

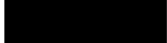
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed in part; Denied in part	<b>Appeal Number:</b>	2512026
<b>Decision Date:</b>	10/28/2025	<b>Hearing Date:</b>	10/22/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**



Surrogate/Appeal Representative

**Appearance for MassHealth:**

Kelly Rayen, R.N., Clinical Appeal 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

<b>Appeal Decision:</b>	Dismissed in part; Denied in part	<b>Issue:</b>	Prior Authorization; Personal Care Attendant (PCA) Services
<b>Decision Date:</b>	10/28/2025	<b>Hearing Date:</b>	10/22/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, R.N.	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 13, 2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services. See 130 CMR 450.303; 130 CMR 422.410; and Exhibit 1. The appellant filed a timely appeal on August 14, 2025. See 130 CMR 610.015(B) and Exhibit 2. A decision regarding the scope or amount of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

## Action Taken by MassHealth

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

## Issue

Whether MassHealth was correct in modifying the appellant's request for PCA services pursuant to 130 CMR 422.410 and 130 CMR 450.303.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant's surrogate appeared on his behalf and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the documentation submitted shows that the appellant is over 65 years of age with a [REDACTED]. The appellant has [REDACTED]. He has poor safety awareness, dual incontinence, and increased agitation and confusion. Exhibit 5, pp. 33-34. He has had a significant decline in functional status and is now dependent for all care which prompted the request for a prior authorization adjustment. *Id.* at 2.

On August 11, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization adjustment for PCA services requesting an additional 38 hours and 45 minutes per week for a total PCA service hours of 108 hours and 15 minutes per week for dates of service of August 11, 2025 to March 29, 2026. The appellant had 69 hours and 30 minutes per week. On August 13, 2025, MassHealth modified the request to 74 hours and 30 minutes per week. MassHealth made seven (7) modifications related to PCA assistance, namely: mobility (transfers), repositioning, bathing, dressing, toileting (bladder care and bowel care), and laundry. See generally Exhibit 5.

Based on the testimony at the hearing, MassHealth fully restored the time as requested for PCA assistance with toileting (bowel care – 19x2x7)<sup>1</sup>. The appellant's surrogate agreed with MassHealth's modifications made to time requested for PCA assistance with repositioning (5x6x7)<sup>2</sup>, bathing (45x1x7 and 10x3x7(incontinence care)), dressing (25x1x7 and 15x1x7), toileting (bladder care – 15x6x7), and laundry (130x1x1). *Id.* at 4-5, 38, 40-41, 46, 56.

The only modification remaining in dispute during the hearing was for the PCA service hours for mobility (transfers). The appellant requested 10 minutes, 6 times per day, 7 days per week. MassHealth modified this request to 7 minutes, 6 times per day, 7 days per week because it determined that the time requested is longer than ordinarily required for someone with the appellant's physical needs. *Id.* at 3. The MassHealth representative stated that the appellant has been approved for two PCAs to complete a pivot transfer which includes getting the appellant up into position, pivoting, and sitting him down in his wheelchair.

The appellant's surrogate testified that the appellant's health has declined significantly and at a rapid rate. She stated that she is currently consulting with his medical team to identify the underlying cause of this decline. She explained that previously, the appellant's PCA was able to

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<sup>1</sup> The notation (AxBxC) refers to A minutes per session, B times per day, C days per week.

<sup>2</sup> It should be noted that the time approved by MassHealth for this task is more than what was requested by the PCM agency in its request for adjustment.

assist him from sitting to standing and pivoting him safely into his wheelchair. However, due to his deteriorating condition, the appellant tends to fall back down on his bed multiple times during the standing process, resulting in multiple attempts for transfers. The surrogate noted that approximately 90% of the time, both her assistance and that of the PCA are needed to complete the transfer safely.

The MassHealth representative reiterated that the appellant has been approved for two PCAs. The surrogate acknowledged that the approved time is sufficient for two PCAs, but she added that she has been unable to find additional staff due to limited available hours.

## Findings of Fact

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

1. The appellant is over 65 years of age with a primary diagnosis of vascular dementia. The appellant has secondary diagnosis of [REDACTED] (Testimony and Exhibit 5).
2. The appellant has poor safety awareness, dual incontinence, and increased agitation and confusion. He has had a significant decline in functional status and is now dependent for all care. (Testimony).
3. On August 11, 2025, MassHealth received a prior authorization adjustment for PCA services requesting an additional 38 hours and 45 minutes per week for dates of service of August 11, 2025 to March 29, 2026. (Testimony and Exhibit 5).
4. On August 13, 2025, MassHealth informed the appellant that it had modified the request to 74 hours and 30 minutes per week. (Testimony and Exhibit 1).
5. MassHealth made seven (7) modifications related to PCA assistance, namely: mobility (transfers), repositioning, bathing, dressing, toileting (bladder care and bowel care), and laundry. (Testimony and Exhibit 1).
6. At the hearing, MassHealth fully restored the time as requested for PCA assistance with toileting (bowel care), which resolved the dispute related to PCA assistance with this task. (Testimony).
7. At the hearing, the appellant's surrogate agreed with MassHealth's modifications made to time requested for PCA assistance with repositioning (5x6x7), bathing (45x1x7 and 10x3x7(incontinence care)), dressing (25x1x7 and 15x1x7), toileting (bladder care – 15x6x7), and laundry (130x1x1), which resolved the disputes related to PCA assistance with these tasks.

(Testimony).

8. The appellant requested 10 minutes, 6 times per day, 7 days per week for transfers. MassHealth modified this request to 7 minutes, 6 times per day, 7 days per week because it determined that the time requested is longer than ordinarily required for someone with the appellant's physical needs. (Testimony and Exhibit 5).
  - a. The appellant has been approved for two PCAs.
  - b. The time approved is sufficient for two PCAs to perform the task of transfers.
9. The appellant filed a timely appeal on August 14, 2025. (Exhibit 2).

## **Analysis and Conclusions of Law**

Regulations concerning personal care attendant (PCA) services are found at 130 CMR 422.000, et seq. PCA is defined as a person who is hired by the member or surrogate to provide PCA services. See 130 CMR 422.402. PCA services are physical assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), as described in 130 CMR 422.410. Id.

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 PCA services are authorized for the member in accordance with 130 CMR 422.416.
- (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 PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.<sup>3</sup>

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<sup>3</sup> 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 costly to MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by 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. See 130 CMR 450.204(A).

See 130 CMR 422.403(C).

The regulation concerning ADLs in 130 CMR 422.410 is as follows:

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL:

- (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.

(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 PCA 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 PCM 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 PCA 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, there is no dispute that the appellant meets all the requirements to qualify for PCA services. The issue is whether MassHealth allowed sufficient time in accordance with the PCA program regulations.

MassHealth will approve “activity time performed by a PCA in providing assistance.” See 130 CMR 422.411. “Activity time” is defined as the “actual amount of time spent by a PCA physically assisting the member” with his ADLs/IADLs. See 130 CMR 422.402.

At issue in this appeal were modifications of time requested for PCA assistance for the appellant with both ADLs and an IADL. The following ADLs were the subject of modifications: mobility (transfers), repositioning, bathing, dressing, toileting (bladder care and bowel care). The following IADL was the subject of modification: laundry.

At the hearing, the appellant’s surrogate accepted the modifications made by MassHealth as described above. Since the parties reached a resolution regarding these issues, these portions of the appeal are DISMISSED in accordance with 130 CMR 610.035(A)(8).

One modification regarding the requested time for mobility (transfers) remained in dispute. MassHealth modified the requested time for PCA service hours for transfers to 7 minutes, 6 times per day, 7 days per week because it determined that the time requested is longer than ordinarily required for someone with the appellant’s physical needs. The MassHealth representative referenced the appellant’s medical records and stated that the appellant has been classified as requiring a maximum level of assistance. See Exhibit 5, p. 37. Additionally, he has been approved for two PCAs to assist with the task of transfers.

The appellant’s surrogate agreed that the time allowed for this task is sufficient when there are two PCAs assisting. However, she complained that she has been unable to find additional staff due to limited available hours. Based on the evidence presented, there is no dispute that the time allowed for PCA service hours for this task is sufficient. The concern raised relates to the unavailability of PCAs to provide the service. As such, the appellant has failed to demonstrate by a preponderance of the evidence that MassHealth has not allowed sufficient time in accordance with the PCA program regulations. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)(“[p]roof by a preponderance of the evidence is the standard generally applicable to

administrative proceedings”); 130 CMR 450.204(A). As such, MassHealth was correct in modifying the appellant’s request for PCA services pursuant to 130 CMR 422.410. Accordingly, the appellant’s request for additional time for this task is DENIED.

## **Order for MassHealth**

For the PA period beginning on August 11, 2025 ending on March 29, 2026, approve the following PCA service hours:

- Mobility (transfers): 7 minutes, 6 times per day, 7 days per week;
- Repositioning: 5 minutes, 6 times per day; 7 days per week;
- Bathing: 45 minutes, once per day, 7 days per week and an additional 10 minutes, three times per day, 7 days per week for incontinence care;
- Dressing: 25 minutes, once per day, 7 days per week and an additional 15 minutes, once per day, 7 days per week;
- Toileting (bowel care): 19 minutes, twice per day, 7 days per week;
- Toileting (bladder care): 15 minutes, 6 times per day, 7 days per week;
- Laundry: 130 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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings



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