

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in Part; Denied in Part	Appeal Number:	2509735
Decision Date:	8/14/2025	Hearing Date:	07/31/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Donna Burns, R.N., for 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:	Approved in Part; Denied in Part	Issue:	Prior Authorization; Personal Care Attendant Services
Decision Date:	8/14/2025	Hearing Date:	07/31/2025
MassHealth's Rep.:	Donna Burns, R.N.	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Quincy)	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 24, 2025, MassHealth modified the appellant's prior authorization request for renewal of personal care attendant services. *See* 130 CMR 450.024(A), 130 CMR 422.10(A)(7), 130 CMR 422.410(B)(1) and Exhibit 1. The appellant filed this appeal in a timely manner on June 30, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to restrict a member's assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for renewal of personal care attendant (PCA) services.

Issues

The appeal issues are whether MassHealth acted within the scope of the regulations in modifying the appellant's prior authorization request for a renewal of PCA services, and whether the appellant may request, at the hearing, more hours than listed on his prior authorization request.

Summary of Evidence

The appellant is an adult MassHealth member under the age of [REDACTED] who currently receives PCA services through MassHealth. MassHealth was represented by a clinical appeals reviewer and registered nurse for Optum, which manages MassHealth's PCA program. All parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence presented:

The appellant suffers from diagnoses of paraplegia, depression, and diabetes.¹ He resides alone in a rooming house. Prior to the notice at issue, he received 17 weekly hours of PCA assistance. On June 23, 2025, MassHealth received a prior authorization request on the appellant's behalf for renewal of services, requesting a total of 21 hours of PCA assistance per week. On June 24, 2025, MassHealth modified the request and approved the appellant for 19 hours and 15 minutes of assistance for with dates of service from July 29, 2025, to July 28, 2026.

The only modification was made to the appellant's request for assistance with bowel care. The appellant requested 25 minutes per day, seven days per week of assistance. MassHealth approved the appellant for 10 minutes per day, because the request is longer than is ordinarily required for someone with the appellant's needs. The appellant was approved only for five minutes per day for bowel care assistance last year.

The appellant testified that his PCA physically supports him while walking down the hall to the bathroom. She manipulates the appellant onto the toilet, adjusts his legs for comfort and proper positioning, and physically supports his body while he sits. She then wipes him, pulls up his pants, and assists him back to his room. The appellant was unable to provide an approximation of how long this process typically takes. He reported that he has around four to five bowel accidents per week that his PCA assists him with cleaning up. The MassHealth representative offered to approve the appellant for 15 minutes per day of assistance, which the appellant did not accept and asked the hearing officer to take the matter under advisement and issue a decision.

The appellant also testified that his personal care management agency, [REDACTED] did not request enough hours to satisfy his needs. He reported that he previously received 37 hours of assistance, and, for reasons unknown to him, those hours were reduced to 17. He requested that his previously-approved 37 hours of PCA assistance be reinstated.

Findings of Fact

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

¹ This is not a complete list of the appellant's conditions or symptoms, which can be found at Exhibit 5 at 11 and are hereby incorporated by reference.

1. The appellant is an adult MassHealth member under the age of [REDACTED] who suffers from relevant diagnoses of paraplegia, depression, and diabetes. Testimony, Exhibit 4, Exhibit 5 at 10-11.
2. On June 23, 2025, MassHealth received a prior authorization request on the appellant's behalf for renewal of services, requesting a total of 21 hours of PCA assistance per week. On June 24, 2025, MassHealth modified the request and approved the appellant for 19 hours and 15 minutes of assistance week with dates of service from July 29, 2025, to July 28, 2026. Testimony, Exhibit 1, Exhibit 5 at 37.
3. The appellant filed a timely request for fair hearing on June 30, 2025. Exhibit 2.
4. The appellant requested 25 minutes per day, seven days per week of assistance with bowel care. Exhibit 5 at 23. MassHealth approved the appellant for 10 minutes per day, because the request is longer than is ordinarily required for someone with the appellant's needs. Exhibit 1. The appellant was approved only for five minutes per day for bowel care assistance last year. Testimony.
5. The appellant's PCA physically supports him while walking down the hall to the bathroom. She manipulates the appellant onto the toilet, adjusts his legs for comfort and proper positioning, and physically supports his body while he sits. She then wipes him, pulls up his pants, and assists him back to his room. The appellant has approximately four to five bowel accidents per week that his PCA assists him with cleaning up. Testimony.
6. MassHealth is willing to approve the appellant for 15 minutes per day for assistance with bowel care. Testimony.

Analysis and Conclusions of Law

MassHealth Standard and CommonHealth members are eligible to receive coverage of PCA services if the regulatory requirements are met. See 130 CMR 450.105(A)(1)(kk) and 450.105(E)(1)(kk). MassHealth requires providers to obtain prior authorization before administering certain medical services. 130 CMR 450.303 and 130 CMR 420.410. PCA services fall into this category, and the regulations governing prior authorization for such services are found at 130 CMR 422 *et seq.* MassHealth will authorize coverage of PCA services when:

- (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 [Activities of Daily Living (ADLs)] and

[Instrumental Activities of Daily Living (IADLs)] without physical assistance.²

(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).

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

130 CMR 422.403(C). It is undisputed that the appellant is a MassHealth member eligible to receive PCA services. However, in addition to meeting those categorical criteria, all PCA services must be medically necessary for prior authorization to be approved. A service is determined to be 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...

...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.

...Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

130 CMR 450.204(A)-(B), (D).

In the case of PCA services, the prior authorization request is “a request to initiate, continue, or adjust a member’s prior authorization for PCA services...that the [Personal Care Management (PCM)] agency must submit to the MassHealth agency...” 130 CMR 422.402. A PCM agency is a third-party that contracts with MassHealth to provide PCM functions to members. *Id.* The

² ADLs include assistance with mobility, medications, bathing or grooming, dressing or undressing, passive range of motion, and toileting, while IADLs include household services (such as laundry, shopping, and housekeeping), meal preparation and clean-up, transportation, and other special needs codified in the regulations. 130 CMR 422.410(A) and (B).

MassHealth regulations require PCM agencies to assist members with submitting prior authorization requests, and in circumstances where a member is currently receiving benefits, must abide by the following:

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.

(C) Continuation of PCA Services. To ensure the continuation of PCA services, PCM agencies must request prior authorization from the MassHealth agency at least 21 calendar days before the expiration date of the current prior authorization period. The PCM agency must include in its prior authorization request the documentation described in 130 CMR 422.416(A). The MassHealth agency will continue to pay for PCA services during its review of the new PA request only if the MassHealth agency has received the new prior authorization request at least 21 calendar days prior to the expiration of the current prior authorization period. If the MassHealth agency does not receive the new prior authorization request at least 21 calendar days before the expiration date, the MassHealth agency may stop payment for PCA services after the expiration date.

130 CMR 422.416. Here, the action that was taken by MassHealth was a modification of time requested for assistance with bowel care. However, at the hearing, it became clear that the appellant is also requesting that MassHealth approve him for assistance beyond what was submitted in the fair hearing request. He reports that he was previously approved for 37 total hours of assistance, and argues that she should be given that time back.

Unfortunately, this appeal offers no mechanism to approve the appellant for more hours than were requested by the PCM agency for a given task through the current prior authorization request, as MassHealth did not take adverse action against anything but the request for assistance

with bowel care. *See generally*, 130 CMR 610.032(A)(3) and (5) (Bases for fair hearing included *MassHealth* agency action to restrict a member's assistance and *MassHealth* agency determinations regarding scope and amount of assistance). In other words, the Board of Hearings only has jurisdiction in determining whether MassHealth actions were made in accordance with the regulations, not over actions of a PCM agency. Where the appellant argues that the PCM agency did not request the proper amount of time for certain tasks, his objection is with the actions of the PCM agency, not with MassHealth. Because MassHealth did not take adverse action against requests beyond bowel care, this hearing officer is without authority to approve the appellant's request to increase his total PCA assistance to 37 hours per week. *See* 130 CMR 610.082(C) ("The decision must be made in accordance with the law"). Thus, the appeal with respect to that request is hereby DENIED.³

Thus, remaining at issue in this case is whether the appellant met his burden of proof in establishing medical necessity for more PCA time than MassHealth approved for assistance with bowel care. The appellant requests that he receive 25 minutes per day of assistance with the task. However, he was unable to provide any specific testimony to demonstrate why he requires this much time; in fact, reported being unable to estimate how long the process takes. In the context of the testimony, the MassHealth representative's offer of 15 minutes per day was a reasonable assessment of the appellant's needs. Therefore, although I do not allow approval of the 25 hours per day of assistance with bowel care contained within the appellant's prior authorization request, I do approve MassHealth's offer of 15 minutes per day.

For the foregoing reasons, the appeal is hereby APPROVED in part and DENIED in part.

Order for MassHealth

Modify the appellant's approved PCA assistance to reflect the following hours, retroactive to the start date of service of July 29, 2025:

- **Bowel Care:** 15 minutes, one time per day, 7 days per week.

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.

³ The appellant may, at any time, request an adjustment of his PCA hours pursuant to 130 CMR 422.416(B). This hearing officer makes no finding as to whether such an adjustment should be allowed. The appellant was also sent information regarding other agencies that serve his area should he wish to change his PCM agency.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Mariah Burns
Hearing Officer
Board of Hearings

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