

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512641
Decision Date:	11/14/2025	Hearing Date:	10/10/2025
Hearing Officer:	Emily Sabo		

Appearances for Appellant:




Appearance for MassHealth:

Kelly Rayen, R.N., Clinical 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

Appeal Decision:	Denied	Issue:	Prior Authorization; Personal Care Attendant (PCA) Services
Decision Date:	11/14/2025	Hearing Date:	10/10/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Reps.:	
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	Yes

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 21, 2025, MassHealth modified the Appellant's prior authorization request for personal care attendant (PCA) services. *See* 130 CMR 450.024(A), 130 CMR 422.410, and Exhibit 1. Specifically, MassHealth modified the Appellant's prior authorization request for PCA services from the requested 38 hours and 30 minutes weekly to 21 hours and 45 minutes weekly for the service period of September 26, 2025, to September 25, 2026. *See* Exhibit 1. The Appellant filed this appeal in a timely manner on August 28, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Modification of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was acting within its discretion in modifying the Appellant's prior authorization request for PCA services.

Summary of Evidence

As part of the record evidence of the case, the Appellant submitted a letter from her certified physician's assistant stating that the Appellant has

[REDACTED]

Given her complex medical history and chronic wound on her left chest, she is in need of assistance at home. She needs patient care assistants to assist with positioning at night given she is unable to lie on her wound site. She also needs assistance with activities of daily living given her mobility is limited due to her wound. She is unable to bend or lift over 20 lbs.

Exhibit 7 at 2.

The hearing was conducted by telephone. The Appellant verified her identity and was also represented by [REDACTED]. A registered nurse and clinical appeals reviewer represented MassHealth at the hearing.

The MassHealth representative testified that the Appellant is [REDACTED]

[REDACTED]

The Appellant lives with her parents.

The MassHealth representative testified that the Appellant's personal care management (PCM) agency, [REDACTED], submitted a re-evaluation request to MassHealth on behalf of the Appellant for PCA services, requesting 38 hours and 30 minutes per week for the service period of September 26, 2025, to September 25, 2026. On August 21, 2025, MassHealth modified the request to authorize 21 hours and 45 minutes per week. MassHealth modified the activity of daily living (ADL) of mobility repositioning and the instrumental activity of daily living (IADL) of meal preparation and cleanup.

Mobility Repositioning

The Appellant's PCM agency requested, on the Appellant's behalf, physical assistance with repositioning for 2 minutes per episode, 4 times per day, 7 days per week, for a total of 56 weekly daytime minutes, and 2 minutes per episode, 4 episodes per night, for a total of 8 nighttime minutes each night.¹ MassHealth modified this time to zero.

The MassHealth representative testified that because the Appellant is independent in mobility and mobility transfers, she should have the ability to reposition herself independently. The MassHealth representative testified that because the Appellant can ambulate and get on and off the bed independently, she should be able to reposition herself. The MassHealth representative testified that the Appellant should not be lying on her wound sites on her left side. The MassHealth representative testified that the Appellant receives skilled nursing services for wound care and pain management. The MassHealth representative also stated that there were less costly alternatives, such as what may be used by someone recovering from rotator cuff surgery, like positioning with body or wedge pillows, or occupational therapy.

The Appellant testified that with if she gets stuck, she will call for her PCA to reposition her. The Appellant explained that she does not go to sleep on her left side, but her position can shift during the night as she sleeps. The Appellant testified that it is sometimes too painful for her to roll herself over and that she experiences extreme pain that spreads to her shoulder and other parts of her body. The Appellant testified that if she lays on her left side, or there is too much pressure, her wounds can reopen. The Appellant testified that she has some ability to move herself but that getting off the bed can be challenging. The Appellant testified that she is a restless sleeper who moves while she sleeps and that she sometimes wakes up in pain and on her left side.

Meal Preparation and Cleanup

The Appellant's PCM agency requested, on the Appellant's behalf, physical assistance with meal preparation and cleanup of 90 total minutes per day. The PCM agency requested this based on 15 minutes for breakfast, 25 minutes for lunch, 45 minutes for dinner, and 5 minutes for snack, and a total of 630 minutes per week. MassHealth modified this to 75 minutes per day and a total of 525 minutes weekly.

The MassHealth representative testified that MassHealth reduced the time for meal preparation and cleanup, reasoning that if the Appellant is independent for her eating and mobility, she should have the dexterity to assist with her own meal preparation. The MassHealth representative testified that the Appellant should be able to help prepare her meals or get simple snacks for herself.


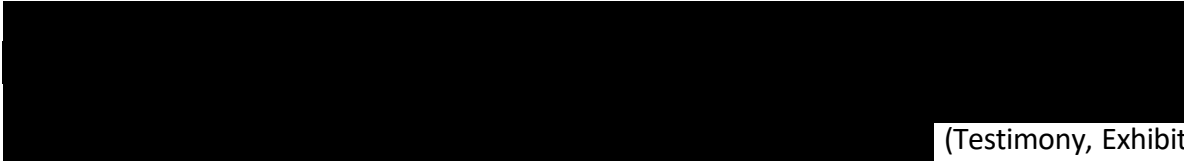
The Appellant testified that she does not have the range of motion to be able to assist with cutting things or cooking. The Appellant testified that she has the ability to take something out of the fridge that is not too heavy, but that sometimes it hurts to open the fridge. The Appellant testified

¹ Day/evening hours are 6 AM to midnight and nighttime hours are midnight to 6 AM. See Exhibit 5.

that she does not have any use of her left side and so can only use her right arm. The Appellant testified that she does not have the strength to lift something like a pan or bowl. The Appellant testified that she cannot bend and that when she has tried to help with things like meal preparation, she has dropped things on the ground.

Findings of Fact

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

1. 
2.  (Testimony, Exhibit 5).
3. The Appellant lives with her parents (Testimony, Exhibit 5).
4. The Appellant's PCM agency submitted a re-evaluation request to MassHealth on behalf of the Appellant for PCA services, requesting 38 hours and 30 minutes per week (Testimony, Exhibit 1).
5. The dates of service for the prior authorization request are September 26, 2025, to September 25, 2026 (Testimony, Exhibit 1).
6. By notice dated August 21, 2025, MassHealth modified the prior authorization request to allow for 21 hours and 45 minutes per week (Testimony, Exhibit 1).
7. MassHealth modified requested PCA assistance time for the ADL of mobility repositioning and the IADL of meal preparation and cleanup (Testimony, Exhibits 1 & 5).
8. The Appellant's PCM agency requested, on the Appellant's behalf, mobility repositioning, which is physical assistance with repositioning for 2 minutes per episode, 4 times per day, 7 days per week, for a total of 56 weekly daytime minutes per week, and 2 minutes per episode, 4 episodes per night, for a total of 8 nighttime minutes per night. MassHealth modified this time to zero (Testimony, Exhibits 1 & 5).
9. The Appellant receives skilled nursing services for wound care and pain management (Testimony).

10. The Appellant is independent for mobility and mobility transfers (Testimony).
11. The MassHealth representative testified that there are less costly alternatives to having a PCA physically reposition the Appellant, which include the Appellant using body or wedge pillows to avoid pressure on her left side, or occupational therapy (Testimony).
12. The Appellant's PCM agency requested, on the Appellant's behalf, physical assistance with meal preparation and cleanup of 90 total minutes per day. The PCM agency requested this based on 15 minutes for breakfast, 25 minutes for lunch, 45 minutes for dinner, and 5 minutes for snack, and a total of 630 minutes per week. MassHealth modified this to 75 minutes per day and a total of 525 minutes weekly (Testimony, Exhibits 1 & 5).
13. The Appellant is independent for eating (Testimony and Exhibit 5).
14. The Appellant filed this appeal in a timely manner on August 28, 2025 (Exhibit 2).
15. The Appellant's certified physician's assistant stated that the Appellant has "a complex surgical history. Unfortunately, she has a chronic wound after reopening a [REDACTED] Given her complex medical history and chronic wound on her left chest, she is in need of assistance at home. She needs patient care assistants to assist with positioning at night given she is unable to lie on her wound site. She also needs assistance with activities of daily living given her mobility is limited due to her wound. She is unable to bend or lift over 20 lbs." (Exhibit 7).
16. I take administrative notice of the MassHealth PCA Time-for-Task Guidelines.

Analysis and Conclusions of Law

MassHealth regulations about PCA services are found at 130 CMR 422.000 et seq.

130 CMR 422.402: Definitions

....

Activities of Daily Living (ADLs) — those specific activities described in 130 CMR 422.410(A) and in the Contract for Personal Care Management (PCM) Services. Such activities are performed by a personal care attendant (PCA) to physically assist a member with mobility, taking medications, bathing or grooming, dressing, passive range of motion exercises, eating, and toileting.

....

Activity Time — the actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADLs). Activity time is reported on the activity form.

....

Family Member — the spouse of the member, the parent of a minor member, including an

adoptive parent, or any legally responsible relative.

....

Personal Care Attendant (PCA) — a person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. In addition, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, a PCA is a person who is hired by the member or surrogate to provide PCA services through a senior care organization (SCO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9D or a person who is hired by the member or surrogate to provide PCA services through an integrated care organization (ICO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9F. Unless explicitly stated in 130 CMR 422.000, in the SCO's MassHealth contract, or in the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by any eligible MassHealth member through a SCO or ICO.

....

Personal Care Attendant Program (PCA Program) — a MassHealth program under which PCA services and associated Personal Care Management and Fiscal Intermediary functions are available to MassHealth members including, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, those services and functions when provided through a senior care organization (SCO) as defined in M.G.L. c. 118E, § 9D, or an integrated care organization (ICO) as defined in M.G.L. c. 118E § 9F. Unless explicitly stated in 130 CMR 422.000, the SCO's MassHealth contract, or the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by an eligible MassHealth member through a SCO or ICO.

....

Personal Care Attendant Services (PCA Services) — physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.

Personal Care Management (PCM) Agency — a public or private agency or entity under contract with EOHHS to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Personal Care Management (PCM) Functions — administrative functions provided by a PCM agency to a member in accordance with a contract with EOHHS, including, but not limited to, functions identified in the PCM agency contract and 130 CMR 422.419(A).

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 422.411: Covered Services

(A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency.

(B) MassHealth covers transitional living program services provided by an organization in accordance with 130 CMR 422.431 through 422.441 and the MassHealth agency's proposal requirements.

130 CMR 422.412: Noncovered 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;

(D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;

(E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;

(F) services provided by family members, as defined in 130 CMR 422.402;

(G) surrogates, as defined in 130 CMR 422.402; or

(H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

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).

Mobility Repositioning

The Appellant’s PCM agency requested, on the Appellant’s behalf, 2 minutes per episode, 4 times per day, 7 days per week, for a total of 56 weekly daytime minutes, and 2 minutes per episode, 4 episodes per night, for a total of 8 nighttime minutes. MassHealth modified this time to zero.

I find that the Appellant has not met her burden of establishing that MassHealth erred in making this modification. While I believe the Appellant’s testimony that she experiences pain, the regulation states that services are for “physically assisting a member *who has a mobility impairment* that prevents unassisted transferring, walking, or use of prescribed durable medical equipment” 130 CMR 422.410(A)(1) (emphasis added). Based on the record evidence before me, including her diagnoses, the Appellant does not appear to have a mobility impairment that requires assistance with this ADL. Based on MassHealth’s testimony, the Appellant receives skilled nursing services for wound care and pain management. Additionally, I credit MassHealth’s testimony that there are less costly alternatives to the use of PCA services. 130 CMR 450.204(A)(2). Therefore, this part of the appeal is denied.

Meal Preparation and Cleanup

The Appellant’s PCM agency requested, on the Appellant’s behalf, physical assistance with meal preparation and cleanup of 90 total minutes per day. The PCM agency requested this based on 15 minutes for breakfast, 25 minutes for lunch, 45 minutes for dinner, and 5 minutes for snack, and a total of 630 minutes per week. MassHealth modified this to 75 minutes per day and a total of 525 minutes weekly.

I find that the Appellant has not met her burden of establishing that MassHealth erred in making this modification. The Appellant is independent for eating, mobility, and mobility transfers. MassHealth explained that it reduced the PCA time for this activity on the basis that the Appellant can assist with parts of meal preparation. I also note that the Appellant lives with her parents. While the Appellant is an adult, and 130 CMR 422.402 defines family members as “the spouse of the member, the parent of a minor member, including an adoptive parent, or any legally responsible relative,” 130 CMR 422.410(C) also requires the consideration of family member

assistance with IADLs, and how meal preparation may be shared across the household. *See also* 130 CMR 422.412(F). Accordingly, the appeal is denied.

Order for MassHealth

End aid pending.

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