7 days a week. (Ex. 4, p. 23). Grooming, nail care, was requested at 3 minutes an episode, 1 episode a day, 1 day a week for lower body nail care. (Testimony; Ex. 4, p. 20). Appellant requested 5 minutes an episode, 1 episode a day, 2 days a week for shaving. (Ex. 4, p. 25).
9. MassHealth denied the request for time for Bathing because there are other less costly alternatives available to appellant. MassHealth denied time for nail care time because the Occupational Therapist report indicates appellant is independent with seated aspects of lower body ADL (Ex. 4, p. 14) and independent with the grooming. (Ex. 4, p. 12). MaasHealth denied requested time for shaving because appellant did not ask for time for other tasks requiring hand function, such as Eating or Toileting. (Testimony).
10. For Dressing and undressing, which is classified as one ADL, (130 CMR 422.410 (A)(4)), appellant requested time for Dressing at 5 minutes an episode, 1 episode a day, 1 day a week with the same amount of time requested for undressing. (Ex. 4, p. 27). MassHealth denied time because appellant is independent with dressing upper body and the Occupational Therapy report notes appellant can do these things when seated. (Testimony; Ex. 4, p. 14). No time was asked for Toileting, meaning appellant can complete his lower body dressing involved with toileting because he is sitting down. (Testimony; Ex. 4, p. 29).

11. For Assistance with Medications, appellant requested 2 minutes an episode, 6 episodes a day, 7 days a week for this task. (Ex. 4, p. 31). MassHealth denied the requested time for this task appellant has sufficient hand functioning to perform toileting and eating tasks. As to any need for time for this task due to memory loss, this would mean appellant would need a reminder, which is supervision and that is not covered by the PCA regulations. (Testimony; 130 CMR 422.412 (C)).

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).

130 CMR 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).**

130 CMR 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 requested prior authorization for 3 ADLs, Bathing (grooming), Dressing (undressing) and Assistance with Medications. (Testimony; Ex. 4).

Bathing:

Appellant requested 20 minutes an episode, 1 episode a day, 7 days a week for Bathing. The MassHealth representative stated that normally people that have an amputation use their prosthesis to sit on the transfer tub bench and then swing their legs into the shower. Also available would be a wheelchair where appellant could enter the bathroom, "scoot over" to the transfer bench and then swing his lower extremities over the tub and into the shower. The MassHealth representative noted this would be a safe and independent way to shower and MassHealth denied time for this task because of a lack of medical necessity. Appellant testified he has a "tub bench but in the past it has not been a help. My girlfriend does help me get in and out and she helps dry me off." The MassHealth representative asked appellant if he was standing when he fell and appellant stated he was trying to get out of the tub. The MassHealth representative asked appellant if he had the larger transfer shower chair and if he replaced it with a smaller chair. Appellant said yes because the bigger chair broke and the MassHealth representative told appellant MassHealth would pay for another bigger transfer chair. Appellant stated he did not bathe with the larger transfer shower chair because he felt he did not get as clean as when he kneeled in the tub, which is how he takes a shower. I asked appellant to clarify that he does not use a transfer bench at all, and he stated he does not use any transfer bench. The

record shows there are less costly alternatives available to appellant to enable him to shower. Appellant does not use a transfer shower bench at present but has in the past. I credit the testimony of the MassHealth representative that the transfer bench is a safe method for appellant to get in and out of the tub and it is a less costly alternative for MassHealth. I find appellant has not shown medical necessity for this task and therefore, he has not met his burden regarding time requested for Bathing. The part of the appeal is denied.

Grooming (nail care and shaving):

Appellant requested 3 minutes an episode, 1 episode a day, 1 day a week for nail care. Appellant requested time for this task because he needs assistance to cut right foot toenails. The MassHealth representative stated time was denied because the Occupational Therapist wrote appellant is independent with seated aspects of lower body ADL and independent with grooming. Appellant requested 5 minutes an episode, 1 episode a day, 2 days a week for shaving. The PCM agency requested time for this task because of neuropathy of appellant's hands. The MassHealth representative stated MassHealth denied time for this task because appellant did not ask for time for other tasks requiring hand function, such as Eating or Toileting. Appellant stated he did not really have anything to say regarding shaving or nail care. He stated his girlfriend helps him with shaving and he is on medication for nerve issues. I credit the testimony of the MassHealth representative and the record before me. The Occupational Therapist found appellant is independent with grooming and other tasks that require the use of the hands, namely Toileting and Eating. Appellant has provided insufficient evidence showing the need for time for these tasks. Appellant has failed to show medical necessity for these tasks and therefore has not met his burden. This part of the appeal is denied.

Dressing/Undressing:

For Dressing, appellant requested 5 minutes an episode, 1 episode a day, 1 day a week with the same amount of time requested for undressing. The record shows appellant is independent with dressing upper body. Regarding the comment appellant needs assistance with donning and doffing right leg compression stocking, shoes and socks, the Occupational Therapy report notes appellant can do these things when seated. No time was asked for Toileting, indicating appellant can complete his lower body dressing involved with toileting because he is sitting down. When asked, appellant stated it was true he is independent with dressing his upper body. He stated his girlfriend helps him with his shoes and compression socks and she helps him to pull up his boxers. Regarding undressing, appellant stated his girlfriend helps get his shoes and socks off. He stated he can take off his boxers and shorts off himself. He tries to wear shorts as much as he can because he needs help sometimes with removing long pants. The record does not support appellant's arguments arguing for the need for a PCA for Dressing and undressing. He can dress and undress his upper body and complete his undressing in a seated position. Appellant has provided insufficient evidence showing the need for time for these tasks. Appellant has failed to show medical necessity for these tasks and therefore has not met his burden. This part of the appeal is denied.

Assistance with Medications:

Appellant requested 2 minutes an episode, 6 episodes a day, 7 days a week for this task. Time was denied for this task appellant has sufficient hand functioning to perform toileting and eating tasks. As to any need for time for this task due to memory loss, this indicates appellant would need a reminder, which is a supervision function, which is not covered by the PCA regulations. (130 CMR 422.412 (C)). The MassHealth representative stated this task deals with physical assistance where someone is unable to manipulate the medication or is unable to get the medication to their mouth or open a container where the medication is stored. Appellant stated his girlfriend brings him the medication and he takes them. Appellant's girlfriend testified and stated she was worried about appellant's memory. She stated if she is not there to remind appellant to take his medications, he will not remember to take them. I credit the testimony of the MassHealth representative and find that requesting someone to be with appellant when he takes his medications is supervision, which is not covered by the PCA regulations. Appellant admitted he takes his own medications which indicates no need for the assistance of a PCA. Appellant has provided insufficient evidence showing the need for time for these task. Appellant has failed to show medical necessity for this task and therefore has not met his burden. This part of the appeal is denied.

I find there are other medical services, 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

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