

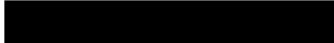
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |   |                       |            |
|-------------------------|---|-----------------------|------------|
| <b>Appeal Decision:</b> | Approved in part;<br>Denied in part;<br>Dismissed in part | <b>Appeal Number:</b> | 2510511    |
| <b>Decision Date:</b>   | 1/12/2026   | <b>Hearing Date:</b>  | 10/23/2025 |
| <b>Hearing Officer:</b> | Casey Groff, Esq.   | <b>Record Closed</b>  | 11/21/2025 |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Kelly Rayen, R.N., Clinical Appeals 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>   | Approved in part;<br>Denied in part;<br>Dismissed in part | <b>Issue:</b>            | Personal Care<br>Attendant Services |
| <b>Decision Date:</b>     | 1/12/2026   | <b>Hearing Date:</b>     | 10/23/2025                          |
| <b>MassHealth's Rep.:</b> | Kelly Rayen, R.N.   | <b>Appellant's Rep.:</b> | Spouse                              |
| <b>Hearing Location:</b>  | Board of Hearings,<br>Virtual (via Teams)                 | <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

Through a notice dated 7/10/25, MassHealth modified Appellant's request for personal care attendant services. *See* Exh. 1. A timely appeal was filed on 7/16/25; however, the Board of Hearings (BOH) dismissed the matter because the individual filing the appeal did not establish authority to file on Appellant's behalf. *See* 130 CMR 610.015(B) and Exhibits (Exhs.) 2 and 3. On 7/23/25, after receiving documentation showing the filer was Appellant's appointed authorized representative designee (ARD) and designated appeal representative, BOH vacated the dismissal and scheduled a hearing for 8/22/25. *See* Exhs. 4-6. Modification or denial of a prior authorization request is a valid basis for appeal. *See* 130 CMR 610.032.

Appellant failed to appear at the scheduled hearing on 8/22/25 and the matter was dismissed on 9/8/25. *See* Exhs. 7-8. Appellant responded to the dismissal and, upon finding that good cause had been shown, BOH vacated the dismissal and rescheduled the hearing for 10/23/25. *See* Exh. 9-10. At the conclusion of the hearing on 10/23/25, the record remained open through 11/21/25 to allow the parties to submit additional evidence and/or a written response on issues raised during the hearing. *See* Exh. 12.

### Action Taken by MassHealth

MassHealth modified Appellant's prior authorization request for personal care attendant services.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 450.204, 422.00 *et seq.*, in modifying Appellant's prior authorization request for personal care attendant services.

## Summary of Evidence

At the hearing, MassHealth was represented by a clinical appeals reviewer and registered nurse. Appellant was represented by his wife. All parties appeared remotely, via videoconference.

Through documentation and testimony, the MassHealth representative presented the following evidence: Appellant is a [REDACTED] male who resides in a two-story home with his wife, his two children, and two adult stepchildren. His wife and stepchildren are enrolled as consumers in the personal care attendant (PCA) program. An initial PCA evaluation of Appellant was performed by his personal care management (PCM) agency ("provider"), the [REDACTED] on 4/30/25. See Exh. 13.

Appellant has multiple diagnoses including diabetes mellitus with associated neuropathy of the hands, legs, and feet, and diabetic retinopathy affecting vision; stage 4 chronic kidney disease, requiring dialysis three days per week; congestive heart failure (CHF) with shortness of breath; mid and low back pain due to degenerative disease; and edema extending from the feet to the abdomen. *Id.* at 16. Appellant has an ulcer on his right foot; the toes on his right foot have all been amputated. *Id.* He has a stent in his leg, and another stent in his heart. *Id.* At the time of the initial evaluation, Appellant was receiving occupational therapy (OT) and physical therapy (PT) in the home, which was expected to end soon. Appellant was also receiving home visiting nursing services (VNA), which, at the time of evaluation, had been reduced to once per week. *Id.*

Pursuant to its initial evaluation, the PCM agency submitted a prior authorization (PA) request on behalf of Appellant seeking 34 hours per week of PCA services for dates of service 7/10/25 through 7/9/26. *Id.*

Through a notice dated 7/10/25, MassHealth modified the PA request by authorizing 20 hours and 45 minutes per week of PCA services. See Exh. 1. MassHealth modified the following nine categories of activities of daily living (ADL) and independent activities of daily living (IADL): (1) mobility; (2) transfers; (3) bladder care; (4) bowel care; (5) medication pre-fill; (6) meal preparation; (7) laundry; (8) housekeeping; and (9) shopping. The notice indicates that the modifications were based on MassHealth regulations and the documentation available at the time of review.

## ***Mobility***

With respect to mobility assistance, defined as moving between locations within the home (e.g., room to room), Appellant's provider requested five minutes per episode, five times per day, seven days per week (5x5x7). *See* Exh. 13, pp. 23-24. The PCM agency's evaluation reflects that Appellant requires minimal physical assistance with mobility; he has impaired ambulation and balance deficits secondary to neuropathy, pain in both feet and legs, the absence of toes on the right foot, a right foot wound, bilateral lower-extremity edema related to cardiac and renal issues, and generalized weakness. *Id.* at 15-20, 23-24. The PCM agency further noted that Appellant has a history of falls, including falls out of bed; is unable to bend due to back pain; can reach overhead only momentarily; and has restricted endurance due to extreme deconditioning following multiple hospitalizations since October 2024. *Id.* The documentation also reflects shortness of breath with minimal exertion related to CHF. Within the home, Appellant ambulates using a walker. *Id.* Appellant also has a knee scooter for ambulating outside the home; however, his wife reported that he is not safe using the scooter and that a manual wheelchair is recommended. *Id.*

Through its 7/10/25 notice, MassHealth modified the requested time for mobility by authorizing two minutes per episode, five times per day, seven days per week (2x5x7). *See* Exh. 1. The MassHealth representative testified that this modification was based on MassHealth regulations and documentation indicating that Appellant requires minimal assistance with mobility, meaning no more than 25% of physical assistance required to complete the task. The MassHealth representative further testified that PT and OT treatment goals included ambulating independently with an assistive device within 30 days of therapy. *See* Exh. 13, p. 53. Based on this documentation, MassHealth authorized time consistent with what is ordinarily required for providing minimal physical assistance with mobility, noting that supervision assistance is not a covered PCA service.

Appellant's representative testified that Appellant is unable to ambulate safely even with a walker; she reported that Appellant has frequent falls, including a recent fall resulting in a thigh/hip fracture. Though a wheelchair is recommended, the halls and entryways of their home are too narrow to accommodate the wheelchair. The representative testified that Appellant moves very slowly, sways while using the walker, and requires hands-on assistance at all times, including steadying his body as he moves, as well as lifting and repositioning the walker to clear thresholds or changes in flooring. She testified that Appellant is unable to stand freely, and is very unsteady due to dialysis, fluctuating blood sugars, and frequent hospitalizations. She asserted that Appellant cannot move safely around the home without continuous physical assistance.

## ***Transfers***

Appellant's provider also requested transfer assistance at five minutes per episode, five times per day, seven days per week (5x5x7). *See* Exh. 13, pp. 23-24. The PCM agency's clinical comments

supporting the transfer request mirror those cited for mobility and are based on the same underlying functional limitations, with the distinction that Appellant was assessed as requiring moderate assistance for transfers, rather than minimal assistance. *Id.*

Through its 7/10/25 notice, MassHealth modified the request by authorizing three minutes per episode, five times per day, seven days per week (3x5x7). *See* Exh. 1. MassHealth indicated that the authorized time reflects the amount of time necessary for a PCA to assist Appellant with sit-to-stand and lying-to-standing transfers. Transfers authorized under the mobility category do not include transfers related to toileting or bathing episodes.

Appellant's representative testified that Appellant requires hands-on physical assistance to complete transfers. She stated that Appellant must hold onto another person, furniture, or a table; that he cannot independently go from a standing to seated position and vice versa; and that the PCA must use both hands to physically assist Appellant to stand. She further testified that Appellant moves very slowly, and his limitations are compounded by back problems and a recent diagnosis of osteoporosis. The representative testified that the request was based on having timed a typical transfer episode, and that three minutes is inadequate given the extent of impairment.

### ***Bladder Care***

With respect to bladder care, the PCM agency requested ten minutes per episode, three times per day, seven days per week (10x3x7). *See* Exh. 13, p. 32. The PCM agency's clinical comments for toileting assistance, inclusive of both bladder and bowel care, indicate that Appellant requires moderate assistance with toileting, including bowel hygiene clothing management, and transfers; and that Appellant is incontinent of bowel. *Id.*

MassHealth modified the request by authorizing eight minutes per episode, three times per day, seven days per week (8x3x7) determining that the time requested exceeded that ordinarily required for someone with Appellant's physical condition. *See* Exh. 1. The MassHealth representative testified that the documentation does not clearly delineate any specific bladder-related tasks; and that MassHealth authorized time sufficient for the PCA to provide physical assistance getting on the toilet, completing hygiene tasks, performing clothing management. The MassHealth representative referred to OT documentation which recommended that Appellant use an elevated toilet seat, which should increase independence with bathroom related transfers. *See* Exh. 13, pp. 54-61.

Appellant's representative testified that Appellant requires physical assistance to safely complete all toileting tasks, including adjusting clothing, ensuring that he does not trip on clothes, and assisting him to rotate and position himself using his walker to sit on the toilet. The representative reported that Appellant has fallen from the toilet in the past, and that, despite using an elevated toilet seat, Appellant, without physical assistance, has fallen and will get stuck in the three-inch

gap between each side of the toilet and the bar. The representative asserted that given his level of instability and history of falls, Appellant requires more than eight minutes of assistance with bladder care.

### ***Bowel Care***

With respect to bowel care, the PCM agency requested twelve minutes of assistance per episode, two times per day, seven days per week (12x2x7). *Id.* at 32. MassHealth modified the request by approving ten minutes, two times per day, seven days per week (10x2x7). Appellant's representative asserted that she accepted this modification and was therefore not disputing the issue of bowel care.

### ***Medication Prefill***

With respect to medication prefill, which is a subtask of medication assistance, the provider requested ten minutes per week (10x1x1). *Id.* at 34. The underlying clinical comments, which also relate to other requested medication assistance tasks, indicate that Appellant requires maximum assistance with medication management due to neuropathy, weakness in the hands, and memory loss. *Id.* The documentation states that the PCA sets up Appellant's medication planner, administers medications, changes his continuous glucose monitor weekly, and assists with insulin pump changes. *Id.*

MassHealth denied the request (0x0) for assistance with medication pre-fill. MassHealth noted that, according to documentation, Appellant receives visiting nurse (VNA) services, which are covered through Medicare at no cost to Appellant, and that authorizing time for medication prefill would constitute a duplication of services, which is not covered under MassHealth regulations which hold MassHealth as the payer of last resort.

Appellant's representative testified that the VNA nurse only comes once per week, primarily to check Appellant's INR levels. She asserted that because Coumadin dosing is adjusted during the week based on INR test results, the VNA nurse is often not present when medication changes are ordered. The representative testified that the VNA nurse may draw labs up to two times per week, but medication adjustments are frequently communicated by the clinic by phone or email, requiring the PCA to adjust the medication planner in between VNA visits.

At the conclusion of the hearing, the record was left open for Appellant's representative to submit additional documentation clarifying the scope of VNA services and the need for PCA assistance with medication prefill or adjustments to the planner. *See Exhs. 12-13.* Following the hearing, the Appellant's representative wrote that Appellant was no longer receiving VNA nursing visits. *Id.* MassHealth responded that it could not authorize the request for medication prefill assistance based on the information provided. *Id.*

### ***Meal Preparation***

With respect to meal preparation, the PCM agency requested seventy-five minutes per day, seven days per week (75x1x7), based on three daily meals at twenty-five minutes each. *See* Exh. 13 at 42. The PCM agency's documentation indicates that Appellant requires maximum assistance with meal preparation; that he is on a strict renal and cardiac diet; and that his meals are prepared separately from the rest of his family/household members. *Id.*

MassHealth modified the request and authorized fifteen minutes per day (15x1x7) for meal preparation based on the presence of multiple PCA consumers residing in the household. The MassHealth representative testified that under MassHealth regulations, IADLs, including meal preparation, are calculated on a shared basis when more than one PCA consumer resides in the home. In this case, there are three additional PCA consumers in the household. Because Appellant's spouse is enrolled in an integrated care organization (ICO), the MassHealth representative was unable to determine how much PCA time she received; however, noted that if the request had been authorized, the combined household meal preparation time would exceed the 630-minute weekly limit permitted per household.

Appellant's representative testified that Appellant's meals must be prepared entirely separate from other family members due to his renal disease, cardiac condition, diabetes, and dialysis; and that he cannot consume foods prepared for other household members because of the extreme restrictions on phosphorus, potassium, sodium, sugar, and portion size. She testified that Appellant eats smaller meals throughout the day as he is prone to nausea and cannot always tolerate what he eats. He is prescribed Zofran for his nausea and must adhere to a zero-sugar diet. Appellant's representative noted that the stepchildren, though legal adults, are intellectually disabled and autistic, and cannot participate or help Appellant prepare meals. Appellant's representative testified that she, herself, has undergone bariatric bypass surgery, resulting in her own unique dietary restrictions, which do not align with Appellant's diet.

### ***Laundry***

Appellant's provider requested seventy-five minutes per week (75x1x1) for PCA assistance with laundry. *See* Exh. 13, p. 41. According to documentation, Appellant requires maximum physical assistance with sorting laundry, loading and unloading the washing/dryer machine, and folding and putting away clothes. *Id.* The documentation also indicates that Appellant's clothes are washed separately from the family based on bowel incontinence. *Id.*

MassHealth modified the request by authorizing fifteen minutes per week (15x1x1) for laundry based on the same rationale as noted for meal preparation, i.e., that time for assistance with IADLs is calculated on a shared basis when multiple PCA consumers reside in the same home. MassHealth explained that the time authorized was sufficient to permit the PCA to assist with one to two loads of laundry per week. Appellant's stepchildren each have thirty minutes for laundry

per week, and the time authorized for his spouse, as an ICO member, was unknown.

Appellant's representative testified that the time authorized by MassHealth was insufficient. She noted that Appellant has a chest catheter, which is not completely sealed by the bandaging provided by the dialysis clinic, and that he is prone to infection, resulting in the need for more thorough and frequent cleaning of clothes than other household members.

### ***Housekeeping***

Appellant's PCM agency requested forty-five minutes per week (45x1x1) for maximum assistance with housekeeping assistance. *Id.* In support of the request, the provider again listed the medical conditions and diagnoses that limit Appellant's functional capacity but did not provide further details regarding any unique or specific housekeeping needs.

MassHealth authorized fifteen minutes per week (15x1x1) for housekeeping assistance, based on the same rationale as the prior IADL categories, i.e., that the time was calculated on a shared basis with the other three PCA consumers in the house. The MassHealth representative testified that the 15 minutes authorized was sufficient for the PCA to perform light housekeeping limited to Appellant's personal space.

Appellant's representative asserted that Appellant requires additional housekeeping time due to his susceptibility to infection, a history of MRSA, and an active pressure wound on his foot. The representative again explained that this risk is further exacerbated due to his chest catheter, which is not sealed. As a result, Appellant has to take additional cleaning measures, including the use of bleach. The representative explained that the dialysis clinic uses a square bandage with gauze to cover the catheter; however, it is not waterproof and does not keep the catheter opening protected from potential infection.

### ***Shopping***

Appellant's provider requested forty-five minutes per week (45x1x1) for maximum physical assistance with shopping. In support of the request, the PCM agency listed the diagnoses and conditions which impair Appellant's ability to perform shopping independently but provided no additional notes or details regarding Appellant's specific shopping needs.

MassHealth modified the request for shopping to fifteen minutes per week (15x1x1) based on the same rationale applied to the other IADLs, namely, that time for shopping was distributed on a shared basis with multiple PCA consumers in the home.

Appellant's representative testified that Appellant's shopping needs require additional time because, as noted with respect to meal preparation, his diet, and therefore groceries, are completely different from other household members. As such, the PCA must carefully read food

labels; avoid foods containing potassium, phosphorus and sugar; and purchase only fresh unprocessed foods, including lean proteins, fruits and vegetables. This is a time-consuming process as it is not always easy to identify which foods are compliant with the dietary restrictions. She asserted that because all his food is separate from other household members, the time should not be distributed on a shared basis.

## Findings of Fact

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

1. Appellant is an adult MassHealth member between the ages of 21 and 64 and resides in a two-story home with his wife and two adult stepchildren – who are also receiving PCA services – as well as Appellant’s two children.
2. Appellant has multiple diagnoses including diabetes mellitus with associated neuropathy of the hands, legs, and feet, and diabetic retinopathy affecting vision; stage 4 chronic kidney disease, requiring dialysis three days per week; CHF with shortness of breath; mid and low back pain due to degenerative disease; and edema extending from the feet to the abdomen; he has an ulcer on his right foot; the toes on his right foot have all been amputated.
3. Pursuant to an April 2025 initial PCA evaluation, Appellant’s provider sent MassHealth a PA request on Appellant’s behalf, seeking 34 hours per week of PCA services for dates of service 7/10/25 through 7/9/26.
4. Through a notice dated 7/10/25, MassHealth modified Appellant’s PA request by authorizing 20 hours and 45 minutes per week of PCA services, based on adjustments to the following nine ADL and IADL categories: (1) mobility; (2) transfers; (3) bladder care; (4) bowel care; (5) medication pre-fill; (6) meal preparation; (7) laundry; (8) housekeeping; and (9) shopping.

### ***Mobility***

5. Appellant’s provider requested five minutes per episode of mobility assistance, five times per day, seven days per week (5x5x7).
6. Through the 7/10/25 notice, MassHealth modified the request for mobility by authorizing two minutes per episode, five times per day, seven days per week (2x5x7).
7. Appellant requires minimal physical assistance with mobility tasks; specifically, ambulating from locations or rooms within the home.

8. PT and OT documentation reflect treatment goals that Appellant will ambulate independently with an assistive device within 30 days of therapy.
9. Appellant has impaired ambulation and balance deficits secondary to neuropathy; pain in both feet and legs; the absence of toes on the right foot; a right foot wound; bilateral lower-extremity edema related to cardiac and renal issues; and generalized weakness.
10. Appellant has a history of frequent falls, including falls out of bed; is unable to bend due to back pain; can reach overhead only momentarily; and has restricted endurance due to extreme deconditioning following multiple hospitalizations since October 2024; he has shortness of breath with minimal exertion related to CHF.
11. Within the home, Appellant ambulates using a walker.

***Transfers***

12. Appellant's provider requested five minutes per episode, five times per day, seven days per week (5x5x7) for PCA assistance with transfers.
13. MassHealth modified the request by authorizing three minutes per episode, five times per day, seven days per week (3x5x7).
14. Appellant requires moderate physical assistance with transfers, specifically, transitioning from a seated or lying position to a standing position, and vice versa.
15. To transfer Appellant, the PCA must use both hands to physically assist Appellant to stand.
16. Appellant's multiple medical conditions, as explained within the PCM agency's comments related to mobility limit Appellant's ability to perform transfers independently.

***Bladder Care***

17. The PCM agency requested ten minutes per episode, three times per day, seven days per week (10x3x7) for bladder care assistance.
18. The PCM agency's clinical comments for toileting assistance, inclusive of both bladder and bowel care, indicate that Appellant requires moderate assistance with toileting, including bowel hygiene clothing management, and transfers.
19. MassHealth modified the request by authorizing eight minutes per episode, three times per day, seven days per week (8x3x7).

20. Appellant uses an elevated toilet seat, as recommended by OT, to increase independence in performing toilet-related transfers.
21. Even with using an elevated toilet seat, Appellant requires hands-on assistance being positioned on and off the toilet.

***Bowel Care***

22. The PCM agency requested twelve minutes of assistance with bowel care, two times per day, seven days per week. (12x2x7).
23. MassHealth modified the request by approving ten minutes, two times per day, seven days per week (10x2x7).
24. Appellant did not dispute the modification to bowel care.

***Medication Prefill***

25. Appellant's provider requested ten minutes per week (10x1x1) for the PCA to prefill Appellant's medication planner.
26. MassHealth denied the request (0x0) for medication pre-fill.
27. At the time of the evaluation and hearing, Appellant was receiving VNA services 1-2 times per week, during which the visiting nurse would check Appellant's INR levels.
28. Following the hearing, Appellant's representative indicated that Appellant's VNA nursing services had stopped; no supplemental documentation was provided during the record open period.

***Meal Preparation***

29. For meal preparation, the PCM agency requested seventy-five minutes of assistance per day, seven days per week (75x1x7).
30. MassHealth modified the request and authorized fifteen minutes per day (15x1x7), total, for meal preparation.
31. In addition to Appellant, three other household members are actively receiving PCA services.
32. Appellant requires maximum assistance with meal preparation; he is on a strict renal and cardiac diet; and his meals are prepared separately from the rest of his family/household members.

***Laundry***

33. Appellant's provider requested seventy-five minutes per week (75x1) for PCA assistance with laundry.
34. Appellant requires maximum physical assistance with sorting laundry, loading and unloading the washing/dryer machine, and folding and putting away cleaned clothes.
35. MassHealth modified the request authorizing fifteen minutes per week (15x1) for laundry.

***Housekeeping***

36. Appellant's PCM agency requested forty-five minutes per week (45x1) for maximum assistance with housekeeping assistance.
37. MassHealth authorized fifteen minutes per week (15x1) for assistance with housekeeping of Appellant's space only.

***Shopping***

38. Appellant's provider requested forty-five minutes per week (45x1) for maximum assistance with shopping.
39. MassHealth modified the request for shopping to fifteen minutes per week (15x1).

## **Analysis and Conclusions of Law**

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, provided that the services are prescribed by a physician or nurse practitioner who is responsible for the member's care; the member's disability is permanent or chronic in nature; the disability impairs the member's functional ability to perform at least two ADLs without physical assistance; and the requested services are medically necessary. See 130 CMR 422.403(C). 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.

See 130 CMR 450.204(A).

Services that are medically necessary “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.*” See 130 CMR 450.204(B) (emphasis added).

There is no dispute that Appellant meets the threshold eligibility requirements to qualify for PCA services. The issue on appeal is whether MassHealth authorized a sufficient level of PCA assistance necessary for Appellant to complete his activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Through the PCA program, MassHealth reimburses the PCA to perform medically necessary physical assistance with the following ADLs:

- (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.

See 130 CMR 422.410.

In addition, MassHealth reimburses for medically necessary PCA assistance with IADLs, which include tasks that are “instrumental to the care of the member’s health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.” 130 CMR 422.402.

When calculating the amount of assistance required to perform an IADL, MassHealth considers the following circumstances:

- (1) When a member is living with family members, the family member 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.***

See 130 CMR 422.410(C) (emphasis added).

For all categories of PCA care, including both ADLs and IADLs, MassHealth reimburses only for the activity time actually performed by a PCA and does not cover assistance in the form of cueing, prompting, supervision, guiding, or coaching, or services provided by family members. See 130 CMR §§ 422.411(A), 422.412(C).

As the moving party, Appellant bears the burden of proving that MassHealth's determination to modify each of the following areas of care was invalid. See *Andrews v. Division of Med. Assistance*, 68 Mass. App. Ct. 228, 231 (2007).

### ***Mobility***

Appellant requested five minutes, five times daily (5x5x7) for mobility assistance. MassHealth approved the requested number of daily and weekly episodes but modified the time per episode to two minutes (2x5x7).

The evidence supports the modification. According to the PCM nursing evaluation and PT/OT records, Appellant requires minimal assistance with mobility/ambulation, which, under the PCA program, means moving between locations or rooms within the home. As MassHealth explained at hearing, a need for minimal assistance indicates that Appellant requires, at most, twenty-five percent physical assistance to complete the task. Appellant's representative credibly testified to Appellant's ongoing issues with instability, slow gait, and history of falls – all of which is reflected in the PCM evaluation and therapy records. The clinical documentation, however, suggests that once Appellant is transferred into a standing position (addressed separately below) he is able to walk short distances using his walker. Although there was testimony suggesting that the PCA may need to intervene at certain times, such as lifting the walker to clear the threshold, there is insufficient evidence to demonstrate that such involvement accounts for more than twenty-five percent of the task.<sup>1</sup> Although Appellant's

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<sup>1</sup> If Appellant's condition deteriorated since the initial PCA evaluation, which served as the basis for the PA determination under appeal, Appellant may request that his PCM agency submit, at any time, a separate "adjustment" request with updated documentation reflecting any new or worsening condition resulting in the

slow gait may result in longer mobility times, MassHealth only reimburses for the hands-on assistance provided by the PCA, and explicitly, does not cover supervision or standby assistance. *See 130 CMR 422.411(A); 130 CMR 412.* MassHealth's authorization of 2x5x7 was consistent with the documented level of assistance required and that is reimbursable under the PCA program. The appeal is therefore DENIED with respect to mobility.

### ***Transfers***

Appellant requested five minutes of transfer assistance per episode, five times per day, seven days per week (5x5x7). MassHealth approved the requested frequency but modified the time to three minutes per episode (3x5x7). The clinical documentation indicates that while Appellant only requires minimal assistance when ambulating with a walker, he requires a greater level of assistance for transfers, that is, transitioning from a seated or lying position to a standing position. Specifically, the PCM evaluator assessed Appellant as requiring moderate assistance to complete transfers, meaning he requires fifty percent of physical assistance. *See Exh. 13, pp. 20-24.* The evidence establishes that Appellant's functional ability is compromised by his multiple documented conditions, including significant deconditioning, a chronic foot wound, the absence of toes on the right foot, bilateral lower edema, the inability to bend, and generalized pain. *Id.* Based on the clinical documentation submitted, and as further described through credible testimony by Appellant's representative, five minutes per transfer episode is reasonable and consistent with the time ordinarily required to perform transfers for someone who requires moderate physical assistance. Accordingly, the appeal is APPROVED as to transfers, as requested at: 5x5x7.

### ***Bladder care***

With respect to bladder care, Appellant requested ten minutes per episode, three times per day, seven days per week (10x3x7). MassHealth approved the daily and weekly frequency of episodes but modified the time to eight minutes per episode (8x3x7). According to the evidence, Appellant requires moderate assistance with bladder care activities. Because the time allotted for mobility-related transfers, above, does not pertain to toilet-related transfers, determinations under this category must account for the time needed to position the consumer on and off the toilet, in addition to performing hygiene and clothing management tasks. While Appellant does use an elevated toilet seat, Appellant's representative testified, in detail, that it does not sufficiently mitigate Appellant's transfer limitations. The record reflects that gaps on either side of the toilet, coupled with Appellant's ongoing balance instability, require moderate, hands-on PCA assistance to steady and position Appellant for bathroom related transfers. For these reasons, Appellant's request for 10x3x7 is supported by evidence in the record. The appeal is APPROVED with respect to bladder care.

### ***Bowel Care***

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need for increased PCA services following the initial evaluation.

The appeal is DISMISSED with respect to bowel care as Appellant did not dispute MassHealth's decision to modify the request by authorizing 10x2x7.

### ***Medication Prefill***

Appellant did not demonstrate that MassHealth erred in denying his request for ten minutes of medication prefill assistance per week (10x1x1). There is no dispute that Appellant requires physical assistance to fill his medication planner. MassHealth denied the request because documentation showed that this service could be performed through Appellant's weekly visiting nursing (VNA) visits, which, at the time of both the PA submission and hearing, were being covered through Medicare. MassHealth's denial was appropriately based, in part, on 130 CMR 450.316, which states that "all providers must make diligent efforts to obtain payment first from other resources, including casualty payer payments, so that the MassHealth agency will be the payor of last resort." Although, Appellant's representative reported that Appellant was no longer receiving VNA services following the hearing, there was no documentation submitted to substantiate why the nurse had been unable to fill Appellant's medication planner while services were active. It is noted that Appellant may request an adjustment through his PCM agency if there has been any recent change in condition or circumstance; however, based on the evidence relevant to this appeal, Appellant has not established, beyond a preponderance of the evidence, that MassHealth erred in modifying the request for medication prefill. This portion of the appeal is therefore DENIED.

### ***Meal Preparation***

The PCM agency requested seventy-five minutes per day for meal preparation (75x1x7), consisting of three daily meals at twenty-five minutes each. The documentation reflects that Appellant requires maximum assistance with meal preparation and cleanup and that he must adhere to a strict renal, cardiac, and diabetic diet that significantly limits his intake of sugar, potassium, phosphorus, and processed foods. Although MassHealth generally calculates IADL time on a shared basis where multiple PCA consumers reside in the same home, the regulations also permit consideration of individual circumstances when determining the amount of assistance required. See 130 CMR 422.410(C)(3). Here, the evidence establishes that Appellant's meal preparation needs are medically distinct from the other household members. Based on these individual circumstances, calculating meal preparation and cleanup on a shared household basis does not adequately reflect the level of assistance required to meet Appellant's individualized medical needs. The appeal is therefore APPROVED with respect to the issue of meal preparation at 75x1x7.

### ***Laundry and Housekeeping***

MassHealth modified Appellant's requests for both laundry and housekeeping based on shared-

household IADL rules and authorized fifteen minutes per week (15x1x1) for each category to reflect the time that would be needed for the PCA to assist in cleaning Appellant's personal space and laundry. Appellant's representative disputed the modifications, asserting that Appellant requires additional cleaning measures due to his increased risk of infection secondary to a chest catheter, an active foot wound, and a history of MRSA. While the testimony was credible, the PA request, which consisted of the PCM agency's initial PCA assessment, did not refer to clinical orders or infection control protocols that would substantiate the need for additional assistance with these IADLs as a medically necessary measure. While the regulations permit consideration of individual circumstances, such factors must be supported by adequate documentation of medical necessity and quality of care. See 130 CMR 450.204(B). Absent such documentation, Appellant has not sufficiently established that MassHealth erred in authorizing only fifteen minutes each for these tasks. The appeal is DENIED with respect to laundry and housekeeping.

### ***Shopping***

Appellant's PCM agency requested forty-five minutes per week for shopping (45x1x1). MassHealth modified the request to fifteen minutes per week, applying the shared-household IADL rules discussed above. Appellant's representative asserted that because of Appellant's individualized dietary concerns, his PCA spends additional time reading food labels in the store to ensure selected foods are consistent and comply with his numerous dietary restrictions. While such testimony is credible, the evidence in the record does not sufficiently demonstrate why these additional measures, e.g., reading food labels, cannot be accomplished within the authorized time, particularly where shopping for Appellant may occur concurrently with shopping for other household members. The evidence does not demonstrate that Appellant's shopping needs require PCA activity time beyond the fifteen minutes per week, as authorized by MassHealth under 130 CMR 422.410(C). As Appellant has not met his burden in demonstrating that MassHealth erred in modifying this request for shopping assistance, this portion of the appeal is DENIED.

## **Order for MassHealth**

For the PA period 7/10/25 through 7/9/26, authorize time, as requested, for the following ADLs/IADL:

- Transfers: 5x5x7
- Bladder Care: 10x3x7
- Meal Preparation: 75x1x7.

All other modifications, as addressed herein, are affirmed and may remain as authorized in the 7/10/25 notice. Ensure increase in total PCA hours is made retroactive to start of prior authorization period.

## **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.

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Casey Groff  
Hearing Officer  
Board of Hearings

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