

Office of Medicaid BOARD OF HEARINGS

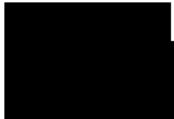
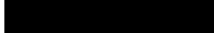
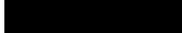
Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2511674
Decision Date:	10/21/2025	Hearing Date:	09/10/2025
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:

Via telephone:

 Pro se
 Husband/Surrogate
 Daughter

Appearances for MassHealth:

Via telephone:

Heather Adams, RN
Donna Burns, RN (Observing/Supervising)



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

APPEAL DECISION

Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Issue:	Prior Authorization – PCA
Decision Date:	10/21/2025	Hearing Date:	09/10/2025
MassHealth’s Rep.:	Heather Adams; Donna Burns	Appellant’s Rep.:	Pro se; Husband/Surrogate; Daughter
Hearing Location:	Quincy Harbor South, 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 August 5, 2025, MassHealth modified the appellant’s prior authorization request for personal care attendant (PCA) services (Exhibit 1). The appellant filed this appeal in a timely manner on August 8, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Modification and/or denial of PCA hours is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant’s prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in modifying the appellant’s prior authorization request for PCA services.

Summary of Evidence

The MassHealth representative appeared via telephone and identified herself as a registered nurse and clinical appeals reviewer. The appellant also appeared at hearing via telephone with her husband, who is her surrogate, and her daughter.

The MassHealth representative testified that the documentation submitted shows that the appellant is an adult over the age of 65 with primary diagnoses of Parkinson's, Lewy body dementia, bilateral lower extremity edema, increased fall risk, and weakness. On August 4, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services (initial evaluation) requesting 70.5 hours per week for dates of service of August 5, 2025 through August 4, 2026. On August 5, 2025, MassHealth modified the request to 62.0 hours per week. MassHealth made five modifications based on MassHealth regulations related to PCA assistance with the following: mobility – repositioning; bathing; bladder care; medications; and medical transportation.

Based on testimony at hearing, MassHealth adjusted the time for mobility – repositioning to 5 minutes, 8 times per day, 7 days per week, to which the appellant agreed, and fully restored time as requested for medical transportation to 20 minutes per week. The appellant agreed to MassHealth's modification of bathing to 50 minutes, 1 time per day, 7 days per week. As parties resolved the disputes for mobility – repositioning, medical transportation, and bathing, the appeal is dismissed as to those activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Bladder Care

The appellant requested 19 minutes, 6 times per day, 7 days per week for PCA assistance with bladder care. MassHealth modified it to 15 minutes, 6 times per day, 7 days per week because the time requested is longer than ordinarily required for someone with her physical needs.

The appellant is totally dependent for toileting and needs physical assistance with hygiene, clothing management, and transfers. The MassHealth representative testified that the time allowed is for physically assisting the appellant with hygiene and clothing management. It does not include any time for waiting. She noted that bowel care was approved in full at 19 minutes per an episode and typically, bladder care takes less time than bowel care.

The appellant testified that once she is situated on the toilet, there is a lot of waiting time because she starts and stops and is up and down off the toilet; however, the PCA is actively helping during that time because the appellant stands up, then back down, then up again, and then back down. The appellant needs help every time she gets up and down on the toilet. It isn't just waiting time, but hands-on assistance. She also needs supervision while on the toilet due to balance issues. She

explained that for toileting, she needs to be fully picked up from her chair, pivoted, and then a full assist onto the toilet. Rigidity is an issue for her and it can take a long time for her legs to bend. She is a full assist for hygiene. She goes more than six times per day. It has taken 30 minutes for bladder care before.

Medications

The appellant requested 5 minutes, 3 times per day, 7 days per week for PCA assistance with medications. MassHealth modified it to 3 minutes, 3 times per day, 7 days per week.

MassHealth testified that pursuant to documentation, the appellant has three medications listed. The others listed are supplements, which MassHealth does not count, and as needed medications. There was very little documentation provided to support the request.

The appellant testified that she takes pills in the morning (three pills), at 11:30AM (one pill), 4:30PM (one pill), and before bed (one pill). The pills are taken orally and the PCA puts them into her mouth for her and makes sure she swallows them. The PCA has to prompt her to swallow them which can take time when she is not processing well. One of the pills has to be given separately at night. The appellant's husband administers the pills in the morning and the PCA does the other ones. On the weekends, sometimes the PCA is there earlier and will do the morning pills.

Findings of Fact

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

1. The appellant is an adult over the age of 65 with primary diagnoses of Parkinson's, Lewy body dementia, bilateral lower extremity edema, increased fall risk, and weakness (Testimony and Exhibit 5).
2. On August 4, 2025, MassHealth received a prior authorization request for PCA services requesting 70.5 hours per week for dates of service of August 5, 2025 through August 4, 2026 (Testimony and Exhibit 5).
3. On August 5, 2025, MassHealth informed the appellant that it had modified the request to 62.0 hours per week (Testimony and Exhibits 1 and 5).
4. MassHealth made modifications related to PCA assistance with the following: mobility – repositioning; bathing; bladder care; medications; and medical transportation (Testimony and Exhibits 1 and 5).

5. At hearing, MassHealth adjusted the time for mobility – repositioning to 5 minutes, 8 times per day, 7 days per week, to which the appellant agreed (Testimony).
6. At hearing, the appellant agreed to MassHealth’s modification of bathing to 50 minutes, 1 time per day, 7 days per week (Testimony).
7. At hearing, MassHealth fully restored time as requested for medical transportation to 20 minutes per week (Testimony).
8. For PCA assistance with bladder care, the appellant seeks 19 minutes, 6 times per day, 7 days per week (Testimony and Exhibit 5).
9. MassHealth modified the request to 15 minutes, 6 times per day, 7 days per week (Testimony and Exhibit 5).
10. The appellant is totally dependent for bladder care and needs physical assistance with hygiene, clothing management, and transfers (Testimony and Exhibit 5).
11. For PCA assistance with medication, the appellant seeks 5 minutes, 3 times per day, 7 days per week (Testimony and Exhibit 5).
12. MassHealth modified the request to 3 minutes, 3 times per day, 7 days per week (Testimony and Exhibit 5).
13. The appellant takes pills orally in the morning (three pills), at 11:30AM (one pill), 4:30PM (one pill), and before bed (one pill).

Analysis and Conclusions of Law

MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when all of 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 or grooming;
- (d) dressing or undressing;
- (e) range-of-motion exercises;
- (f) eating; and
- (g) toileting.

(4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

See 130 CMR 422.403(C).

The requested services must also be medically necessary for the prior authorization to be approved. MassHealth will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is “medically necessary” if:

- 1) it is reasonably calculated to prevent, diagnose, prevent 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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider or identified by the Division 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.

(B) Medically 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. A provider must make those records, including medical records, available to the Division upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

See 130 CMR 450.204 (Emphasis added).

Pursuant to 130 CMR 422.410(A), 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.

Pursuant to 130 CMR 422.410(B), 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 Division as being instrumental to the health care of the member.

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;

(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; or

(G) surrogates, as defined in 130 CMR 422.402.

See 130 CMR 422.412 (emphasis added).

The appeal is dismissed as to mobility – repositioning, bathing, and medical transportation because at hearing, parties were able to resolve the disputes.¹

As to the appellant's request for 19 minutes, 6 times per day, 7 days per week of PCA assistance with bladder care, the appeal is approved in part. MassHealth modified the request to 15 minutes per episode; however, the appellant's testimony demonstrated that she requires more time than what was approved given her physical needs. She is totally dependent for all aspects of bladder care including clothing management, hygiene, and transferring on and off the toilet. All of this is time consuming, especially given the appellant's rigidity. The appellant has shown that additional time for PCA assistance with bladder care is medically necessary. Given that the appellant was approved for 19 minutes per episode for bowel care and bowel care, particularly the hygiene aspects, typically takes longer than bladder care, the appellant has not shown that the full 19 minutes requested is needed for bladder care. For these reasons, she is approved for 17 minutes, 6 times per day, 7 days per week for bladder care.

As to the appellant's request for 5 minutes, 3 times per day, 7 days per week of PCA assistance with medications, the appeal is denied. The appellant has not demonstrated that additional PCA assistance with medication takes longer than the time approved. Her husband, who is her surrogate, generally gives her the three pills required in the morning. The PCA is giving the appellant one pill at 11:30AM, 4:30PM, and before bed. The PCA puts the pill in the appellant's mouth, prompts her to take it, and makes sure she swallows it. Time for prompting and cueing is not covered by the PCA program and the appellant did not show why it would take longer than 3 minutes for the PCA to physically assist her with taking one pill. For these reasons, the appeal is denied as to the request for additional time for assistance with medications.

¹ The appellant is approved for 5 minutes, 8 times per day, 7 days per week for mobility – repositioning; 50 minutes, 1 time per day, 7 days per week for bathing; and 20 minutes per week for medical transportation.

For these reasons, the appeal is approved in part, denied in part, and dismissed in part.

Order for MassHealth

Approve 17 minutes, 6 times per day, 7 days per week for bladder care. If not already done so, implement agreements made at hearing for repositioning – mobility (5 minutes, 8 times per day, 7 days per week); bathing (50 minutes, 1 time per day, 7 days per week); and medical transportation (20 minutes per week).

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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