

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Dismissed in part; Denied in part	Appeal Number:	2512686
Decision Date:	12/05/2025	Hearing Date:	10/07/2025
Hearing Officer:	Emily Sabo	Record Open to:	10/21/2025

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Heather Adams, R.N., Optum

Interpreter:



*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:	Approved in part; Dismissed in part; Denied in part	Issue:	Prior Authorization; Personal Care Attendant (PCA) Services
Decision Date:	12/05/2025	Hearing Date:	10/07/2025
MassHealth's Rep.:	Heather Adams, R.N.	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 4, 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 29 hours and 15 minutes weekly to 14 hours and 15 minutes weekly for the service period of August 4, 2025, to August 3, 2026. *See* Exhibit 1. The Appellant filed this appeal in a timely manner on September 2, 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 his fair hearing request, the Appellant submitted a letter, dated July 14, 2025, from his physician stating: "Please increase [Appellant's] PCA hours to 15-18 hours per day¹ as he recovers [and needs] additional support following his [REDACTED] transplant and subsequent hospitalization with severe GI bleed and severe anemia." Exhibit 2 at 2.

The hearing was conducted by telephone. The Appellant testified through an interpreter and verified his identity. A registered nurse and clinical appeals reviewer represented MassHealth at the hearing.

The MassHealth representative testified that the Appellant is [REDACTED] old with a medical history of complications due to a [REDACTED] transplant in [REDACTED] and a [REDACTED] transplant in [REDACTED]. The MassHealth representative testified that the Appellant has Type 1 Diabetes, bilateral leg pain and weakness, anemia, fatigue, dizziness, shortness of breath, and has a documented history of recent falls in his home.

The MassHealth representative testified that the Appellant's personal care management (PCM) agency, [REDACTED] submitted an initial request to MassHealth on behalf of the Appellant for PCA services, requesting 29 hours and 15 minutes per week for the service period of August 4, 2025, to August 3, 2026. On August 4, 2025, MassHealth modified the request to authorize 14 hours and 15 minutes per week. MassHealth modified the activities of daily living (ADLs) of overnight transfers, overnight bladder care, bathing, bowel care, and the instrumental activity of daily living (IADL) of special needs—equipment maintenance.

The hearing record was held open until October 14, 2025, for the Appellant to submit another letter, from a different treating physician, which stated:

I am caring for this patient . . . after his [REDACTED] transplant . . . He has had several severe complications of surgery including a blood clot in the vein of the new pancreas necessitating repeat operation. Then he had large volume bleeding that required hospitalization, blood transfusions and another surgery to fix it. He had a blood clot then in his arm and had an operation to have that removed. He has symptomatic anemia, malnutrition, and a virus infection [REDACTED] affecting his [REDACTED] transplant. In summary, he has suffered quite a few complications surrounding his status as a

¹ Given the disparity between the time requested by [REDACTED] and 15-18 hours daily (105-126 hours weekly), I interpret that this is a typo and meant to indicate 15-18 hours weekly.

transplant patient . . . that make his care at home complex and challenging. Please expedite any support you can provide for his care at home.

Exhibit 6 at 2.

The record was left open until October 21, for MassHealth's review and response. The MassHealth representative responded that,

After careful review of these letters, it was determined that this documentation provided no additional clinical information supporting medical necessity for PCA assistance with overnight transfers and overnight bladder care . . . MassHealth stands on denial of overnight hours for PCA assistance, however, due to consumer's condition and likelihood of weakened state, MassHealth has offered to restore bathing as requested to 30 minutes, 1x per day x 7 days per week, and bowel care as requested to 10 min, 1 x per day x 7 days per week.

Exhibit 7 at 1. Because MassHealth agreed to restore the time the PCM agency requested for bathing and bowel care, they will not be discussed further.

During the hearing, the MassHealth representative testified that the authorization of PCA services is contingent upon the discontinuation of home health aide services. The Appellant testified that he thought [REDACTED] had not requested enough time for PCA services and that also he did not understand why MassHealth had reduced the time from what [REDACTED] requested. The MassHealth representative stated that if the Appellant required more time that he could request that [REDACTED] make an adjustment to their request to MassHealth.

Overnight Transfers (Mobility)

For the nighttime hours of midnight to 6 a.m., [REDACTED] requested 2 minutes per episode for 2 episodes per night for physical assistance with mobility and 2 minutes per episode for 2 episodes per night for physical assistance with transfers for a total of 8 minutes per night. MassHealth reduced this time to zero.

The MassHealth representative testified that this time was modified because based on the occupational therapy assessment, the Appellant is independent with transfers in and out of bed. The MassHealth representative also testified that the Appellant has use of a cane and could use that. The MassHealth representative testified that there was no documentation that PCA assistance for nighttime mobility and transfers was medically necessary. The MassHealth representative testified that MassHealth could not pay for services that were anticipatory or speculative.

The Appellant testified that there was no evaluation of him going up stairs and that he needs someone to be stationed behind him because he can fall on his back. The Appellant testified that

when he gets up, he can be very dizzy due to his anemia. The Appellant testified that he experiences side effects due to his internal bleeding. The Appellant testified that he may need to get up to use the bathroom or throw up during the night. The Appellant testified that he has spent more time at the hospital than at home. The Appellant also questioned why he should participate in the PCA program if it ended his home health aide services.

Overnight Bladder Care (Toileting)

For the nighttime hours of midnight to 6 a.m., ██████ requested 5 minutes per episode, 2 episodes per night, for a total of 10 minutes of bladder care. MassHealth reduced this to zero.

The MassHealth representative testified that according to the occupational therapy evaluation, the Appellant is independent with transfers on and off the toilet. The MassHealth representative testified that the Appellant has the dexterity to use a urinal or beside commode at night. The MassHealth representative testified that MassHealth approved the time requested for daytime bladder care. The MassHealth representative testified that the PCA program is consumer-directed and that MassHealth only pays for time for hands-on assistance.

The Appellant testified that his strength and ability to perform tasks varies from day to day. He testified that he may need assistance with using the toilet during the night.

Special Needs—Equipment Maintenance

█████ requested 10 minutes per week for assistance with equipment maintenance, indicating that the Appellant is totally dependent for this task. MassHealth reduced this to zero.

The MassHealth representative testified that the Appellant had not demonstrated that this activity was medically necessary. The records provided indicate that the Appellant uses a walker and cane, as well as other durable medical equipment including a glucometer and other diabetes supplies, a bath bench, and commode. Exhibit 5 at 57-58.

Findings of Fact

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

1. The Appellant is a ██████ man and MassHealth Standard member (Testimony, Exhibit 4).
2. The Appellant has a medical history of complications due to a ██████ transplant in ██████ and a ██████ in ██████. The Appellant has Type 1 Diabetes, bilateral leg pain and weakness, anemia, fatigue, dizziness, shortness of breath, and has a documented history of recent falls in his home (Testimony, Exhibit 5).

3. The Appellant's fair hearing request included a letter from one of his physicians, stating: "Please increase [Appellant's] PCA hours to 15-18 hours per day (sic) as he recovers [and needs] additional support following his pancreas transplant and subsequent hospitalization with severe GI bleed and severe anemia" (Testimony, Exhibit 2).
4. The Appellant's PCM agency submitted an initial request to MassHealth on behalf of the Appellant for PCA services, requesting 29 hours and 15 minutes per week (Testimony, Exhibit 1).
5. The dates of service for the prior authorization request are August 4, 2025, to August 3, 2026 (Testimony, Exhibit 1).
6. By notice dated August 4, 2025, MassHealth modified the prior authorization request to allow for 14 hours and 15 minutes per week (Testimony, Exhibit 1).
7. MassHealth modified requested PCA assistance time for overnight transfers, overnight bladder care, bathing, bowel care, and the IADL of special needs—equipment maintenance (Testimony, Exhibits 1 & 5).
8. The record was held open and the Appellant submitted another letter, from a different treating physician, which stated:

I am caring for this patient . . . after his ██████ transplant . . . He has had several severe complications of surgery including a blood clot in the vein of the new pancreas necessitating repeat operation. Then he had large volume bleeding that required hospitalization, blood transfusions and another surgery to fix it. He had a blood clot then in his arm and had an operation to have that removed. He has symptomatic anemia, malnutrition, and a virus infection ██████ affecting his ██████ transplant. In summary, he has suffered quite a few complications surrounding his status as a transplant patient . . . that make his care at home complex and challenging. Please expedite any support you can provide for his care at home (Exhibit 6).
9. In response to the letter, the MassHealth representative restored the time requested for bathing (210 minutes per week) and bowel care (70 minutes per week) (Exhibit 7).
10. The Appellant is independent for transferring in and out of bed and on and off the toilet (Testimony, Exhibit 5).
11. For the nighttime hours of midnight to 6 a.m., ██████ requested 2 minutes per episode for 2 episodes per night for physical assistance with mobility and 2 minutes per episode for 2 episodes per night for physical assistance with transfers for a total of 8 minutes per night.

MassHealth reduced this time to zero (Testimony, Exhibits 1 & 5).

12. For the nighttime hours of midnight to 6 a.m., ██████ requested 5 minutes per episode, 2 episodes per night, for a total of 10 minutes of bladder care. MassHealth reduced this to zero (Testimony, Exhibits 1 & 5).
13. ██████ requested 10 minutes per week for assistance with equipment maintenance, indicating that the Appellant is totally dependent for this task. MassHealth again reduced this to zero (Testimony, Exhibits 1 & 5).
14. The Appellant uses a walker and cane, as well as other durable medical equipment including a glucometer and other diabetes supplies, a bath bench, and commode (Testimony, Exhibit 5).
15. The Appellant filed this appeal in a timely manner on September 2, 2025 (Exhibit 2).
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.²

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.

....

Instrumental Activities of Daily Living (IADLs) — those specific activities described in 130 CMR 422.410(B) that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.

....

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

² Regulations regarding home health agency services are found at 130 CMR 403.000 et seq.

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).

During the record open period, the MassHealth representative agreed to restore the time requested for bathing (210 minutes weekly) and bowel care (70 minutes weekly). Accordingly, that part of the appeal is approved and dismissed. 130 CMR 610.035(A)(8).

Overnight Transfers (Mobility)

For the nighttime hours of midnight to 6 a.m., ██████ requested 2 minutes per episode for 2 episodes per night for physical assistance with mobility and 2 minutes per episode for 2 episodes per night for physical assistance with transfers, for a total of 8 minutes per night. MassHealth reduced this time to zero.

I find that the Appellant has not met his burden of establishing that MassHealth erred in making this modification. Based on the record evidence, the Appellant is independent transitioning in and out of bed and on and off of the toilet. Furthermore, supervision and guiding are not covered services. 130 CMR 422.412(C). Therefore, this part of the appeal is denied.

Overnight Bladder Care (Toileting)

For the nighttime hours of midnight to 6 a.m., ██████ requested 5 minutes per episode, 2 episodes per night, for a total of 10 minutes of bladder care. MassHealth reduced this to zero.

I find that the Appellant has not met his burden of establishing that MassHealth erred in making this modification. As discussed above, the Appellant is independent moving on and off of the toilet. And supervision and guiding are not covered services. 130 CMR 422.412(C). Therefore, this part of the appeal is denied.

Special Needs—Equipment Maintenance

██████ requested 10 minutes per week for assistance with equipment maintenance, indicating that the Appellant is totally dependent for this task. MassHealth reduced this to zero.

I find that the Appellant has met his burden regarding the request for 10 minutes weekly for assistance with equipment maintenance. The Appellant uses a walker and cane, as well as other durable medical equipment including a glucometer and other diabetes supplies, a bath bench, and commode. I find that 10 minutes weekly is reasonable for the Appellant's PCA to assist with maintaining the Appellant's equipment. Accordingly, this part of the appeal is approved.

Order for MassHealth

Adjust notice of August 4, 2025, to authorize PCA assistance weekly for

- Bathing
 - 210 minutes weekly
- Bowel Care
 - 70 minutes weekly
- Special Needs—Equipment Maintenance
 - 10 minutes weekly

for the prior authorization period of August 4, 2025, to August 3, 2026, in addition to the PCA assistance time already authorized by MassHealth.

Send notice to Appellant of implementation only; do not include appeal rights.

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.

Emily Sabo
Hearing Officer
Board of Hearings

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