

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512247
Decision Date:	11/24/2025	Hearing Date:	09/24/2025
Hearing Officer:	Emily Sabo	Record Open to:	10/08/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Robin Brown, licensed occupational therapist,
and senior clinical analyst, 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 (PCA) Services
Decision Date:	11/24/2025	Hearing Date:	09/24/2025
MassHealth's Rep.:	Robin Brown, O.T.	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 1	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 6, 2025, MassHealth denied the Appellant's prior authorization request for personal care attendant (PCA) services because MassHealth determined that the Appellant does not require hands-on assistance with at least two or more activities of daily living (ADLs). *See* 130 CMR 450.303, 130 CMR 422.410, 130 CMR 450.204, and Exhibit 1. The Appellant filed this appeal in a timely manner on August 19, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in determining that the Appellant does not require assistance with two or more ADLs.

Summary of Evidence

The hearing officer and Appellant attended the hearing in-person at the Quincy office. MassHealth was represented by an occupational therapist and senior clinical analyst with Optum. The MassHealth representative appeared virtually. The Appellant is an adult under the age of 65 who verified her identity.

The MassHealth representative testified that the Appellant's medical history and diagnoses include mood disorder, post-traumatic stress disorder (PTSD), alcohol abuse, anxiety, major depressive disorder, carpal tunnel syndrome, bilateral shoulder pain, obesity, esophageal erosion, and several skin infections. The MassHealth representative testified that the Appellant experiences right, upper extremity tingling and numbness, and has difficulty with grasping and reaching. The MassHealth representative testified that the Appellant moves independently and manages stairs but is unable to drive.

On July 23, 2025, the [REDACTED] a PCM agency, submitted an initial evaluation for prior authorization for PCA services on behalf of the Appellant, which requested 13 hours and 30 minutes weekly. Specifically, [REDACTED] requested time for the ADLs of bathing (15 minutes per day, 7 days a week), dressing (8 minutes per day, 7 days a week), and undressing (7 minutes per day, 7 days per week). [REDACTED] also requested time for the instrumental ADLs of meal preparation and cleanup (420 minutes weekly), laundry (60 minutes weekly), housekeeping (60 minutes weekly), and shopping (60 minutes weekly). The service period requested was July 23, 2025, through July 22, 2026.

On August 6, 2025, a MassHealth reviewer¹ denied the prior authorization request for PCA services on the grounds that the submitted documentation did not support that the Appellant required assistance with two or more ADLs, and so PCA services were not medically necessary. *See* 130 CMR 450.204. Additionally, the MassHealth representative testified that the MassHealth reviewer was able to identify less costly options for the Appellant's care that had not been considered. The MassHealth representative testified that the Appellant could benefit from using adaptive devices such as a shower seat, handheld shower, grabber, pill box, elastic shoelaces, and sponge. The MassHealth representative testified that these adaptive devices are generally covered by MassHealth. The MassHealth representative testified that reviewers are obligated to look for less costly options that can meet the member's needs, which, here, include adaptive tools.

The MassHealth representative testified that in order for MassHealth to authorize the PCA program, an individual would need hands-on assistance with at least two ADLs, and that without that, MassHealth will not authorize time for instrumental ADLs either. The MassHealth representative

¹ The MassHealth representative testified that another individual reviewed and denied the request, but that she would explain MassHealth's rationale.

explained that [REDACTED] did not request time for ADLs like grooming, eating, and toileting, which made the reviewer think that the Appellant had the functionality to complete these tasks and some use of her hands. The MassHealth representative testified that the Appellant should be able to complete tasks like bathing and dressing with adaptive tools if she is able to complete tasks like grooming, eating, and toileting independently. The MassHealth representative also recommended that the Appellant participate in occupational therapy, whereby an occupational therapist could assess the Appellant's needs and also train her on the use of adaptive tools to develop greater independence.²

The Appellant testified that she has a number of injuries and nerve damage related to a past car accident. The Appellant testified that she was diagnosed with [REDACTED] in addition to her other diagnoses. The Appellant testified that she had been in the hospital and had received occupational and physical therapy because of her [REDACTED] diagnosis. The Appellant testified that she attended occupational therapy around the end of 2024 or the beginning of 2025, but her occupational therapist only did hand therapy with her and did not train her to use adaptive equipment. The Appellant also testified that she has gotten injections for her neck pain, which have helped, but that she still has pain in her hands that has disrupted her sleep. She testified that she has no feeling in her right index finger and part of her right thumb. The Appellant testified that her doctor wants to perform spinal surgery, but that she is afraid of the possible risks and complications associated with surgery.

The Appellant testified that she is unable to dress and wash herself independently. She testified that she takes baths instead of showers because it is less painful, and her sister helps her wash herself on weekends. The Appellant testified that she cannot grip things the way that she wants to, that putting on shoes, buttoning, and zipping is very painful due to her issues with gripping and dropping things, and that it takes her a long time to dress. The Appellant explained that it is very hard for her to wash and style her hair because it is hard for her to keep her hands above her head. The Appellant testified that [REDACTED] told her to ask for PCA services to help with tasks she is no longer able to perform independently.

The Appellant testified that she does not think that the [REDACTED] reviewers who came to her house evaluated her situation properly. She testified that the reviewers talked with each other and did not ask her questions directly or observe her daily routine. The Appellant testified that the reviewers only had her demonstrate various hand exercises. The Appellant testified that she receives help from her minor child, her partner, and her sister, but she believes that she needs additional help with her ADLs. The Appellant testified that she believes that she was treated unfairly because of her age.³ The Appellant testified that when she contacted [REDACTED] about her appeal, she was told that MassHealth does not want to approve her for PCA services because she is young.

The record was held open for MassHealth to have an opportunity to review and respond to the

² The MassHealth representative also suggested that the Appellant contact the Ombudsman program for assistance with finding the right services, through myombudsman.org or 855-781-9898.

³ The Appellant is [REDACTED] years old.

medical records that the Appellant had brought to the hearing and which were entered into the record. Exhibit 6. The records were for a July 2025 office visit and a May 2025 telemedicine visit with her family medicine provider. *Id.* The July 2025 notes state that the Appellant's primary diagnosis was [REDACTED] at vertebrae C6 and the May 2025 notes state that the Appellant's primary diagnosis was right, upper extremity numbness. *Id.* The July 2025 notes also state that the Appellant reports numbness and pain in both of her hands. *Id.* Neither set of records state that the Appellant needs hands-on assistance for ADLs. *Id.* The MassHealth representative responded that the medical appointment notes do not discuss the two ADLs requested: bathing and dressing/undressing. Exhibit 7. The MassHealth representative stated that the Appellant's prior authorization request remained denied. *Id.*

Findings of Fact

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

1. The Appellant is an adult under the age of 65 and a MassHealth Standard member. Testimony, Exhibit 4.
2. The Appellant has primary diagnoses of mood disorder, PTSD, alcohol abuse, anxiety, major depressive disorder, carpal tunnel syndrome, bilateral shoulder pain, obesity, esophageal erosion, and several skin infections. Testimony, Exhibit 5.
3. The Appellant experiences right, upper extremity tingling and numbness and has difficulty with grasping and reaching. Testimony.
4. The Appellant can move independently and manage stairs, but she is unable to drive. Testimony.
5. On July 23, 2025, [REDACTED] a PCM agency, submitted an initial evaluation regarding a prior authorization request for PCA services on behalf of the Appellant, requesting 13 hours and 30 minutes per week for one year. Testimony, Exhibit 5.
6. [REDACTED] requested time for the ADLs of bathing (15 minutes per day, 7 days a week), dressing (8 minutes per day, 7 days a week), and undressing (7 minutes per day, 7 days per week) and the instrumental ADLs of meal preparation (420 minutes weekly), laundry (60 minutes weekly), housekeeping (60 minutes weekly), and shopping (60 minutes weekly). Testimony, Exhibit 5.
7. [REDACTED] did not request time for ADLs like grooming, eating, and toileting. Testimony, Exhibit 5.
8. The service period requested was July 23, 2025, through July 22, 2026. Testimony, Exhibit 5.

9. By notice dated August 6, 2025, MassHealth denied the prior authorization request for PCA services because MassHealth determined that the Appellant did not need assistance with two or more ADLs and thus PCA services were not medically necessary. Testimony, Exhibit 1.
10. The MassHealth reviewer was able to identify less costly options for the Appellant's personal care that had not been considered, including the use of adaptive tools and occupational therapy. Testimony.
11. The MassHealth representative testified that the Appellant could benefit from using adaptive devices like a shower seat, handheld shower, grabber, pill box, elastic shoelaces, and sponge, which may be services that are less costly to MassHealth. Testimony, Exhibit 5.
12. The Appellant was diagnosed with [REDACTED]. Testimony, Exhibit 6.
13. The Appellant filed this appeal in a timely manner on August 19, 2025. Testimony, Exhibit 2.

Analysis and Conclusions of Law

MassHealth regulations about PCA services are found at 130 CMR 422.000 et seq. Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living and instrumental activities of daily living as described in 130 CMR 422.410.

130 CMR 422.403: Eligible Members

(A) (1) MassHealth Members. MassHealth covers PCA services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 450.105: *Coverage Types* specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.

(2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.

(B) For information on verifying member eligibility and coverage type, see 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

(C) MassHealth covers PCA 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.

130 CMR 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.

(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.

130 CMR 422.412: Non-covered Services

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;

130 CMR 422.412(A), (B), (C).

Pursuant to 130 CMR 450.204(A), 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 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.

130 CMR 450.204(A)

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007). See also *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

Here, I credit the Appellant's testimony regarding her [REDACTED] diagnosis, along with numerous other diagnoses, and her testimony that she is experiencing pain. I also acknowledge that the Appellant feels like she needs more regular assistance, as well as the frustration she experienced regarding her initial evaluation for PCA services. In seeking services, the Appellant deserves to be treated respectfully.

Still, I find that the Appellant has not established that MassHealth erred in denying the prior authorization request as not medically necessary because the Appellant has not demonstrated that she needs PCA assistance with two or more ADLs. 130 CMR 422.403(C)(3). I find that MassHealth has shown that there are alternative services, including occupational therapy and adaptive tools, that are less costly to MassHealth, that will assist the appellant with her personal care in accordance with 130 CMR 450.204(A)(2). For these reasons, the appeal is denied.⁴

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.

Emily Sabo
Hearing Officer
Board of Hearings

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

⁴ I would recommend that the Appellant pursue the MassHealth representative's recommendations regarding occupational therapy, adaptive tools, and contacting the Ombudsman program.