

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512150
Decision Date:	11/10/2025	Hearing Date:	09/24/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Robin Brown, OTR/L

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Prior Authorization – PCA Services
Decision Date:	11/10/2025	Hearing Date:	09/24/2025
MassHealth’s Rep.:	Robin Brown, OTR/L	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South 4 (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 8, 2025, MassHealth denied the appellant's request for prior authorization (PA) of personal care attendant (PCA) services. (Exhibit 1). The appellant filed this appeal in a timely manner on or about August 18, 2025. (130 CMR 610.015; Exhibit 2). Denial of a PA request is a valid basis for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s PA request for PCA services.

Summary of Evidence

The MassHealth representative, who is a registered occupational therapist and clinical appeals reviewer, testified that the appellant is an adult female who is under the age of [REDACTED]. Her primary medical diagnoses include frailty, major depressive disorder, anxiety, hypothyroidism, bipolar depression, post-traumatic stress disorder (PTSD), reflux, chronic pain in the esophagus, and achalasia of the esophagus. (Exhibit 7, p. 19). The MassHealth representative explained that while frailty is not technically a medical diagnosis, it is a condition. She stated that frailty means that a consumer is not doing well because of other medical issues presently occurring. Additionally, the MassHealth representative explained that achalasia of the esophagus is a condition that exists when the lower esophageal sphincter tightens up and prevents food from entering the stomach. She stated that the documentation that was submitted establishes that the appellant has undergone numerous medical procedures to try to correct this condition, without success thus far. (Exhibit 5). The appellant had a surgical fusion of her neck bones in 2024, and an issue with her left rib cage, though this issue was not specified in the documentation that was submitted on behalf of the appellant. (Exhibit 7, p. 20).¹

The appellant lives independently, she is legally married though presently separated from her spouse. The MassHealth representative testified that the documentation that was submitted on behalf of the appellant by [REDACTED] a Personal Care Management (PCM) services agency, indicates the appellant was initially assessed for PCA services in February 2025. *Id.* At that time, it was determined that the appellant did not qualify for the PCA program and the registered nurse and occupational therapist that evaluated her recommended that she obtain durable medical equipment (DME) and contact a home health agency to request home health services. *Id.*

The MassHealth representative stated that months later, the appellant was assessed again for PCA services and at that time it was noted that the appellant lost 15 pounds, she was experiencing general weakness, and she was spending 18 hours (each day) in bed. (Exhibit 7, pp. 16-17). Additionally, it was noted that the appellant was having a hard time walking and bending her legs and that she would not leave her house. (Exhibit 7, p. 17). The appellant can ambulate inside of her house without any assistive devices, her gait is steady, and her pace is normal. (Exhibit 7, p. 20). She can transfer independently, except for tub transfers. *Id.* The appellant's range of motion is functional, and she can bend down and reach her feet when in a seated position. The appellant has difficulties with bending from a standing position, presumably due to pain, though it was not specified in the paperwork that was submitted on behalf of the appellant. The appellant's coordination and strength are intact and DME was recommended to her again because she had not yet obtained it. *Id.* The appellant has a neck brace, but she does not wear it, and she does not receive any other services (i.e. home health). Again, home health services and DME were recommended to the appellant.

¹ The appellant clarified that she fell and fractured 2 of her ribs.

The MassHealth representative testified that [REDACTED] the appellant's PCM agency, submitted an initial evaluation request to MassHealth on the appellant's behalf on July 29, 2025, seeking 7 hours and 45 minutes of day/evening PCA assistance per week. She testified that by notice dated August 8, 2025, MassHealth denied the requested time of day/evening PCA assistance because the appellant's clinical record indicates that she does not require physical assistance with 2 or more activities of daily living (ADLs). (Exhibit 1). The time period for this PA request is July 29, 2025, through July 28, 2026. (Exhibit 1, p. 2).

The MassHealth representative stated that the appellant's PCM agency requested PCA assistance for bathing as follows: 15 minutes, once per day, 7 days per week (15 x 1 x 7) for bathing and 3 minutes, once per day, 7 days per week (3 x 1 x 7) for washing hair. (Exhibit 7, p. 27). MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME. Specifically, the recommended DME for bathing includes: a non-slip bathmat, bars installed in her shower, and a shower chair. Further, MassHealth identified alternative services (physical/occupational therapy, long-handed sponge) that could help the appellant with bathing, all of which are less costly options.

Additionally, the appellant's PCM agency requested PCA assistance for grooming as follows: 5 minutes, once per day, 7 days per week (5 x 1 x 7) for nail care, 3 minutes, once per day, 7 days per week (3 x 1 x 7) for hair care, 5 minutes, once per day, once per week (5 x 1 x 1) for shaving, and 3 minutes, once per day, 7 days per week (3 x 1 x 7) for other (application of lotion). (Exhibit 7, p. 29). MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME. Further, the documentation that was submitted on behalf of the appellant indicates that she has sufficient hand-function, balance, and strength in her upper body. (Exhibit 7, p. 20).

The appellant's PCM agency requested PCA assistance for dressing/undressing as follows: 10 minutes, once per day, 7 days per week (10 x 1 x 7) for dressing, and 5 minutes, once per day, 7 days per week (5 x 1 x 7) for undressing. (Exhibit 7, p. 31). MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME. Further, the documentation that was submitted on behalf of the appellant indicates that: she has sufficient hand-function, balance, and strength in her upper body, she can independently don/doff her upper body clothing, she can reach her feet from a seated position, and that she can manage her lower body clothing from her knees to her hips. (Exhibit 7, pp. 20, 31). MassHealth identified an alternative service (a sock and shoe assist device) that could help the appellant with donning/doffing socks and shoes, which is a less costly option.

The MassHealth representative noted that the documentation that was submitted on behalf of the appellant did not include any time requested for PCA assistance for the following ADLs: mobility,

passive range of motion (PROM), eating, toileting, assistance with medications, other healthcare needs. (Exhibit 7, pp. 24-26, 33-38). The MassHealth representative stated that the lack of requested PCA assistance for the ADLs described above indicated to MassHealth that the appellant can perform said ADLs independently, as the documentation that was submitted on behalf of the appellant indicates that she has sufficient hand-function, balance, and strength to do so. (Exhibit 7, p. 20).

The appellant testified that, as of the hearing date, she obtained the recommended DME. Specifically, the appellant obtained a shower chair, slip mats, and she has bars in her shower. She stated that even with the shower chair and bars, she fell twice in the past 2 months when she was getting into her shower. The appellant explained that she experiences esophageal pain on occasion, which is so great that it causes her to pass out and fall. She explained that when this occurs, it scares her because she lives alone. She stated that she fractured 2 of her ribs due to falling on one occasion. Approximately 2 weeks ago, the appellant fell again which resulted in a large bruise forming on her upper body. The appellant notified her primary care physician (PCP) who also recommended PCA services in June 2025 and again in August 2025. (Exhibits 5, 9). Specifically, the letters state that PCA services are recommended for the appellant for assistance with her personal hygiene, mobility, toileting, and mealtimes. *Id.*

Additionally, the appellant stated that she recently underwent an Endo flip procedure, because she is preparing to meet with a thoracic surgeon regarding her esophageal diagnosis, and whether it was correctly diagnosed. She explained that she underwent a hiatal procedure several years ago and during this procedure, there were medical complications that were left untreated. She is hopeful to receive a second medical opinion regarding whether her previous surgeries for her esophageal pain were necessary or whether she was misdiagnosed. The appellant noted that she does have good days when she is not experiencing pain, but on the days that she does experience esophageal pain, she cannot eat nor get out of bed because the pain is so great. Additionally, the appellant is incontinent on the days that she experiences esophageal pain. She testified that she is doing the best that she can but needs some help. She added that her PCP is upset that her request for PCA services was denied, though she understands that PA requests for PCA services are determined by MassHealth. The appellant noted that her PCP is also upset that only 7 hours and 45 minutes of PCA services were requested by her PCM agency because the appellant requires more time than what was requested. The appellant lost more weight, and she is becoming weaker.

The appellant testified that she barely drives, though when she is having good days, she can drive herself to the grocery store independently. She receives some help from her family members, but they have lives of their own. She stated that she worked her entire life until her health started declining. In response, the MassHealth representative testified that she can certainly understand what the appellant must be going through. However, she explained that the PCA program has specific guidelines that consumers must meet to qualify for said program. Here, in accordance with the documentation that was submitted on behalf of the appellant, MassHealth determined that the appellant does not meet the guidelines to qualify for the PCA program, though she may qualify

for other programs, like home health services, occupational therapy (OT), physical therapy (PT) from trained therapists to: show her how to safely shower/manage pain, ensure that the correct DME (i.e. shower chair) is suitable, assist her in regaining her strength, and identify additional adaptive equipment, such as a sock and shoe assist device that would not require the appellant to bend down when donning/doffing her socks and shoes, long-handed sponges that will help the appellant when she bathes, a handicapped placard for her vehicle, and that she submit a prescription for transportation (PT-1) to obtain rides to her medical appointments. She further explained that based on the documentation that was submitted on behalf of the appellant, it appears that DME, home health services, and a PT-1/handicapped placard were already recommended to the appellant. She suggested that the appellant contact her PCP and see if she can obtain a referral for home health services.

The appellant stated that she already tried using a long-handed sponge, to no avail. She stated that she cannot bend or stretch her arms to wash her hair or lift anything heavy because any stretching triggers esophageal pain. The MassHealth representative asked when the appellant last engaged in PT and OT services; the appellant responded that she last engaged in said services last year, following her neck surgery. The MassHealth representative asked the appellant if she was still experiencing neck pain; the appellant stated that her neck was fine, her esophageal pain is the issue. The MassHealth representative explained that OT and PT focus on different areas of the body, which can change on a yearly basis. The MassHealth representative stated that the appellant could benefit from additional PT/OT services which could focus on her present esophageal issues. The appellant stated that the esophageal pain that she is experiencing prevents her from showering/washing her hair, grooming, eating, and donning/doffing socks. Therefore, she stopped wearing socks, she does not wash her hair, and she barely eats.

The MassHealth representative stated that given the appellant's upcoming medical appointments/potential surgeries, and the fact that the appellant's pain fluctuates, it appears that her esophageal pain is not chronic in nature; rather, it is acute. As such, she stated that there are other less-costly services available that could meet the appellant's needs. She recommended that the appellant consider alternative options that could assist her. The appellant stated that she would like another evaluation to be performed by her PCM agency that reflects her current medical condition, which has worsened.

Findings of Fact

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

1. The appellant is under the age of [REDACTED] and she is a MassHealth member.
2. The appellant's medical diagnoses include frailty, major depressive disorder, anxiety, hypothyroidism, bipolar depression, post-traumatic stress disorder (PTSD), reflux, chronic pain in the esophagus, and achalasia of the esophagus. While frailty is not a medical diagnosis, it is a condition.
3. [REDACTED] a PCM agency, submitted a PA initial evaluation request to MassHealth on the appellant's behalf on July 29, 2025, seeking 7 hours and 45 minutes of day/evening PCA assistance per week.
4. By notice dated August 8, 2025, MassHealth denied the request because the clinical record indicates that the appellant does not require physical assistance with two or more ADLs.
5. The PA request at issue covers the time period of July 29, 2025, through July 28, 2026.
6. The appellant requested time for assistance with bathing as follows: 15 minutes, once per day, 7 days per week for bathing and 3 minutes, once per day, 7 days per week to wash hair.
7. MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME or home health services.
8. The appellant requested time for assistance with grooming as follows: 5 minutes, once per day, 7 days per week for nail care, 3 minutes, once per day, 7 days per week for hair care, 5 minute, once per day, 7 days per week for shaving, and 3 minutes, once per day, 7 days per week for other (application of lotion).
9. MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME or home health services.
10. The documentation that was submitted on behalf of the appellant indicates that she has sufficient hand-function, balance, and strength in her upper body.
11. The appellant requested time for assistance with dressing/undressing as follows: 10 minutes, once per day, 7 days per week for dressing and 5 minutes, once per day, 7 days per week for

undressing.

12. MassHealth denied the requested time for PCA assistance in this category because the documentation that was submitted on behalf of the appellant indicates that she did not obtain the recommended DME or home health services.
13. The documentation that was submitted on behalf of the appellant indicates that she can dress/undress her upper body clothing independently, she can reach her feet from a seated position, and that she can manage lower body clothing from her knees to her hips.
14. The appellant's PCP wrote that she requires physical assistance with personal hygiene, mobility, toileting, and mealtimes.
15. The documentation that was submitted on behalf of the appellant indicates that she is independent with: mobility, PROM, eating, toileting, assistance with medications, and other healthcare needs.
16. The appellant timely appealed the MassHealth action.

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 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.

Pursuant to 130 CMR 450.204(A), 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 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.

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 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.

Here, MassHealth denied the appellant's request because it determined that the appellant does not require assistance with two or more ADLs. Though time for assistance was requested for 3 ADLs (bathing, grooming, and dressing/undressing), MassHealth determined that based on the evaluation(s), the appellant has the sufficient strength and ability to complete these tasks with DME, home health services, PT/OT, a PT-1, and a handicapped placard, all of which would be less costly than PCA services. Thus, MassHealth argues that the appellant's request for PCA assistance with at least two ADLs does not meet medical necessity requirements under 130 CMR 450.204(A).

The appellant testified, in part, that her PCP has submitted letters recommending PCA services for assistance with personal hygiene, mobility, toileting, and mealtimes. However, the appellant's own PCM agency found that the appellant was independent with mobility, PROM, eating, toileting, assistance with medications, and other healthcare needs. First, the PCM agency's findings contradict her PCP's conclusions. Further, the appellant's PCP does not address if proper DME and home health services (less costly services) meet the appellant's needs. Without more detail, the PCP's conclusions are insufficient to demonstrate the medical necessity of PCA services.

The documentation that was submitted on behalf of the appellant by the registered nurse and occupational therapist that assessed the appellant for PCM services indicates that the appellant has sufficient upper body strength and range of motion and that she would benefit from trying DME and home health services to assist with her ADLs. Without any OT findings to the contrary, or findings that the appellant has attempted using all suggested DME and home health services and has not had success, MassHealth's decision to deny assistance is supported. As MassHealth determined that physical assistance with two or more ADLs was not medically necessary given the current medical evidence, she does not meet the regulatory requirements for PCA services. Accordingly, the appeal is denied.²

Order for MassHealth

None.

² This denial does not preclude the appellant from exploring other services, (i.e. home health aide services, PT, OT, PT-1, handicapped placard, etc.) that were discussed at the hearing. Additionally, the appellant may also seek a new evaluation from her PCM agency should her circumstances change.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

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