

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; denied in part	Appeal Number:	2510850
Decision Date:	10/15/2025	Hearing Date:	8/22/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kelly Rayen, RN, Optum



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Dismissed in part; denied in part	Issue:	Prior authorization – PCA services
Decision Date:	10/15/2025	Hearing Date:	8/22/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	Pro se
Hearing Location:	Quincy (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

By notice dated July 18, 2025, MassHealth modified Appellant's request for prior authorization of personal care attendant (PCA) services. Exhibit 1. Appellant filed this timely appeal on July 23, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of prior authorization is a valid basis for appeal. 130 CMR 422.417(B) and 130 CMR 610.032. Appellant was entitled to retain the prior level of services pending the outcome of the hearing. 130 CMR 610.036.

Action Taken by MassHealth

MassHealth modified Appellant's request for prior approval of PCA services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410 and 450.204, in modifying Appellant's prior authorization request for PCA services.

Summary of Evidence

MassHealth was represented at remote hearing by a registered nurse/clinical appeals reviewer. Appellant appeared by phone. Both parties submitted documents prior to the hearing, Exhibits 4 and 5. A summary of testimony and documentary evidence follows.

Appellant is in his [REDACTED] with diagnoses including spastic quadriplegic cerebral palsy and legal blindness. In the prior year, Appellant had two long hospital stays due to COVID and was weak and deconditioned from these stays. Exhibit 4 at 14.

On July 10, 2025, [REDACTED] submitted a re-evaluation for PCA services, requesting 82.5 hours per week of PCA services on Appellant's behalf. On July 18, 2025, MassHealth modified Appellant's request and approved 73.75 PCA hours per week. The dates of service were from August 10, 2025 through August 9, 2026. Exhibit 1. Appellant was entitled to retain his prior level of services pending the outcome of the hearing, which was 81 hours per week.

MassHealth modified the requested PCA hours for four activities of daily living (ADLs): mechanical lift transfer, bathing, grooming, and bladder care. Exhibit 4 at 2. At hearing, MassHealth approved time for bathing (45 minutes, 1 time per day, 7 days per week for the main shower and 10 minutes, 1 time per day, 7 days per week for a sponge bath), grooming (10 minutes, 2 times per day, 7 days per week for oral care), and bladder care (5 minutes, 4 times per day, 7 days per week for emptying the catheter bag and 10 minutes, 1 time per day, 7 days per week for urinal assistance/adjustment of catheter) to Appellant's satisfaction. This approved time is addressed in the order below and the appeal is dismissed as to these areas.

For assistance with transfers via mechanical lift, Appellant requested 18 minutes, 4 times per day, 7 days per week. MassHealth approved 15 minutes, 4 times per day, 7 days per week. Exhibit 4 at 18-19. The MassHealth representative testified that the time requested was longer than ordinarily required. Based on the MassHealth representative's clinical experience, a typical transfer with a mechanical lift can take between 5 and 12 minutes per episode. In a letter dated August 15, 2025, Appellant's primary care nurse practitioner wrote that in the process of a mechanical transfer, Appellant requires frequent repositioning due to chronic pain caused by his lumbar degenerative disc disease. Exhibit 5. The MassHealth representative testified that MassHealth's time for task guidelines allow for 15 minutes per episode to allow for the time needed to reposition Appellant during the transfer to manage pain. Exhibit 6. Appellant was approved for 15 minutes per episode in the prior year. Additionally, the time Appellant requested for repositioning throughout the day apart from the mechanical lift was approved in full (3 minutes, 6 times per day, 7 days per week).

Appellant testified that his chronic pain and disc problems were not mentioned on the evaluation. Appellant is in a lot of pain and requires a lot of repositioning. Appellant experiences pain in his back, neck, and legs. Appellant is not able to estimate how long each transfer takes due to the sheer pain he experiences in the moment, but argued that the task takes longer than typical due to his pain.

Appellant argued that his PCA is providing hands-on care for the whole transfer and there is no waiting time to let pain subside. Appellant has a manual lift and described the steps performed to position him in the lift. Appellant argued that MassHealth has paid for him to see a pain management clinician and get injections to address the pain. The notes provided by the [REDACTED] reads “no strength to reposition himself in bed or in the wheelchair anymore, for comfort. States that since he had covid twice and with increased pain, he cannot do this on his own. Minimal use of hands, paraplegia. Total Dependence with all transfers. Mod assist reposition. Two recent hospital stays.” Exhibit 4 at 19.

Appellant testified that he is repositioned more times than the 6 episodes for which he has been approved for PCA assistance, as he requires repositioning in his wheelchair and recliner. Appellant testified that as he gets older, his needs are greater but his overall PCA time approved by MassHealth is less. The MassHealth representative suggested that Appellant reach out to his [REDACTED] to request an adjustment of his time for repositioning if he requires more than 6 episodes per day.

Findings of Fact

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

1. On July 10, 2025, [REDACTED] submitted a re-evaluation for PCA services, requesting 82.5 hours per week of PCA services on Appellant’s behalf.
2. On July 18, 2025, MassHealth modified Appellant’s request and approved 73.75 PCA hours per week from August 10, 2025 through August 9, 2026. Exhibit 1.
3. Appellant filed a timely appeal on July 23, 2025 and was entitled to retain the prior level of services (81 PCA hours per week) pending the outcome of the appeal. Exhibit 2.
4. Appellant is in his [REDACTED] with diagnoses including spastic quadriplegic cerebral palsy and legal blindness. In the prior year, Appellant had two long hospital stays due to COVID and was weak and deconditioned from these stays. Appellant suffers from chronic low back pain due to degenerative disc disease. Exhibit 4 at 14, Exhibit 5.
5. At hearing, Appellant and MassHealth agreed to restoration of PCA time for assistance with bathing, grooming, and bladder care, addressed in the order below.
6. For assistance with transfers via mechanical lift, Appellant requested 18 minutes, 4 times per day, 7 days per week.
7. MassHealth approved 15 minutes, 4 times per day, 7 days per week. Exhibit 4 at 18-19.

8. The time requested for repositioning throughout the day apart from the mechanical lift was approved in full (3 minutes, 6 times per day, 7 days per week). *Id.* at 19.
9. MassHealth's time for task guidelines list 15 minutes as the average time to transfer someone with a mechanical lift. Exhibit 6.
10. MassHealth's time for task guidelines list 3 minutes as the average time for repositioning for someone who requires minimal assistance. *Id.*

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 personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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 personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - (a) mobility, including transfers;
 - (b) medications,
 - (c) bathing/grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and
 - (g) toileting.
- (4) The MassHealth agency has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

The requested services must also be medically necessary for prior authorization to be approved. Pursuant to 130 CMR 450.204(A), a service is medically necessary if it is:

- (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.

Additionally, “[m]edically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality.” 130 CMR 450.204(B).

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:

- (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 basic care such as bathing, personal hygiene, and grooming skills;
- (4) dressing or undressing: physically assisting a member to dress or undress;
- (5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
- (6) eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
- (7) toileting: physically assisting a member with bowel and bladder needs.

(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 personal care 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 personal care 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 personal care 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.

Here, it is undisputed that Appellant qualifies for PCA services. At hearing, MassHealth approved time for bathing, grooming, and bladder care to Appellant's satisfaction. These are addressed in the order below and for these areas of care, this appeal is dismissed.

The remaining issue in dispute was MassHealth's modification of PCA assistance with the mechanical lift transfer. MassHealth approved 15 minutes per episode, which follows MassHealth's guidelines. Appellant testified that he requires frequent repositioning to manage pain during the transfer which causes it to take longer. While Appellant testified credibly that he experiences pain during the transfer, he did not offer sufficient justification why an increase of 3 minutes over the guidelines would be necessary. The MassHealth representative testified that the 15 minutes approved contemplates time needed to reposition in the lift. Accordingly, in the area of mechanical lift transfers, this appeal is denied.

Order for MassHealth

Adjust the time approved in the July 18, 2025 notice to include the time restored at hearing for bathing (45 minutes, 1 time per day, 7 days per week for the main shower and 10 minutes, 1 time per day, 7 days per week for a sponge bath), grooming (10 minutes, 2 times per day, 7 days per week for oral care), and bladder care (5 minutes, 4 times per day, 7 days per week for emptying the catheter bag and 10 minutes, 1 time per day, 7 days per week for urinal assistance/adjustment of catheter) effective August 10, 2025.

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 Optum. 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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