

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Dismissed in part, Denied in part	Appeal Number:	2511682
Decision Date:	10/28/2025	Hearing Date:	09/12/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:

[REDACTED]

Appearances for MassHealth:

[REDACTED], Optum
[REDACTED] 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:	PCA services
Decision Date:	10/28/2025	Hearing Date:	09/12/2025
MassHealth's Reps.:	Kelly Rayen, Mary-Jo Elliot	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South Telephonic		

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 7/31/25, MassHealth modified the appellant's prior authorization request for a personal care attendant (PCA). (130 CMR 422.410 and Exhibit 1). The appellant filed this appeal in a timely manner on 8/8/25. (130 CMR 610.015(B) and Exhibit 2). Modifications of a request for assistance are valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's request for PCA services.

Issue

The issue is whether MassHealth was correct, under 130 CMR 422.410, 422.412, and 450.204, in modifying the appellant's prior authorization request for PCA services.

Summary of Evidence

The MassHealth representative testified that the appellant is [REDACTED] with a primary diagnosis of [REDACTED], [REDACTED], [REDACTED], developmental delay, pseudo-hypoparathyroidism, and autism. The MassHealth representative testified that the appellant has home health aide services of 1 hour and 30 minutes per day. The MassHealth representative testified that the appellant lives with his two parents and two siblings, who also receive PCA and home health aide services. The MassHealth representative testified that the home health aide care plan states the home health aide is to assist the appellant with activities of daily living (ADLs), including grooming, bathing, dressing, toileting, ambulation, and transfers as needed. (Exhibit 5).

The MassHealth representative testified that a prior authorization PCA re-evaluation request was submitted to MassHealth on 7/17/25 by Tempus Unlimited, requesting 37 hours and 15 minutes per week for one year. The MassHealth representative testified that MassHealth modified the request on 8/1/25 to 26 hours and 30 minutes per week. The effective dates of service are 8/1/25 to 7/31/26. MassHealth made ten modifications to the prior authorization request.

At the hearing, the MassHealth representative approved the requested time for laundry (60 minutes per week). Both parties agreed to 45 minutes per week for housekeeping. The appellant accepted the MassHealth modifications of PCA assistance for Passive Range of Motion (PROM) exercises (zero), bathing (zero), oral care (3 minutes, once a day, every day), shaving (zero), application of lotion/deodorant (zero), dressing (zero), and nail soaks (10 minutes, once a day, every day) because they are duplicated services that the home health aide performs. The appeal of these issues is **dismissed**.

The MassHealth representative testified that MassHealth modified the request for grooming nails (clipping). The MassHealth representative testified that the time requested for grooming nails was 5 minutes once a day, seven days a week, and MassHealth modified it to 5 minutes once a week. The MassHealth representative testified that this was modified because the frequency requested for nail clipping is more often than is ordinarily required. The documentation submitted from the appellant's dermatologist states that the appellant requires daily nail soaks, but does not indicate the frequency of nail clipping. (Exhibit 5).

The appellant's mother testified that the appellant has a genetic disorder, so his nails grow differently. The appellant's mother testified that the nail beds become inflamed, and the appellant gets a lot of infections. (Exhibit 5). The appellant's mother testified that they have to file the appellant's nails very carefully because once they get sharp, they can become infected. The appellant's mother testified that they usually do it after the vinegar soaks. The appellant was approved for one vinegar soak daily by the PCA and one by the home health aide.

Findings of Fact

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

1. The appellant is [REDACTED] with a primary diagnosis of [REDACTED] [REDACTED] developmental delay, pseudo-hypoparathyroidism, and autism.
2. The appellant has home health aide services of 1 hour and 30 minutes per day.
3. The home health aide care plan states the home health aide is to assist the appellant with ADL's including grooming, bathing, dressing, toileting, ambulation, and transfers as needed.
4. The appellant lives with his two parents and two siblings, who also receive PCA and home health aide services.
5. A prior authorization PCA re-evaluation request was submitted to MassHealth on 7/17/25 by Tempus Unlimited, requesting 37 hours and 15 minutes per week for one year.
6. MassHealth modified the request on 8/1/25 to 26 hours and 30 minutes per week.
7. The effective dates of service are 8/1/25 to 7/31/26.
8. MassHealth made ten modifications to the prior authorization request.
9. At the hearing, MassHealth approved the requested time for laundry (60 minutes per week).
10. Both parties agreed to 45 minutes per week for housekeeping.
11. The appellant accepted the MassHealth modifications to PROM (zero), bathing (zero), oral care (3 minutes, once a day, every day), shaving (zero), application of lotion/deodorant (zero), dressing (zero), and nail soaks (10 minutes, once a day, every day).
12. The appeal of the modifications to time for laundry, housekeeping, PROM, bathing, oral care, shavings, the application of lotion/deodorant, dressing, and nail soaks are **dismissed**.
13. MassHealth modified the request for grooming nails (clipping). The time requested for

grooming nails was 5 minutes once a day, seven days a week, and MassHealth modified it to 5 minutes once a week. This was modified because the frequency requested for nail clipping is more often than is ordinarily required.

14. The documentation submitted from the appellant's dermatologist states that the appellant requires daily nail soaks, but does not indicate the frequency of nail clipping. (Exhibit 5).
15. The appellant has a genetic disorder, so his nails grow differently. The nail beds become inflamed, and the appellant gets infections.

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 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.

(130 CMR 422.403(C))

MassHealth will pay for PCA services provided to MassHealth members who can be appropriately cared for in the home. (130 CMR 422.401 *et seq.*). The member must require physical assistance. The personal care agency determines the extent of the personal care services provided by a paid PCA. (130 CMR 422.403). Personal care services consist of physical assistance with activities of daily living (ADLs). (130 CMR 422.410(A)).

120 CMR 422.410: Activities of Daily Living and Instrumental Activities of Daily Living

- (A) Activities of Daily Living. 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.

The requested services must also be medically necessary for prior authorization to be approved. (130 CMR 450.204). 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 MassHealth. Services that are less costly to the MassHealth include, but are not limited to, health care reasonably known by the provider or identified by the MassHealth 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.

Regulations at 130 CMR 422.412 describe non-covered PCA services, as follows:

MassHealth does not cover any of the following as part of the PCA program or the transitional living program. (130 CMR 422.412).

- (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.
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

Per 130 CMR 503.007, MassHealth is the payer of last resort and only pays for health care and related services when no other source of payment is available, except as otherwise required by federal law.

- (A) Health Insurance. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. Failure to do so may result in loss or denial of eligibility unless the applicant or member is
 - (1) receiving MassHealth Standard or MassHealth CommonHealth; and

- (2) younger than 21 years old or pregnant.
- (B) Use of Benefits. The MassHealth agency does not pay for any health care and related services that are available
 - (1) through the member's health-insurance, if any; or
 - (2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.

The MassHealth representative testified that there were ten modifications to the PA request. At the hearing MassHealth representative approved the requested time for laundry (60 minutes per week). Both parties agreed to 45 minutes per week for housekeeping. The appellant accepted the MassHealth modifications to PROM (zero), bathing (zero), oral care (3 minutes, once a day, every day), shaving (zero), application of lotion/deodorant (zero), dressing (zero), and nail soaks (10 minutes, once a day, every day) because they are duplicated services that the home health aide performs. The appeal of these issues is **dismissed**.

The time requested for grooming nails (clipping) was 5 minutes once a day, seven days a week, and MassHealth modified it to 5 minutes once a week. MassHealth modified the time that was requested for nail clipping because the frequency is more than is ordinarily required. The appellant's dermatologist's note states the appellant requires daily nail soaks to prevent infections, but it does not specify anything about nail clipping. There is no medical documentation that the appellant requires daily nail care beyond the approved nail soaks; therefore, the appeal of the modification to the request for grooming nails is **DENIED**.

Order for MassHealth

None, other than the implementation of the time approved by MassHealth at the appeal hearing.

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.

Christine Therrien
Hearing Officer
Board of Hearings



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