

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510121
<b>Decision Date:</b>	08/15/2025	<b>Hearing Date:</b>	08/07/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Donna Burns, R.N., Clinical Reviewer, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization; Personal Care Attendant Services
<b>Decision Date:</b>	08/15/2025	<b>Hearing Date:</b>	08/07/2025
<b>MassHealth's Rep.:</b>	Donna Burns, R.N.	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South 7 (Telephone)	<b>Aid Pending:</b>	No

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

By notice dated June 11, 2025, MassHealth denied the appellant's request for prior authorization of personal care attendant (PCA) services on the basis that the appellant does not need hands-on PCA assistance with two or more activities of daily living. 130 CMR 422.403(C)(3) and Exhibit 1. The appellant filed this timely appeal on July 8, 2025. Exhibit 2 and 130 CMR 610.015(B). Denial of prior authorization is a valid basis for appeal. 130 CMR 422.417(B)(2) and 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization of PCA services.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.403(C)(3), in denying the Appellant's prior authorization request for PCA services.

## Summary of Evidence

The MassHealth representative appeared via telephone and identified herself as registered nurse and clinical appeals reviewer. The appellant is a MassHealth member between the ages of 19 and 65; he appeared by telephone and verified his identity. The appellant's niece accompanied him; the appellant granted verbal permission for his niece to appear at hearing and provide testimony. The parties' testimony and record evidence are summarized as follows:

The appellant's medical history includes a primary diagnosis of schizophrenia and bipolar disorder. Testimony and Exhibit 5. The appellant lives alone in an apartment. Testimony and Exhibit 5. The appellant had an initial evaluation for PCA services on April 23, 2025, and on June 5, 2025, his personal care management (PCM) agency, AgeSpan, Inc., requested 18 hours and 15 minutes per week of PCA services for the period of 05/07/2025 to 05/06/2026. MassHealth denied this request on June 11, 2025, because MassHealth determined that the appellant's clinical record indicates that he does not have a chronic disabling condition that requires hands-on assistance with two or more activities of daily living. The MassHealth representative cited the regulations located at 130 CMR 422.403 as the basis for MassHealth's decision.

The MassHealth representative continued her testimony. She stated that the appellant had an evaluation submitted by a different PCM agency a few months prior to the current PA request, and this was also denied. Testimony. She emphasized that the PCA program is about supporting a member's functional ability, which is when someone has an inability to perform activities of daily living (ADLs) because of functional issues, due to an ailment such as arthritis or other physical limitations, such as difficulty moving their extremities. According to the documentation that was submitted by the appellant's PCM agency, it appears that the appellant's inability to perform certain tasks is not due to functional issues; instead, it is related to the appellant's motivation to perform the tasks, and that is why this request was denied.

MassHealth submitted documentation in support of its determination that included the request that was submitted to MassHealth by the appellant's PCM agency. See Exhibit 5<sup>1</sup>. At his initial evaluation for PCA services, the evaluator answered "yes" to the question "Does the consumer's diagnosis manifest as a chronic disabling condition?". Exhibit 5 at 9. "Decreased Strength; Behavior issues; Endurance/stamina" were stated as the manifestation of this disabling condition. *Id.* The evaluator then categorized the appellant's "Level of Assist" for the various Activities of Daily Living (ADL). The appellant is "independent" with mobility and eating; he requires "minimal" assistance with toileting and dressing and requires "moderate" PCA

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<sup>1</sup> The MassHealth prehearing submission is a 63 page document that contains the appellant's PCA services record. To document this prior authorization request, MassHealth provided copies of the appellant's MassHealth Application to Request Prior Authorization for PCA Services and MassHealth Evaluation for PCA Services. The initial evaluation of the appellant was conducted in-person at the appellant's residence by two individuals from his PCM agency, a licensed occupational therapist and a licensed practical nurse. See Exhibit 5 at 9-60.

assistance with bathing and medication management. According to his initial evaluation, the appellant needs “maximum” assistance with grooming tasks. *Id.* at 10. The evaluator summarized the appellant’s needs: “[REDACTED] with severe mental illness requires assistance for all ADL (*sic*) and IADL (*sic*) secondary to poor ability to identify or meet his needs without assistance.” *Id.* at 11. The evaluator asserts that “[Appellant] is eligible for PCA services due to functional limitations as noted in the comments section of the time for task.” *Id.* at 15.

Under the grooming category of the PA request, for which the evaluator believes the appellant requires “maximum” assistance, the comment reads:

PCA assists consumer with cutting/filing his nails, min assist with setting up his toothbrush BID, max assist with hair care, dep on shaving his face, and applying lotion to his body d/t difficulty identifying his needs, sequencing steps and completing tasks necessary to meet his needs, **very poor motivation to perform any task**, poor judgment and lack of safety awareness, **no follow through on tasks**, **anxiousness**, dizziness, lack of strength, **weakness r/t schizophrenia, bipolar disorder, depression**.

Exhibit 5 at 23. (emphasis added).

The appellant was evaluated to require “moderate” assistance with bathing activities. The comments under this category read as follows:

PCA to assist consumer with bathing tasks; **without the persuasion of his PCA worker, consumer would not bathe**; however, once consumer is in the shower, PCA will apply soap to washcloth and hand off to consumer and direct consumer to wash his body. PCA **will help with his hair and LB, back d/t difficulty identifying his needs**, sequencing steps and completing tasks necessary to meet his needs, **very poor motivation to perform any task**, poor judgment and lack of safety awareness, **no follow through on tasks**, anxiousness, dizziness, lack of strength, weakness r/t schizophrenia, bipolar disorder, depression.

Exhibit 5 at 21. (emphasis added).

Under the assistance with medication category, for which the appellant requires “moderate” assistance, the evaluator states that the appellant’s “PCA manages and hands all meds to consumer when they are due to be taken. Consumer will not take his meds unless they are handed over to him, he does not know the timing of his meds or what meds to take d/t schizophrenia, bipolar, depression.” Exhibit 5 at 29.

The appellant’s niece offered testimony in response to MassHealth. She agreed that the appellant’s ailments are mental and not physical. She stated, “You know, with mental health, if

his mind tells him one thing, his mind is more powerful than his body. If he doesn't want to get up from bed, he doesn't. He needs help with his medicine. He doesn't eat if somebody doesn't make his food. He won't shower." Testimony. She continued her testimony and stated that the appellant will not shower if his sister does not come to his home and watch him shower. If someone is not supervising the appellant, he will not wash properly. He will not brush his teeth without someone motivating him to do it. If no one gives the appellant his medication, he will not take his medication. Testimony. The appellant's niece became emotional at times during her testimony; she stated, "When your mind tells you something, it's more powerful than your body. Like, he gets so anxious, like at night, he has to get out of his room and be outside because he feels like the walls are coming in on him." Testimony. She emphasized that the appellant is better and has more good days when he is on his medication, but because it is a biweekly injection, and the medication wears off, his motivation decreases and his ability to complete activities of daily living diminishes severely. Testimony.

In response to this testimony, the MassHealth representative asked the appellant and his niece if the VNA is involved in giving the appellant his injections and whether he has daily medications that he is not taking. The appellant's niece stated that yes, the VNA gives the appellant his injections, and that besides the injection of his psychiatric medication, the appellant also takes medication for his high blood pressure daily, a sleeping medication, and some other medications for his anxiety. "[Appellant] has one that he gets injected every two weeks which they come for." Testimony. The MassHealth representative suggested that the appellant and his niece inquire as to whether the VNA can assist with administering the appellant's daily medications as well as the biweekly injections. The MassHealth representative testified that it sounds like the appellant might be eligible for home health visits or other types of medication administration visits, but she noted that administering medications is not the purpose of the PCA program. The appellant must need assistance with two activities of daily living to be eligible for the PCA program, and the testimony today, unfortunately, described a situation where the appellant can physically perform all his activities of daily living, he just needs to be motivated to perform them. This is supported by the written record as well, according to the MassHealth representative. Testimony.

## **Findings of Fact**

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

1. The appellant is an adult between the ages of 19 and 65, with a diagnosis of schizophrenia and bipolar disorder.
2. On June 5, 2025, MassHealth received an initial evaluation and prior authorization request for PCA services for the appellant requesting PCA assistance in the amount of 18 hours and 15 minutes per week.

3. On June 11, 2025, MassHealth denied the request for prior authorization of PCA services on the basis that the appellant does not require assistance with two or more ADLs. MassHealth determined that the appellant's clinical record indicates that he does not have a chronic disabling condition that requires hands-on assistance with two or more activities of daily living.
4. The appellant filed a timely appeal of the denial notice on July 8, 2025. Exhibit 2.
5. The appellant frequently needs to be motivated and reminded by family members to take a shower and perform other hygiene tasks. Exhibit 5; Testimony.
6. The appellant receives visits from the VNA every other week to receive injections of psychiatric medication. Testimony.
7. The appellant does not require assistance with two or more ADLs.

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 422.403(C), MassHealth will pay for PCA services for members appropriately cared for at home when 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).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

Pursuant to 130 CMR 450.204(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.

MassHealth covers assistance with the following tasks under the PCA program:

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
- (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.

The MassHealth regulations at 130 CMR 422.412, with emphasis added, provide:

422.412: Non-covered 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, 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.

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). See also, 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 denied the appellant’s PA request for PCA services because it determined that he does not require assistance with a minimum of two ADLs as set forth above. This determination is supported by the record evidence. There is no question that the appellant’s schizophrenia and bipolar disorder makes it more challenging for him to perform some of his activities of daily living. At the same time, the PCA evaluation indicates that he is physically able to complete a wide range of tasks, including washing his body, brushing his teeth, dressing and undressing himself, feeding himself, and toileting (including wiping).

I credit the testimony of the appellant and his niece. I understand that mental health can impact someone’s ability to function just as much as a physical ailment can. However, the documentation submitted to MassHealth and the testimony at hearing was clear. The appellant is physically



capable of performing his activities of daily living and does not require PCA assistance with two or more ADLs. The support provided by the PCA during the appellant's bathing episodes can only be described as motivation and supervision, and in fact, the appellant's niece testified to the fact that without the motivation of the PCA, the appellant would not shower. She confirmed that the appellant was capable of bathing himself once he entered the shower, and the assistance provided by the appellant's PCA can only be described as cueing, prompting, supervision, guiding, or coaching. Accordingly, the record supports MassHealth's determination that the appellant does not require PCA assistance with two or more of his ADLs, which is a threshold requirement for participation in the PCA program. MassHealth did not err when it denied the appellant's request for prior authorization of personal care attendant (PCA) services on the basis that the appellant does not need hands-on PCA assistance with two or more activities of daily living.

This appeal is therefore DENIED.<sup>2</sup>

## **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.

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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

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

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<sup>2</sup> Nothing in this decision precludes the appellant from seeking an alternative program for care in the home to manage his medication, and/or from reapplying for the PCA program in the future if his needs change.