Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Approved in part/ Denied in part	**Appeal Number:**	2509848
Decision Date:	9/24/2025	**Hearing Date:**	08/07/2025
Hearing Officer:	Thomas J. Goode	**Record Open to:**	08/26/2025

Appearance for Appellant:
Pro se

Appearances for Commonwealth Care Alliance:
Cassandra Horne, Appeals & Grievances Manager
Jeremiah Mancuso, RN, Clinical Appeals Reviewer

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:**	Managed Care Organization-Denial of Internal Appeal
Decision Date:	9/24/2025	**Hearing Date:**	08/07/2025
CCA's Rep.:	Cassandra Horne, et al.	**Appellant's Rep.:**	Pro se
Hearing Location:	Remote	**Aid Pending:**	Yes

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, and following a first-level standard internal appeal, One Care, a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), notified Appellant that it had upheld modifications to Appellant's request for PCA (personal care attendant) services (130 CMR 508.007, 422.000 *et seq*. and Exhibit 1). Appellant filed this appeal in a timely manner on July 2, 2025 (130 CMR 508.007, 610.018 and Exhibit 2). Denial of an internal appeal and modification of a prior authorization request for PCA services is valid grounds for appeal (130 CMR 508.007, 610.018). The hearing record remained open until August 26, 2025 to allow CCA to review physical therapy documentation submitted by Appellant, after which CCA maintained the modifications to the PCA authorization request (Exhibit 6).

Action Taken by MassHealth

One Care, a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), notified Appellant that following a first-level standard internal appeal, it had upheld modifications to Appellant's request for PCA (personal care attendant) services.

Issue

The appeal issue is whether, following a first-level standard internal appeal, One Care, a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), correctly upheld modifications to Appellant's request for PCA (personal care attendant) services.

Summary of Evidence

The Commonwealth Care Alliance (CCA) representatives testified that Appellant is a MassHealth member who in October 2020 enrolled in One Care, an Integrated Care Organization responsible for administering Appellant's MassHealth benefits. Appellant is [redacted] years old with a medical history that includes diabetic neuropathy with unsteady gait, chronic pain, lumbar radiculopathy with chronic low back pain and lower extremity instability, history of falls, cardiac surgery with nonhealing wound, sleep apnea, dysphagia with reflux, loss of sensation to bilateral feet, tinnitus, spinal cyst slow-growing, left-foot torn ligament, ongoing GI/swallowing issues, anticipated hip surgery (See Exhibit 4, Letter from [redacted] and Exhibit 5, p. 118). Appellant has received PCA services since 2020 through CCA Once Care. A previous authorization request for 73.25 PCA hours was modified to 63 hours in July 2024. In September 2024, PCA hours were increased to 82 hours following foot surgery on September 24, 2024 (Exhibit 5, p. 102). A PCA evaluation was completed by [redacted] on April 25, 2025, for 81.5 PCA hours (67.5 day/evening hours and 14 nighttime hours). On May 16, 2025, CCA informed Appellant that PCA hours were reduced to 59.5 hours effective June 1, 2025 with 45.5 day/evening hours and 14 nighttime hours approved by CCA. Appellant filed a first-level standard internal appeal on May 28, 2025, which was denied on June 24, 2025. Appellant is currently receiving 82 PCA hours per week pending the outcome of the appeal.

CCA testified that time-for-task Guidelines for the MassHealth PCA Program were applied and resulted in reduction of PCA time for Activities of Daily Living (ADLs) from maximum assist to moderate assist (See Exhibit 5, pp. 221-231). CCA testified that in the area of Mobility Transfers, 8 minutes, 8 times per day, 7 days per week was requested, which is defined as a maximum level of assistance, and was modified to 3 minutes, 8 times per day, 7 days per week to reflect minimal assistance (See Exhibit 5, p. 231).[1] Prior to foot surgery in September 2024, Appellant was authorized for assistance with mobility transfers 5 minutes, 8 times per day, 7 days per week for a total of 280 minutes per week. CCA reviewed a physical therapy discharge report dated [redacted] 2025 which documents that Appellant is independent or requires only supervision or touch-assistance with mobility activities and moderate assistance with other activities of daily living (Exhibit 5, pp. 157-173). CCA testified that the physical therapy discharge report records Appellant's baseline functioning and that no additional skilled services were required. Additional mobility

[1] Levels of Physical Assistance defined in Time-for-Task Guidelines for the MassHealth PCA Program
Independent = Member requires 0% physical assistance to complete a task; Minimal Assist = Member requires up to 25% physical assistance to complete a task; Moderate Assist = Member performed part of activity but requires up to 50% physical assistance to complete a task; Maximum Assist: Member involved and requires up to 75% physical assistance to complete a task; Total Dependence = Member requires full performance (100%) of activity by another.

modifications were made in the areas of transfers requested as maximum assist 5 minutes, 8 times per day, which was modified to minimal assist 2 minutes, 8 times per day, 7 days per week, and repositioning requested at maximum assist 5 minutes, 8 times per day, 7 days per week, modified to minimum assist 1 minute twice per day, 7 days per week (Exhibit 5, pp. 119, 222). In the area of Bathing, an evening wash was requested 15 minutes, once per day, 7 days per week, and was modified to no assistance because significant PCA time was approved for bowel and bladder care making an additional 105 minutes per week for an evening wash unnecessary. Bowel Care was approved as requested 17 minutes, 3 times per day, 7 days per week. Bladder Care was modified from maximum assistance 15 minutes, 6 times per day, 7 days per week, to moderate assistance 8 minutes, 6 times per day, 7 days per week (Exhibit 5, p. 126). Assistance in the area of Dressing was requested at maximum assistance 30 minutes, once per day, 7 days per week, and modified to moderate assistance 20 minutes, once per day, 7 days per week. Undressing was requested at maximum assistance 35 minutes, once per day, 7 days per week, and modified to moderate assistance 15 minutes, once per day, 7 days per week.

Instrumental Activities of Daily Living (IADLs) were modified in the area of meal preparation for lunch from 30 minutes, once per day, 7 days per week which reflects total dependence on the PCA to prepare lunch, to 25 minutes, once per day, 7 days per week to reflect minimum assistance required with lunch preparation under the time-for-task guidelines (Exhibit 5, p. 229). PCA time for meal preparation for breakfast was requested 20 minutes, once per day, 7 days per week, and meal preparation for dinner was requested 45 minutes, once per day, 7 days per week. CCA acknowledged that the time requested for breakfast and dinner reflects total dependence on the PCA to prepare both meals and added back 5 minutes to time allowed for lunch to resolve the inconsistency. Time for snack preparation was requested 10 minutes, once per day, 7 days per week, and modified to 5 minutes, once per day, 7 days per week as directed in the time-for-task guidelines (Id).

Appellant testified that she underwent left-foot surgery in September 2024, and her condition has improved, but she still wears a brace. Appellant testified that she started outpatient physical therapy 3 times per week in July 2025 due to decreased mobility, strength, balance, function, muscle tissue restriction, and postural imbalance (See Exhibit 6). Appellant testified that she uses a walker and a cane and is trying to get a wheelchair. Appellant stated that she is unable to use stairs without a PCA. She said that she does not cook because she cannot stand for long periods of time. Appellant added that if there was an emergency and she needed to get out of the house without a PCA, she would probably fall. Appellant testified that if she can't get 82 hours, she would be fine with 73 hours like she had before the foot surgery. Appellant stated that one of her PCAs stays overnight with her and basically lives with her. Appellant testified that transferring takes her 8 minutes because when she stands with PCA assistance she needs to get her balance, and her PCA supports her weight during each transfer. Appellant stated that the PCA repositions her while she's sitting and when PCAs aren't present, she stays in the same spot. Appellant testified that one PCA stays with her from 9:00 in the evening until 9:00 in the morning, and other PCAs work from 1-4pm, 5-7pm, 7-9 pm, and 9-11, with one PCA working from 8pm-9am on weekends. Appellant testified that the physical therapy

discharge report reviewed by CCA consisted of a 20-minute in-person visit.

CCA testified that the [redacted] 2025 physical therapy report presents a very different picture of Appellant's functional ability. The hearing record remained open until August 26, 2025 to allow CCA to review physical therapy documentation submitted by Appellant, after which CCA maintained the modifications to the PCA authorization request (Exhibit 6).

Findings of Fact

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

1. Appellant is a MassHealth member who in October 2020 enrolled in One Care, an Integrated Care Organization responsible for administering Appellant's MassHealth benefits.

2. Appellant is [redacted] years old with a medical history that includes diabetic neuropathy with unsteady gait, chronic pain, lumbar radiculopathy with chronic low back pain and lower extremity instability, history of falls, cardiac surgery with nonhealing wound, sleep apnea, dysphagia with reflux, loss of sensation to bilateral feet, tinnitus, spinal cyst slow-growing, left-foot torn ligament, ongoing GI/swallowing issues, anticipated hip surgery.

3. Appellant has been receiving PCA services since 2020 through CCA Once Care.

4. A previous authorization request for 73.25 PCA hours was modified to 63 hours in July 2024.

5. In September 2024, PCA hours were increased to 82 hours following foot surgery on September 24, 2024.

6. A PCA evaluation was completed by [redacted] on April 25, 2025, for 81.5 PCA hours (67.5 day/evening hours and 14 nighttime hours). On May 16, 2025, CCA informed Appellant that PCA hours were reduced to 59.5 hours effective June 1, 2025 with 45.5 day/evening hours and 14 nighttime hours approved by CCA.

7. Appellant filed a first-level standard internal appeal on May 28, 2025, which was denied on June 24, 2025.

8. Appellant is currently receiving 82 PCA hours per week pending the outcome of the appeal.

9. Time-for-task Guidelines for the MassHealth PCA Program were applied and resulted in reduction of PCA time for Activities of Daily Living (ADLs) from maximum assist to moderate assist.

10. In the area of Mobility Transfers, 8 minutes, 8 times per day, 7 days per week was requested, which is defined as a maximum level of assistance, and was modified to 3 minutes, 8 times per day, 7 days per week to reflect minimal assistance.

11. Prior to foot surgery in September 2024, Appellant was authorized for assistance with mobility transfers 5 minutes, 8 times per day, 7 days per week for a total of 280 minutes per week.

12. A physical therapy discharge report dated [redacted] 2025 documents that Appellant requires supervision and assistance with mobility activities and moderate assistance with other activities of daily living (Exhibit 5, pp. 157-173).

13. Mobility modifications were made in the areas of transfers requested as maximum assist 5 minutes, 8 times per day, which was modified to minimal assist 2 minutes, 8 times per day, 7 days per week, and repositioning requested at maximum assist 5 minutes, 8 times per day, 7 days per week, modified to minimum assist 1 minute twice per day, 7 days per week (Exhibit 5, pp. 119, 222).

14. In the area of Bathing, an evening wash was requested 15 minutes, once per day, 7 days per week, and modified to no assistance because significant PCA time was approved for bowel and bladder care.

15. Bowel Care was approved as requested 17 minutes, 3 times per day, 7 days per week.

16. Bladder Care was modified from maximum assistance 15 minutes, 6 times per day, 7 days per week, to moderate assistance 8 minutes, 6 times per day, 7 days per week.

17. Dressing was requested at maximum assistance 30 minutes, once per day, 7 days per week, and modified to moderate assistance 20 minutes, once per day, 7 days per week.

18. Undressing was requested at maximum assistance 35 minutes, once per day, 7 days per week, and modified to moderate assistance 15 minutes, once per day, 7 days per week.

19. Instrumental Activities of Daily Living (IADLs) were modified in the area of meal preparation for lunch from 30 minutes, once per day, 7 days per week which reflects total dependence on the PCA to prepare lunch, to 25 minutes, once per day, 7 days per week to reflect minimum assistance required with lunch preparation.

20. PCA time for meal preparation for breakfast was requested 20 minutes, once per day, 7 days per week, and meal preparation for dinner was requested 45 minutes, once per day, 7 days per week.

21. CCA acknowledged that that the time requested for breakfast and dinner reflects total dependence on the PCA to prepare both meals, and added back 5 minutes to time allowed for lunch to resolve the inconsistency.

22. PCA time for snack preparation was requested 10 minutes, once per day, 7 days per week, and modified to 5 minutes, once per day, 7 days per week as directed in the time-for-task guidelines.

23. Appellant underwent left-foot surgery in September 2024, and her condition has improved, but she still wears a brace.

24. Appellant re-started outpatient physical therapy 3 times per week in July 2025 due to decreased mobility, strength, balance, function, muscle tissue restriction, and postural imbalance.

25. Appellant uses a walker and a cane.

Analysis and Conclusions of Law

Appellant is a MassHealth member enrolled in One Care, which is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts MassHealth (Medicaid) program to provide benefits of both programs to enrollees. Pursuant to 130 CMR 508.007(C), when a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Through a notice dated June 24, 2025, and following a first-level standard internal appeal, One Care, a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), notified Appellant that it had upheld modifications to Appellant's request for PCA (personal care attendant) services (130 CMR 508.007, 422.000 *et seq*. and Exhibit 1). Appellant filed this appeal in a timely manner on July 2, 2025 (130 CMR 508.007, 610.018 and Exhibit 2). Denial by an ICO of an internal appeal and modification of a prior authorization request for PCA services is valid grounds for appeal (130 CMR 508.007, 610.018). Appellant has the burden of proving by a preponderance of the evidence the invalidity of the determination by the MassHealth agency or the ICO contracting with MassHealth.[2]

The CCA One Care Medical Necessity Guideline and MassHealth regulations establish that PCA services require prior authorization. All authorizations submitted to CCA for determination are reviewed against 130 CMR 422.000 *et seq*. The CCA One Care Medical Necessity Guideline provides that authorizations should follow the time estimates outlined in the Time-for Task Guidelines or Functional Assessment for the MassHealth PCA Program which recognizes that some members may require additional time beyond the time estimates in the guidelines, while

[2] See Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002) (burden is on appellant to demonstrate the invalidity of an administrative determination).

others may require less. If additional time is required, it must be clearly documented in the member record. Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all 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); and (4) the MassHealth agency has determined that PCA services are medically necessary.

The PCA program provides assistance with the following:[3]

422.410: Activities of Daily Living and Instrumental Activities of Daily Living

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL

(1) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;

(2) assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;

(3) bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;

(4) dressing: physically assisting a member to dress or undress;

(5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;

(6) eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and

(7) toileting: physically assisting a member with bowel or bladder needs.

(B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:

(1) household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;

(2) meal preparation and clean-up: physically assisting a member to prepare meals;

(3) transportation: accompanying the member to medical providers; and

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

(4) special needs: assisting the member with:
(a) the care and maintenance of wheelchairs and adaptive devices;
(b) completing the paperwork required for receiving PCA services; and
(c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the PCM agency must assume the following.

(1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.

(2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.

(3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

422.411: Covered Services

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

422.412: Noncovered Services

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

(A) social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;

(B) medical services available from other MassHealth providers, such as physician, pharmacy, or community health center services;

(C) assistance provided in the form of cueing, prompting, supervision, guiding, or coaching[4];

[4] In contrast to the MassHealth PCA program, the CCA Medical Necessity Guideline for ICO members states that to be eligible to receive PCA services, the member must have a permanent or chronic disability (physical, cognitive, or

(D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;

(E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;

(F) services provided by family members, as defined in 130 CMR 422.402;

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

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

Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or utilization of other potential sources of health care as described in 130 CMR 503.007: *Potential Sources of Health Care* and 517.008: *Potential Sources of Health Care*. See 130 CMR 422.416.

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary.

(A) A service is "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: *Potential Sources of Health Care*, or 517.007: Utilization of Potential Benefits.

Appellant is [redacted] years old with a medical history that includes diabetic neuropathy with unsteady

behavior-related) that prevents the member from completing at least two (2) Activities of Daily Living (ADLs) with hands on physical assistance and/or cueing or monitoring (Exhibit 5, p. 214).

gait, chronic pain, lumbar radiculopathy with chronic low back pain and lower extremity instability, history of falls, cardiac surgery with nonhealing wound, sleep apnea, dysphagia with reflux, loss of sensation to bilateral feet, tinnitus, spinal cyst slow-growing, left-foot torn ligament, ongoing GI/swallowing issues, anticipated hip surgery. A previous prior authorization request for 73.25 PCA hours was modified to 63 hours in July 2024. In September 2024, PCA hours were increased to 82 hours following foot surgery on [redacted] 2024. A PCA evaluation was completed by [redacted] on April 25, 2025, for 81.5 PCA hours (67.5 day/evening hours and 14 nighttime hours). On May 16, 2025, CCA informed Appellant that PCA hours were reduced to 59.5 hours effective June 1, 2025 with 45.5 day/evening hours and 14 nighttime hours approved by CCA. Time-for-Task Guidelines for the MassHealth PCA Program were applied and resulted in reduction of PCA time for Activities of Daily Living (ADLs) from maximum assist to moderate assist based primarily on a physical therapy discharge report dated [redacted], 2025 (Exhibit 5, pp. 157-173). The report is comprehensive and describes in detail Appellant's functional ability to participate in and/or complete activities of daily living. Appellant's physician's letter speaks to the need for PCA services in all areas but does not describe the level of assistance needed in each functional area. Moreover, while Appellant has restarted outpatient physical therapy services 3 times per week for 4 weeks, the documentation submitted is limited to general clinal findings in a check-list format, which does not effectively counter or refute the specific findings of functional ability detailed in the [redacted] 2025 physical therapy discharge report (See Exhibit 6). For these reasons, the objective clinical evidence contained in the [redacted] 2025 physical therapy discharge report is credible objective evidence on which to base the analysis of Appellant's functional ability.

CCA concluded that Appellant is independent or requires only supervision or touch-assistance with mobility activities and moderate assistance with other activities of daily living (Exhibit 5, pp. 157-173). In the area of Mobility Transfers, 8 minutes, 8 times per day, 7 days per week was requested, which is defined as a maximum level of assistance, and was modified to 3 minutes, 8 times per day, 7 days per week to reflect minimal assistance. Modifications were made in the area of transfers requested as maximum assist 5 minutes, 8 times per day, which was modified to minimal assist 2 minutes, 8 times per day, 7 days per week. Repositioning was requested at maximum assist 5 minutes, 8 times per day, 7 days per week, and modified to minimum assist 1 minute twice per day, 7 days per week (Exhibit 5, pp. 119, 222). The physical therapy discharge report qualifies Appellant's ability to complete mobility activities and transfers and records that she is "able to walk only with the supervision or assistance of another person at all times," and "is able to bear weight and pivot during the transfer process but unable to transfer self" (Exhibit 5, p. 104). The CCA Medical Necessity Guideline for the PCA Program defines assistance with mobility, including transfers, as physically assisting, cueing or monitoring a member who has mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment (Exhibit 5, p. 214). The objective clinical evidence shows that Appellant requires more than minimal touch-assistance and instead requires physical assistance and supervision and monitoring at all times to complete mobility and transfer activities, which supports the need for maximum assistance to complete these ADLs. The PCA time requested for Mobility Transfers, 8 minutes, 8 times per day, 7 days per week; Transfers 5 minutes, 8 times per day; and Repositioning, 5 minutes, 8 times per day, 7 days

per week is therefore APPROVED.

An evening wash requested 15 minutes, once per day, 7 days per week, was modified to no assistance premised on significant PCA time approved for bowel and bladder care. Bowel Care was approved as requested 17 minutes, 3 times per day, 7 days per week.[5] Bladder Care was modified from maximum assistance 15 minutes, 6 times per day, 7 days per week to moderate assistance 8 minutes, 6 times per day, 7 days per week (Exhibit 5, p. 126). An evening wash is a separate and distinct activity that is not subsumed into time requested for bowel and bladder care. According to the CCA AGRN Review narrative, modification of the quick wash is based on the approval of all time requested for toileting which is not the case in the area of bladder care which was modified by CCA (See Exhibit 5, p. 2). The physical therapy report states that "when reminded, assisted, or supervised by another person, [Appellant is] able to get to and from the toilet and transfer"; and is "able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient" (Exhibit 5, p. 164). The documentation supports the modification in PCA time requested for bladder care which Appellant can complete with moderate assistance and also supports that Appellant has the same functional ability to complete an evening wash independently. Therefore, modifications to PCA time requested for bladder care and evening wash are UPHELD, and in this regard the appeal is DENIED.

PCA time for dressing was requested at maximum assistance 30 minutes, once per day, 7 days per week, and modified to moderate assistance 20 minutes, once per day, 7 days per week. Undressing was requested at maximum assistance 35 minutes, once per day, 7 days per week, and modified to moderate assistance 15 minutes, once per day, 7 days per week. The physical therapy discharge report shows that Appellant can dress her upper body without assistance if clothing is laid out or handed to her, but someone must help her put on undergarments, slacks, socks or nylons, and shoes (Exhibit 5, p. 164). The objective clinical evidence supports the modification in PCA time for upper body dressing and that 20 minutes per day is sufficient to assist Appellant with lower body dressing. There is no documentation to support maximum assistance for undressing which generally takes less time than dressing.[6] The modification to 15 minutes once per day is UPHELD, and in this regard, the appeal is DENIED.

Instrumental Activities of Daily Living (IADLs) were modified in the area of meal preparation for lunch from 30 minutes, once per day, 7 days per week which reflects total dependence on the PCA to prepare lunch, to 25 minutes, once per day, 7 days per week to reflect minimum assistance required with lunch preparation. PCA time for meal preparation for breakfast was requested 20 minutes, once per day, 7 days per week, and meal preparation for dinner was requested 45 minutes, once per day, 7 days per week. CCA acknowledged that the time requested for breakfast and dinner reflects total dependence on the PCA to prepare both meals and added back 5 minutes to time

[5] PCA time for bowel care was not modified although Appellant very rarely or never has bowel incontinence or an ostomy for bowel elimination (Exhibit 5, p. 163).

[6] See Exhibit 5, p. 226 time for task guidelines, which provides a 7-to-30 minute average range for dressing and 5-to-20-minute average range for undressing.

allowed for lunch to resolve the inconsistency. In this regard, the appeal is APPROVED.

PCA time for snack preparation was requested 10 minutes, once per day, 7 days per week, and modified to 5 minutes, once per day, 7 days per week as directed in the time-for-task guidelines (See Exhibit 5, p. 229). Appellant can eat independently, and there is no documentation in the hearing record to support 10 minutes for snack preparation, and the modification to 5 minutes is UPHELD. In this regard the appeal is DENIED.

Order for Commonwealth Care Alliance

Remove aid pending protection. Through the remainder of the prior authorization period, approve PCA time for Mobility Transfers: 8 minutes, 8 times per day, 7 days per week; Transfers: 5 minutes, 8 times per day, 7 days per week; and Repositioning: 5 minutes, 8 times per day, 7 days per week. Approve a total of 30 minutes per day, 7 days per week for lunch preparation.

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.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108