

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512603
Decision Date:	1/27/2026	Hearing Dates:	10/8/2025 11/13/2025
Hearing Officer:	Thomas J. Goode	Record Open:	12/5/2025

Appearance for Appellant:

Pro se, with



Appearances for Commonwealth Care Alliance:

Cassandra Horne, Appeals & Grievances
Manager

Jeremiah Mancuso, RN, Clinical Appeals
Reviewer



*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:	Managed Care Organization-Denial of Internal Appeal
Decision Date:	1/27/2026	Hearing Dates:	10/8/2025 11/13/2025
CCA's Reps.:	Cassandra Horne, et al.	Appellant's Rep.:	Pro se, [REDACTED]
Hearing Location:	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 June 25, 2025, [REDACTED] a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), notified Appellant that it had denied a prior authorization request for a ramp. On July 22, 2025, Appellant requested a Level 1 internal appeal of the June 25, 2025, denial. On August 4, 2025, CCA notified Appellant that following an internal Level 1 appeal CCA upheld the denial of the prior authorization request for a ramp because it determined that a ramp is not medically necessary (130 CMR 508.007, 450.204 *et seq.* and Exhibit 5). Appellant filed this appeal at the Board of Hearings in a timely manner on August 29, 2025 (130 CMR 508.007, 610.018 and Exhibit 2). On August 29, 2025, the Board of Hearings dismissed the appeal request for failure to include a copy of the notice prompting the appeal (Exhibit 2A). Appellant provided the notice of the Level 1 denial of the internal appeal, and the dismissal was vacated (Exhibits 5). Denial of an internal Level 1 appeal and denial of a prior authorization request are valid grounds for appeal (130 CMR 508.007, 610.018).

Action Taken by MassHealth

Through a notice dated August 4, 2025, and following a first-level standard internal appeal, [REDACTED] a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), notified Appellant that it had upheld the denial of a prior authorization request for a ramp.

Issue

The appeal issue is whether [REDACTED] a Commonwealth Care Alliance (CCA) Integrated Care Organization (ICO), correctly upheld a denial of a prior authorization request for a ramp.

Summary of Evidence

The Commonwealth Care Alliance (CCA) representatives testified that Appellant is a MassHealth member who on January 1, 2024, enrolled in [REDACTED] an Integrated Care Organization (ICO) responsible for administering Appellant's MassHealth benefits. A prior authorization request for a ramp was denied by CCA on June 25, 2025. On July 22, 2025, Appellant requested an internal Level 1 appeal of the denial, which was upheld by CCA by notice dated August 4, 2025 following a Level 1 internal appeal (Exhibit 5). Appellant filed this appeal at the Board of Hearings in a timely manner on August 29, 2025. A hearing was held on October 8, 2025, at which Appellant objected to not receiving CCA's hearing submission in advance of the hearing. CCA was instructed to send the materials to Appellant by Fed-Ex, and CCA reported it had created a tracking number. The hearing was rescheduled to November 13, 2025, at which time Appellant stated she did not receive the CCA materials. The hearing proceeded on November 13, 2025. The CCA representatives testified that the materials submitted into evidence consist primarily of Appellant's medical records, a physical therapy evaluation, notices issued to Appellant, and the CCA medical necessity guideline (Exhibit 7). CCA was again instructed to forward all materials to Appellant, and the hearing record remained open until November 28, 2025, to allow Appellant to review the materials and submit a response no later than December 2, 2025 (Exhibit 6). On December 2, 2025, Appellant submitted an email stating that she did not receive the CCA submission by Fed Ex., and outlining her reasons for appealing the denial for the ramp requested (Exhibit 10).

Appellant is [REDACTED] years old, with a medical history that includes PTSD, [REDACTED] hypertension, GERD, hypothyroidism, asthma, syncope, obstructive sleep apnea, ongoing issues with neck and back pain, obesity, major depressive disorder, venous insufficiency, and osteoarthritis. Medical records show that Appellant was told she has [REDACTED] and recently saw an orthopedist and was told of non-surgical treatments only. Appellant still drives occasionally and relies on family members for help. Appellant has a history of frequent falls, bilateral knee, back and neck pain. A [REDACTED] 2024 MRI showed lumbar spine with spinal stenosis at multi-levels. Appellant is status post L3-L4 lumbar laminectomy in [REDACTED] 2022. Appellant's body mass index (BMI) as of May 22, 2025, was [REDACTED] (Exhibit 7, pp. 28-29) Appellant currently has personal care attendant (PCA) services authorized for 15.5 hours per week. CCA testified that a physical therapy evaluation was

conducted at Appellant's home on June [REDACTED] 2025. The physical therapy report was completed for the purpose of evaluating the medical necessity for the ramp. The report notes that Appellant is independent with getting in and out of her car and drives herself to medical appointments. Appellant is independent with sit to stand from armchair in the living room, and from the toilet, and is independent with showering. Appellant is independent with ambulation inside the home and uses an assistive device outside the home. There are 5 steps to enter from both the front and side entrances of Appellant's home with handrails at both entrances. The report notes that Appellant was observed to independently descend the 5 steps to exit her home, placing hands on a handrail and using a step-to gait pattern, leading down with right lower extremity and leading up with left lower extremity, with no loss of balance observed. The physical therapy report concludes that while Appellant does demonstrate some difficulty managing the stairs to exit/enter her home, she is able to safely and independently do so using the handrail in place, and she does not meet medical necessity guidelines for a ramp. (See Exhibit 7, pp. 8-10) The CCA representatives testified that based on the physical therapy report, CCA determined that a ramp was not medically necessary pursuant to its medical necessity criteria for Home Accessibility Adaptations (Exhibit 7, p. 39).

Appellant testified that she can independently ascend and descend the 5 steps to her home with both hands on the handrail; however, she feels she needs a ramp to more safely access her home without risking a fall. Appellant referenced records from her primary care physician stating that she supports having a ramp constructed at her house to aid in her ability to stay safely in her home. In an office note dated [REDACTED] 2025, Appellant's physician recorded that she feels Appellant is worsening with her ability to ambulate safely due to an ataxic gait and shortness of breath which increases her risk of falling and causes concern for her ability to safely climb her stairs at home (Exhibit 4 p. 1). In an office note dated [REDACTED] 2024, Appellant's physician states that Appellant has had frequent falls due to problems with balance and gait disturbance and suffers from ongoing issues with vertigo, and placement of a ramp at Appellant's home is medically necessary to keep her safe in her home (Exhibit 4, p. 2). In an office note dated [REDACTED] 2025, Appellant's physician records that Appellant requested another letter in support of a ramp at her home (Exhibit 4, p. 3). Appellant expressed that she feels her physician's opinion should be given more weight than the physical therapist evaluation (Exhibit 10).

During a hearing record open period, CCA submitted for reference a November 28, 2025 denial issued by CCA of a second prior authorization request for a ramp (Exhibit 8). CCA also submitted a second physical therapy evaluation conducted at Appellant's home on [REDACTED] 2025 (Exhibit 9). The second physical therapy evaluation reports that Appellant ambulates independently in her home with a cane. Appellant was observed to exit her home independently with both hands on the handrail, using a step-to gait pattern leading down with the right lower extremity, and leading up with the left lower extremity with no loss of balance. The evaluation reports that Appellant demonstrated good safety awareness with stair management. The evaluation reports that Appellant is able to safely and independently manage the steps to exit and enter her home using the handrails in place and concludes that medical necessity requirements for a ramp are not met (Exhibit 9).

In her email response, Appellant restated her position that her physician's statement that a ramp is necessary should outweigh the physical therapy evaluations (Exhibit 10).

Findings of Fact

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

1. Appellant is a MassHealth member who on January 1, 2024, enrolled in [REDACTED] an Integrated Care Organization responsible for administering Appellant's MassHealth benefits.
2. A prior authorization request for a ramp was denied by CCA on June 25, 2025. On July 22, 2025, Appellant requested an internal Level 1 appeal of the denial, which was upheld by CCA by notice dated August 4, 2025, following a Level 1 internal appeal. Appellant timely filed an appeal at the Board of Hearings on August 29, 2025.
3. A hearing was held on October 8, 2025, at which Appellant objected to not receiving CCA's hearing submission in advance of the hearing. CCA was instructed to send the materials to Appellant by Fed-Ex, and CCA reported it had created a Fed Ex tracking number. The hearing was rescheduled to November 13, 2025, at which time Appellant stated she did not receive the CCA materials.
4. The hearing proceeded on November 13, 2025.
5. CCA was again instructed to forward all materials to Appellant, and the hearing record remained open until November 28, 2025 to allow Appellant to review the materials resent by CCA and submit a response no later than December 2, 2025. Appellant replied that she did not receive the materials from CCA.
6. Appellant is [REDACTED] years old, with a medical history that includes PTSD, [REDACTED] hypertension, GERD, hypothyroidism, asthma, syncope, obstructive sleep apnea, ongoing issues with neck and back pain, obesity, major depressive disorder, venous insufficiency, and osteoarthritis.
7. Medical records show that Appellant was told she has [REDACTED] and impingement and recently saw an orthopedist and was told of non-surgical treatments only.
8. Appellant has a history of frequent falls, bilateral knee, back and neck pain.
9. A [REDACTED] 2024 MRI showed lumbar spine with spinal stenosis at multi-levels.
10. Appellant is status post L3-L4 lumbar laminectomy in August 2022.

11. Appellant's body mass index (BMI) was [REDACTED] as of [REDACTED] 2025.
12. Appellant currently has personal care attendant (PCA) services authorized for 15.5 hours per week.
13. In an office note dated [REDACTED] 2025, Appellant's physician recorded that she feels Appellant is worsening with her ability to ambulate safely due to an ataxic gait and shortness of breath which increases her risk of falling and causes concern for her ability to safely climb her stairs at home (Exhibit 4 p. 1).
14. In an office note dated [REDACTED] 2024, Appellant's physician states that Appellant has had frequent falls due to problems with balance and gait disturbance and suffers from ongoing issues with vertigo, and placement of a ramp at Appellant's home is medically necessary to keep her safe in her home (Exhibit 4, p. 2).
15. In an office note dated [REDACTED] 2025, Appellant's physician records that Appellant requested another letter in support of a ramp at her home (Exhibit 4, p. 3).
16. A physical therapy evaluation was conducted at Appellant's home on [REDACTED] 2025, and was completed for the purpose of determining the medical necessity for the ramp.
17. Appellant is independent with sit to stand from armchair in the living room, and from the toilet, and is independent with showering.
18. Appellant's home has 5 steps to enter from both the front and side entrances with handrails at both entrances.
19. Appellant can independently ascend and descend the 5 steps to exit her home, by placing both hands on a handrail and using a step-to gait pattern, leading down with right lower extremity and leading up with left lower extremity, without losing balance.
20. Appellant is independent with ambulation inside the home with a cane.
21. CCA issued a denial of a second prior authorization request for the ramp by notice dated November 28, 2025.
22. A second physical therapy evaluation was conducted at Appellant's home on [REDACTED] 2025, with findings similar to the initial evaluation, both of which concluded a ramp is not medically necessary.

Analysis and Conclusions of Law

Appellant is a MassHealth member enrolled in [REDACTED] which is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts MassHealth (Medicaid) program to provide benefits of both programs to enrollees. Pursuant to 130 CMR 508.007(C), when a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. A prior authorization request for a ramp was denied by CCA on June 25, 2025. On July 22, 2025, Appellant requested an internal Level 1 appeal of the denial, which was upheld by CCA by notice dated August 4, 2025, following a Level 1 internal appeal (Exhibit 5). Appellant filed this appeal at the Board of Hearings in a timely manner on August 29, 2025. Appellant has the burden of proving by a preponderance of the evidence the invalidity of the determination by the MassHealth agency or the ICO contracting with MassHealth.¹

First, it appears from Appellant's correspondence that CCA failed to deliver to Appellant the materials submitted into evidence prior to the October 8, 2025, hearing, and again prior to the November 13, 2025, hearing, despite instruction from the hearing officer to do so. CCA's apparent lack of follow-through is concerning, and Appellant's frustration is acknowledged here. However, Appellant is familiar with the documentation submitted into evidence by CCA as the materials consist of her medical records, a physical therapy evaluation completed at her home on [REDACTED] 2025, and medical necessity guidelines used in making the determination which were reviewed at the hearing (Exhibit 7). The second physical therapy evaluation submitted by CCA which is similar to the initial evaluation was clearly copied to Appellant by email as part of this hearing record, and Appellant was allowed additional time to review materials and the testimony at hearing and submit her response which was received on December 2, 2025 (Exhibit 10). While Appellant has the right to examine any documents submitted into evidence by the opposing party, Appellant was not unduly prejudiced by CCA's apparent lack of follow-through in providing documentation to Appellant prior to the hearing as she is aware of and familiar with the records in the hearing record which were reviewed at the hearing, and she was afforded ample opportunity to respond during the hearing record open period (130 CMR 610.061).

Pursuant to 130 CMR 409.414(J), home or vehicle modifications, including but not limited to, ramps, elevators, or stair lifts are not covered services by MassHealth.

Medical necessity is defined in MassHealth regulations at 130 CMR 450.204:

Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary.

(A) A service is "medically necessary" if:

¹ See Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002) (burden is on appellant to demonstrate the invalidity of an administrative determination).

- (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: *Potential Sources of Health Care*, or 517.007: Utilization of Potential Benefits.

Unlike MassHealth regulations which specify ramps as a non-covered service, CCA's Home Accessibility Adaptations Medical Necessity Guideline includes potential coverage of home adaptations including the installation of ramps based on the following Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) may cover home accessibility adaptations when all the following criteria are met:

1. Proof of home ownership (see documentation requirements below); and
2. Home accessibility adaptation services are included in member's individualized plan of care; and
3. **Member would be unable to access and/or reside in their home without the adaptations;** and
4. The accessibility adaptations enable the member to function with greater independence within their home; or the accessibility adaptations eliminate or decrease the need for direct human assistance (e.g. personal care services); and
5. Adaptations are reasonable and necessary and least costly alternative (e.g. use of home and community-based services, raised toilet seat vs. installation of comfort height toilet, relocation from second floor bedroom to first floor bedroom, installation of ramp vs. vertical lift) to enable the member to function safely and with greater independence within their home.

DOCUMENTATION REQUIREMENTS: Provider must submit all the following documentation:

1. Standard Written Order (SWO) or Prescription for home accessibility adaptation(s) requested; and
2. **A signed LMN based on an in-home accessibility assessment, completed by the assessing Physical Therapist (PT) or Occupational Therapist (OT);** and
3. A detailed Home Accessibility Adaptation/Modification Plan, including:
 - a. Detailed drawing of the Home Accessibility Adaptation/Modification; and

- b. The service provider's quote regarding the cost of the of Home Accessibility Adaptation/Modification, including:
 - i. a labor detail sheet; and
 - ii. the manufacture's invoice for any products used under the HCPCS Code S5165 code; and
- 4. Home Accessibility Adaptation/Modifications - Acknowledgment and Agreement signed by homeowner(s); and
- 5. Proof of home ownership (deed or tax bill or mortgage statements)

(Exhibit 7, pp. 39-40)

The physical therapy evaluations document that Appellant can access and exit her home independently and reside there without the ramp adaptation. Appellant also testified that she can ascend and descend the steps to her home, but with difficulty. Regarding the weight of the clinical evidence, which is Appellant's central argument, the CCA Home Accessibility Adaptations Medical Necessity Guideline above requires for the installation of a ramp a signed letter of medical necessity (LMN) based on an in-home accessibility assessment, completed by the assessing Physical Therapist (PT) or Occupational Therapist (OT). Two on-site evaluations on different dates recommended against the medical necessity of the ramp requested, and therefore there is no evidence of a signed LMN by a physical therapist or occupational therapist supporting medical necessity for a ramp in the hearing record. Further, the on-site physical therapy evaluations were completed by a licensed physical therapist (albeit by the same physical therapist on two different evaluation dates) and provide objective detailed assessments of Appellant's functional ability to independently access, exit, and reside in her home. Appellant can independently ascend and descend the 5 steps to enter and exit her home, placing both hands on a handrail and using a step-to gait pattern, leading down with right lower extremity and leading up with left lower extremity, without losing balance. The objective clinical evidence in the onsite physical therapy evaluations at Appellant's home record in detail her functional ability to enter and exit her home and is therefore given more evidentiary weight than Appellant's physician's statements that a ramp is medically necessary for Appellant to access and reside in her home.

The appeal is DENIED.


Order for Commonwealth Care Alliance

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.

Thomas J. Goode
Hearing Officer
Board of Hearings


MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30
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