

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511696
Decision Date:	10/31/2025	Hearing Date:	9/19/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:

 spouse/guardian

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:	Denied	Issue:	Prior authorization – personal care attendant services
Decision Date:	10/31/2025	Hearing Date:	9/19/2025
MassHealth’s Rep.:	Kelly Rayen, RN	Appellant’s Rep.:	Spouse/guardian
Hearing Location:	Quincy (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

By notice dated July 14, 2025, MassHealth modified Appellant’s request for prior authorization of personal care attendant (PCA) services. Exhibit 1. Appellant filed this timely appeal on August 8, 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.

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 hearing by a registered nurse/clinical appeals reviewer, who submitted documents in support, Exhibit 4. Appellant was represented at hearing by her spouse/guardian, who submitted records in support, Exhibit 2. A summary of testimony and documentation follows.

Appellant is in her [REDACTED] with a primary diagnosis of cerebral infarction due to embolism of cerebral artery causing dizziness, impaired gait and balance, aphasia, and memory issues. Exhibit 4 at 14. Appellant is right-hand dominant but using her left hand more due to tremors in her right upper extremity. Appellant is incontinent and wears pull-up briefs.

On July 10, 2025, [REDACTED] Appellant's Personal Care Management Agency (PCMA), submitted a re-evaluation for PCA services, requesting 58 hours per week of PCA services on Appellant's behalf. On July 14, 2025, MassHealth modified Appellant's request and approved 52 PCA hours per week. The dates of service were from July 26, 2025 through July 25, 2026. Exhibit 1.

MassHealth modified the requested PCA hours for two activities of daily living (ADLs): passive range of motion (PROM) and bladder care. In the area of PROM, Appellant requested 5 minutes, 2 times per day, 7 days a week for each of the four extremities. *Id.* at 20. MassHealth denied this request, having determined that the requested services are not covered through the PCA program. The documentation provided with the request indicated that Appellant reportedly performed PROM with small dumbbells and resistance bands to strengthen, with minimal PROM done daily to prevent contractures. *Id.* The notes provided stated that Appellant demonstrated bending all joints upon request and PROM would serve to maintain this ability. PROM has provided improvement in Appellant's stiffness. *Id.*

The MassHealth representative testified that PROM is performed when a patient is unable to independently move a body segment and the PCA moves it for the patient. It is a task for bedbound or immobilized patients to prevent contractures or ease stiffness from contractures. The MassHealth representative testified that PROM does not increase or maintain functioning or strengthen a limb and it is not skilled physical therapy. Active range of motion (AROM) is not a covered PCA service. The MassHealth representative testified that AROM exercises require that an individual to use their own muscles to move a joint to improve strength and flexibility. AROM may include partial involvement from a therapist or caregiver to complete a movement correctly, but the patient does most of the movement. In those circumstances, the restricted motion is the result of weakness or pain, but the patient is using their own muscles to move joints. PROM, alternatively, occurs when an external force moves the limb in the full arc of motion without any effort from the patient.

The MassHealth representative argued that the documentation provided indicated that Appellant is engaging in AROM, not PROM. Appellant is able to walk with PCA assistance. Appellant is able to transfer on and off furniture with assistance from the PCA, showing that she is able to put her joints

in motion. MassHealth has not previously approved time for Appellant to receive PROM assistance. The MassHealth representative testified that Appellant may have the PCMA request additional time for mobility and transfers to capture some of the time needed to assist Appellant in getting into the appropriate position for home exercises.

Appellant's representative testified Appellant cannot perform her exercises without assistance. Appellant cannot take her equipment out and set it up herself. Though Appellant can walk with assistance, she requires help due to her balance. She cannot wheel herself in wheelchair or use a walker independently. Appellant cannot rotate her right arm and tremors render the right arm useless. The exercises mitigate the tremors and allow Appellant to have more control. Appellant's representative testified that when Appellant does her exercises, he must take out the weighted cuff and arrange it for her so she can grab it, then take it from her and put it away when she is done. Appellant requires assistance with the movements to achieve full range of motion. Appellant needs constant supervision given her vertigo, even when she is sitting in a chair. Appellant submitted medical records in support of the appeal. Exhibit 2. However, the medical records do not indicate that any of Appellant's extremities are immobilized.

In the area of bladder care, Appellant requested 20 minutes, 4 times per day, 7 days per week and 12 minutes, 6 times per day, 7 days per week, for a total of 1064 minutes per week for daytime bladder care. *Id.* at 27-28. MassHealth modified the request, approving 20 minutes, 7 times per day, 7 days per week for a total of 980 minutes per week for daytime bladder care. The MassHealth representative testified that the time requested was longer and more often than ordinarily required. The notes indicate that Appellant voids frequently with each event taking approximately 10 minutes. *Id.* at 27. The records did not explain why the request was broken up into two subcategories. Appellant requires assistance ambulating to and from the toilet and with clothing management but is independent for hygiene. The MassHealth representative testified that Appellant was approved for the same amount of daytime bladder assistance in the prior year. The MassHealth representative testified that the time approved would cover both trips to the toilet and assistance with incontinence changes.

Appellant's representative testified that Appellant has to use the toilet a lot and is sensitive when she has difficulty. Appellant can urinate up to 5 times during a meal. Appellant's urination is more frequent because she has an infection. Appellant occasionally has an accident if she cannot get to the toilet in time, and other times she is not aware that she has had an accident. Appellant's representative estimated that Appellant visits the bathroom at least every hour and confirmed that assistance with toileting takes about 10 minutes each time. The MassHealth representative testified that the time approved would cover 14 episodes of toileting daily during the daytime hours. Appellant was also approved for night assistance with bladder care. Appellant's representative testified that Appellant's toileting needs are the same as they have been in the prior year.

Appellant's representative asked why Appellant's PCA hours are decreasing when her status has not changed. The MassHealth representative noted that the current prior authorization request

included less frequent assistance with mobility issues, including ambulation, transfers, and repositioning. In the prior year, Appellant had requested and was approved for 10 episodes of each mobility activity daily. In this prior authorization request, Appellant's PCMA only requested 8 episodes each of ambulation and transfers and 6 episodes of repositioning. These were approved as requested. *Id.* at 18-19.

Appellant's representative testified that Appellant's PCA lives in the home with her. The MassHealth representative testified that as Appellant's needs become more supervisory than hands-on, she may qualify for Adult Foster Care in lieu of a PCA.

Findings of Fact

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

1. On July 10, 2025, [REDACTED] Appellant's PCMA, submitted a re-evaluation for PCA services, requesting 58 hours per week of PCA services on Appellant's behalf.
2. On July 18, 2025, MassHealth modified Appellant's request and approved 52 PCA hours per week from July 26, 2025 through July 25, 2026. Exhibit 1.
3. Appellant filed a timely appeal on August 8, 2025. Exhibit 2.
4. Appellant is in her [REDACTED] with a primary diagnosis of cerebral infarction due to embolism of cerebral artery causing dizziness, impaired gait and balance, aphasia, and memory issues. Exhibit 4 at 14. Appellant is right-hand dominant but using her left hand more. Appellant is incontinent and wears pull-up briefs.
5. For assistance with PROM, Appellant requested 5 minutes, 2 times per day, 7 days a week for each of the four extremities. *Id.* at 20.
6. MassHealth denied this request. *Id.*
7. Documentation indicated that Appellant reportedly performed PROM with small dumbbells and resistance bands to strengthen, with minimal PROM done daily to prevent contractures. Appellant demonstrated bending all joints upon request. *Id.*
8. Supporting medical records did not indicate that any of Appellant's extremities are immobilized. Exhibit 2.
9. In the area of bladder care, Appellant requested 20 minutes, 4 times per day, 7 days per week and 12 minutes, 6 times per day, 7 days per week, for a total of 1064 minutes per

week for daytime bladder care. Exhibit 4 at 27-28.

10. MassHealth approved 20 minutes, 7 times per day, 7 days per week for a total of 980 minutes per week for daytime bladder care. MassHealth approved the same amount in the previous authorization.
11. Appellant's representative testified that Appellant's bladder care needs are the same as in the prior year.

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. The issues in dispute are MassHealth's denial of PROM assistance and modification of time required for assistance with bladder care.

Regarding PROM, this appeal is denied. PROM is defined by the regulation as "movement applied to a joint or extremity by another person solely for the purpose of maintaining or improving the distance and direction through which a joint can move." 130 CMR 422.402. MassHealth's interpretation is that PROM is not indicated for an individual who can move their major joints independently. The medical notes indicate that Appellant can move her joints and performs strengthening exercises to address her tremors. Based on the testimony provided and the records, Appellant's request for PROM does not meet the regulatory definition.

Regarding bladder care, this appeal is denied. Appellant's representative testified that Appellant's needs are the same as in the prior year. MassHealth approved the same amount of time that had been granted in the prior year. Additionally, the amount of time approved matches the testimony that Appellant requires 14 visits to the toilet and 10 minutes for each visit.

Accordingly, this appeal is denied.

Appellant's representative questioned why Appellant's PCA assistance has decreased when her needs are the same. Appellant's representative is encouraged to speak to the PCMA to determine if any additional time can be requested for mobility assistance, as less time was requested for mobility

tasks than in the prior year. Additionally, Appellant may request additional time for mobility and transfers to capture some of the time needed to assist Appellant in getting into the appropriate position for home exercises.

Order for MassHealth

None.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings


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