

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2511613
Decision Date:	11/5/2025	Hearing Date:	09/09/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:
Pro se

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

Appeal Decision:	Approved	Issue:	PCA
Decision Date:	11/5/2025	Hearing Date:	09/09/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings (Remote)	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated 7/28/25, MassHealth notified Appellant, a minor, that it modified his request for personal care attendant services based on its determination that the documentation did not establish medical necessity for the requested level of services. *See* 130 CMR 450.204; 130 CMR 422.000 *et. seq.* and Exh. 1. Appellant filed a timely appeal on 8/7/25. *See* 130 CMR 610.015(B) and Exh. 2. The denial and/or modification of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR §§ 450.204 and 422.000 *et. seq.* in modifying Appellant's request for personal care attendant services.

Summary of Evidence

At hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Appellant appeared on her own behalf. All parties appeared by telephone.

Through testimony and documentary evidence, the MassHealth R.N. representative presented the following information: Appellant is between the ages of [REDACTED] and is enrolled in MassHealth's personal care attendant (PCA) program. On 6/13/25, a registered nurse from [REDACTED] Appellant's personal care management (PCM) agency, conducted PCA reevaluation of Appellant to determine her level of need for continued PCA services. *See* Exh. 4, p 13. According to the nursing evaluation, Appellant has a relevant past medical history that includes left-sided weakness, obesity, postural orthostatic tachycardia syndrome (POTS), acute focal neurological deficits, stroke, autoimmune syndrome, diabetes mellitus, and sleep apnea for which she uses a CPAP device. *Id.* at 14-15. It was also noted that Appellant experiences recurrent episodes of weakness, decreased strength and standing tolerance, and reduced endurance. *Id.* at 14-15.

Based on the reevaluation, the PCM agency sent MassHealth a prior authorization (PA) request on 7/24/25 seeking 52 hours and 15 minutes of PCA services per week for dates of service beginning 8/20/2025 and ending 8/19/2026. *See* Exh. 1, p. 3; Exh. 4.

On 7/28/25 MassHealth modified Appellant's request to 43 hours and 45 minutes per week based on adjustments to the time requested for transfer assistance, bladder care, and bowel care. The modifications to each activity of daily living (ADL) were based on MassHealth regulations 130 CMR 422.410(A)(1) and 130 CMR 450.2014(A)(1) (medical necessity). *Id.*

Transfer Assistance

Appellant, through her PCM agency, requested transfer assistance at four minutes, eight times daily (4x8x7). *See* Exh. 4, p. 18-19. According to the nursing evaluation, Appellant requires moderate assistance with transfers; she uses a wheelchair/scooter to ambulate; can perform stand-pivot transfers with assistance, requires help transferring from bed to wheelchair and wheelchair to couch, and vice versa. *Id.* Appellant was noted to have a toe infection at the time of the evaluation. *Id.*

MassHealth modified the requested time to three minutes, eight episodes per day (3x8x7). *See* Exh. 1. MassHealth explained that the modification was based on its determination that the requested time per episode exceeded what was medically necessary and was longer than what she had in the previous authorization period. MassHealth explained that under the program regulations, MassHealth only reimburses the PCA for the direct hands-on assistance provided

during the transfer activity itself, and this does not include waiting periods while Appellant rests between transfer attempts.

Appellant testified that her condition has declined since the last previous authorization period. She reported increased frequency of neurological “episodes” characterized by left-sided paralysis, facial drooping, inability to speak, and loss of bladder and bowel control. She described these as sudden “glitches” in her brain, resembling a seizure or stroke, that temporarily render her immobile and nonverbal. She described that during such episodes, she is unable to transfer or assist in any movement and that, even after an episode, her muscles are weaker, and it takes her considerable time before she can regain her strength and balance needed to participate in transfer activities.

Additionally, Appellant testified that her size [REDACTED] makes transfers more difficult and longer. A single transfer typically involves the assistance of multiple PCAs. Due to her POTS diagnosis, Appellant becomes dizzy when going from a seated to standing position, as well as any activity that involves bending. While there is some waiting time involved, the PCAs provide hands-on assistance throughout the transfer process, which, excluding waiting time, takes at least four minutes to complete.

Appellant further testified that the PCM nurse who conducted the 6/13/25 reevaluation, spent approximately five minutes at her home and did not allow sufficient opportunity to describe her worsening symptoms or document the increased frequency of neurological episodes. Appellant explained that contrary to the nursing evaluation notes, she does not have a scooter. The PCM nurse declined Appellant’s offer to provide additional medical records to be included as part of the evaluation.

In advance of the hearing, Appellant submitted screenshots of medical records, including a two page list of her numerous diagnoses and medical conditions such as acute focal neurological deficit, anxiety and depression, autoimmune disease, [REDACTED] central pain syndrome, chronic fatigue, chronic neck, back and pelvic pain, cognitive decline, exertional dyspnea, history of nephrolithiasis (kidney stones); left facial numbness, left-sided weakness, neuropathy, seizures, among other diagnoses. *See* Exh. 5. The submission also documented several medical tests and evaluations completed since the PCA evaluation, including CT scans of Appellant’s head, neck, abdomen, and a brain MRI. *Id.* at 3.

Toileting Assistance (Bladder & Bowel Care)

Appellant, through her PCM agency, requested authorization for ten minutes, eight times daily (10x8x7) for daytime bladder care¹ and fifteen minutes twice daily (15x2x7) for bowel care. *Id.* at 27. According to the nursing evaluation, Appellant requires maximum assistance with

¹ Appellant’s request for nighttime bladder care was approved and is therefore not addressed in this appeal.

bladder and bowel care, including physical assistance with clothing management and toilet hygiene; she requires wheelchair assistance to and from the bathroom, and help transferring on and off the toilet. *Id.* The PCM nurse further noted, in support of the request, that Appellant becomes dizzy when bending and that she experiences increased heart rate and chest pain, decreased endurance and stamina, and overall weakness. *Id.*

MassHealth modified the request to five minutes, six times daily (5x6x7) for bladder care, thereby reducing both the frequency and the time per episode. For bowel care, MassHealth modified the time to eight minutes per episode, though approved the requested frequency (8x2x7). *See* Exh. 1.

The MassHealth representative testified that the basis for the modification was that the requested frequency and duration exceeded what is ordinarily required for individuals with Appellant's physical condition. The representative explained that Appellant had previously been approved for six bladder-care episodes per day and that no new documentation was provided to justify an increase. MassHealth further testified that the documentation submitted did not support the additional time requested per episode. MassHealth's authorization of five minutes and eight minutes for bladder and bowel care episodes, respectively, was based, in part, on the same rationale applied to the modification of transfer assistance. The representative explained that clinical record indicated the time requested included assistance with transferring via wheelchair to the bathroom and on and off the toilet. According to MassHealth, this time was not medically necessary given the documentation that Appellant was able to stand and pivot with assistance. MassHealth also noted that no time was requested for certain grooming tasks, such as oral and hair care, suggesting that Appellant retains some ability to perform toileting tasks that share similar functional requirements. Finally, MassHealth clarified that the authorized time includes only the hands-on portion of the activity – assisting Appellant to the toilet, managing clothing, and hygiene related tasks – not the time it takes Appellant to fully empty her bladder or bowel.

Appellant testified that the level of assistance she requires varies depending on whether she is having a neurological episode. On a "good day," she requires assistance with at least 8 bladder care episodes as she is unable to completely empty her bladder and therefore requires frequent toileting. Although she can assist with wiping, she is unable to reach behind due to her size and physical limitations. Appellant testified that she requires assistance pulling up her underwear and clothing because she becomes dizzy when bending over. Even on "good days," she requires the requested level of assistance to complete all toilet-related tasks.

During the days she is affected by a neurological episode, Appellant described that her left side becomes immobile, and she is unable to assist with any toileting tasks. She testified that her PCA's must change her absorbent product in bed on the days she is experiencing an episode(s) as she cannot move or assist; additionally, she experiences loss of bladder control up to 15-20 times per day, requiring frequent changes and associated repositioning. Attempts by one PCA

to change her during these periods are difficult due to her size and the “dead weight” on the left side, and that recovery after each episode leaves her very weak.

Findings of Fact

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

1. Appellant is between the ages of [REDACTED] and is enrolled in MassHealth’s PCA program.
2. Appellant has multiple chronic medical conditions, including left-sided weakness, obesity, postural orthostatic tachycardia syndrome (POTS), acute focal neurological deficits, stroke, autoimmune syndrome, diabetes mellitus, and sleep apnea for which she uses a CPAP device.
3. Appellant experiences frequent recurring neurological “episodes” characterized by left-sided paralysis, facial drooping, inability to speak, and loss of bladder and bowel control, which temporarily render her immobile and unable to assist with care.
4. On 7/24/25, the PCM agency sent MassHealth a PA request on Appellant’s behalf, seeking 52 hours and 15 minutes of PCA services per week for dates of service beginning 8/20/2025 and ending 8/19/2026.
5. On 7/28/25 MassHealth modified Appellant’s request to 43 hours and 45 minutes per week based on adjustments to the time requested for transfer assistance, bladder care, and bowel care.

Transfer Assistance

6. Appellant, through her PCM agency, requested transfer assistance at four minutes, eight times daily (4x8x7).
7. MassHealth modified the requested time to three minutes, eight episodes per day (3x8x7).
8. Appellant requires moderate assistance for transfer activities, and, due to her weight of [REDACTED] transfers are time consuming and may require multiple PCA to complete.
9. Appellant becomes dizzy when going from a seated to standing position, as well as any activity that involves bending.

Toileting Assistance (Bladder & Bowel Care)

10. Appellant, through her PCM agency, requested authorization for ten minutes, eight times daily (10x8x7) for daytime bladder care and fifteen minutes twice daily (15x2x7) for bowel care.
11. MassHealth modified the request for bladder care to five minutes, six times daily (5x6x7), thereby reducing both the frequency and the time per episode.
12. For bowel care, MassHealth modified the requested time to eight minutes per episode, though authorized the frequency as requested (8x2x7).
13. Appellant requires maximum assistance with bladder and bowel care, including physical assistance with clothing management and toilet hygiene; she requires wheelchair assistance to and from the bathroom, and help transferring on and off the toilet.
14. Appellant becomes dizzy when bending and she experiences increased heart rate and chest pain, decreased endurance and stamina, and overall weakness.

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, so long as the following conditions are met:² First, the services must be “prescribed by a physician or nurse practitioner who is responsible for the member’s...care.” 130 CMR 422.403(C)(1). Additionally, the “member’s disability [must be] permanent or chronic in nature and impair the member’s functional ability to perform [at least two] ADLs ... without physical assistance.” See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). 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

² PCA services are defined as “physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member’s authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.” See 130 CMR 422.002.

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).

Here, there is no dispute that Appellant meets all the pre-requisites to qualify for PCA services. This appeal addresses whether MassHealth authorized sufficient time for Appellant to receive medically necessary assistance with the modified ADLs.

Under program regulations, MassHealth will pay for a PCA to assist 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.

MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

Transfer Assistance

Based on the evidence in the record, and in consideration of the applicable regulations, Appellant

demonstrated that she requires four minutes of transfer assistance for each of the eight episodes authorized per day. In modifying her PA request, MassHealth reduced the requested time to three minutes per episode. This determination was based, in part, on documentation indicating that Appellant can participate in transferring tasks, including the stand-pivot action with assistance. To give context to the PCA evaluation notes, Appellant credibly testified that after she experiences a neurological episode, which are becoming more frequent, she is left with significant muscle weakness and decreased endurance, which limits her ability to meaningfully participate in transfer activities. Appellant testified that the time it takes her PCA to safely transfer her is prolonged due to her weight of [REDACTED] and limited ability to assist. Appellant's testimony was corroborated by the medical records she offered into evidence, which identify multiple neurological and autoimmune conditions that contribute to Appellant's overall weakness, limited endurance and reduced standing tolerance. The evidence indicates that, based on her impairments, Appellant requires more than three minutes of continuous hands-on support to complete a single transfer episode. Accordingly, the appeal is APPROVED with respect to transfer assistance.

Toileting Assistance (Bladder & Bowel Care)

MassHealth modified both the time and frequency of Appellant's request for bladder care assistance, specifically by adjusting the time per episode from 10 minutes to 5 minutes and modifying the frequency of bladder care assistance from eight episodes per day to six episodes per day. While MassHealth authorized two episodes of bowel care per day as requested, it modified Appellant's request for fifteen minutes per episode to eight minutes per episode. The evidence indicates that Appellant requires frequent and time-intensive assistance with toileting due to incontinence, neurological dysfunction, obesity, and limited mobility. Appellant credibly testified that she is unable to fully empty her bladder, and, during neurological episodes, experiences a complete loss of bladder control, resulting in the need for a minimum average of eight bladder care episodes per day. Additionally, Appellant was evaluated as requiring maximum toileting assistance given her limited functional capacity to participate in related toileting tasks. Based on the same reasoning cited in the preceding section, Appellant requires transfer assistance getting to, and on and off, the toilet. The evidence indicates that while Appellant is experiencing an episode, she is essentially bed-bound, requiring more intensive assistance with diaper changes; and even outside of such episodes, Appellant requires, at baseline, assistance with toileting transfers, clothing management, and hygiene related tasks, particularly with bowel care, due to her size and inability to reach or bend. Based on the foregoing, Appellant has demonstrated that her request for ten minutes of bladder care, eight times per day (10x8x7) and fifteen minutes of bowel care, twice daily (15x2x7) are medically necessary and supported by the evidence in the record. The appeal is therefore APPROVED with respect to bladder care and bowel care.

Order for MassHealth

Rescind modification notice dated 7/28/25. Approve Appellant's PA request, in full, for 52 hours and 15 minutes of PCA services per week, inclusive of the requested time for transfer and toileting assistance, for dates of service beginning 8/20/25 and ending 8/19/26.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

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