

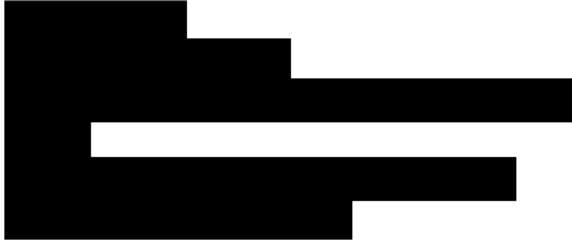
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2512938
Decision Date:	12/05/2025	Hearing Date:	11/05/2025
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:




Appearance for MassHealth:

Via telephone:
Robin Brown, OTR/L



*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; Denied in part	Issue:	Prior Authorization – PCA
Decision Date:	12/05/2025	Hearing Date:	11/05/2025
MassHealth's Rep.:	Robin Brown, OTR/L	Appellant's Reps.:	
Hearing Location:	Quincy Harbor South, 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 13, 2025, MassHealth denied the appellant's prior authorization request for personal care attendant (PCA) services because she does not require physical assistance with two or more activities of daily living (ADLs) (Exhibit 1). The appellant filed this appeal in a timely manner on September 4, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

This hearing was originally scheduled on October 8, 2025, but at the request of the appellant's representative, who was unavailable on that date, it was rescheduled.

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 qualify for PCA services because she does not require physical, hands-on assistance with at least two ADLs.

Summary of Evidence

All parties appeared at hearing via telephone. MassHealth was represented by a registered occupational therapist and clinical appeals reviewer. The appellant appeared at hearing along with her representative from [REDACTED].

MassHealth provided the following through testimony and documentary evidence: the appellant is an adult under the age of 65 with a primary diagnosis of carpal tunnel syndrome in both wrists. In addition, her medical history shows right lateral epicondylitis (also known as tennis elbow); chronic lower back pain; cervicgia; pain in both knee joints; gastroesophageal reflux disease (GERD); lactose intolerance; Lyme disease; depression; anxiety; post-traumatic stress disorder (PTSD); and left leg compartment syndrome.

On August 7, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a re-evaluation for PCA services requesting 17 hours and 15 minutes per week for dates of service of August 13, 2025 through August 12, 2026.¹ The request for services sought assistance with the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs): bathing – washing hair; grooming – hair; dressing; meal preparation; laundry; housekeeping; and shopping. On August 13, 2025, MassHealth denied the request because the clinical record indicated that the appellant did not require hands-on, physical assistance with at least two ADLs. The MassHealth representative explained that bathing and grooming are one ADL category. She elaborated that in order to qualify for PCA assistance a MassHealth member must require hands-on physical assistance with at least two of the following ADLs: mobility/transfers, bathing/grooming, dressing/undressing, toileting, eating, passive range of motion, and assistance with medications or other health-related needs. The only qualifying ADLs requested by the appellant are (1) bathing/grooming and (2) dressing. The MassHealth reviewer identified possible other less costly options that could meet the appellant's needs. Therefore, MassHealth found that the appellant did not meet the medical necessity criteria pursuant to 130 CMR 450.204(A).

The appellant provided a letter from an orthopaedic surgeon at the VA. The doctor stated that the appellant has right knee post-traumatic osteoarthritis and left lower leg pain related to remote

¹ The appellant received 12 hours and 30 minutes per week in PCA services through last year's prior authorization which included the following: 105 minutes per week for bathing; 47 minutes per week for grooming; 105 minutes per week for week for dressing/undressing; 350 minutes per week (50 minutes per day) for meal preparation; 45 minutes per week for laundry; 45 minutes per week for housekeeping; and 45 minutes per week for shopping.

exertional compartment syndrome. The appellant sees the VA Pain Clinic for lower back pain. The doctor stated that she “would benefit from PCA assistance at home for ADLs, carrying groceries and laundry baskets, chores in the home that require bending and squatting, occasional assistance with transfers for bathing and hygiene. She also requires assistance with unpacking boxes.” A letter from a provider at the [REDACTED] states she is “100% military service connected to chronic illnesses including musculoskeletal disabilities.” She has leg muscle injury (10% service connected) and PTSD (100% service connected).

Bathing – Washing Hair

The appellant requested 5 minutes, 1 time per day, 4 days per week for PCA assistance with washing hair. The MassHealth representative explained that the appellant is independent with all other aspects of bathing which tells the reviewer that she has the functional ability to do this. She stated there are ways to work around the hand pain, including taking frequent breaks. It was not clear why adaptations could not assist the appellant with hair washing when she is independent with so many other tasks. There is nothing in the documentation to show that occupational therapy or other adaptive devices have been considered. The MassHealth representative stated that the appellant has the grip strength to do all the other tasks which suggests she could at least try other adaptive techniques. MassHealth provided examples of adaptive techniques at the end of its packet. Applicable to bathing is the shower chair/bench.

The appellant testified that this is an underestimation of the amount of time needed to wash her hair. She has long hair that needs to be combed out to wash. It is difficult for her to hold and grasp items, including brushes and combs. She doesn't have good grip strength. She can't grip with consistency or strength. While it might be possible for some people to use adaptations here, it is not what her care team has suggested. There were no adaptive techniques suggested related to the appellant's haircare. The alternative adaptive techniques suggested for dressing all appear to require some ability to grip with consistency and some strength. Her care team has been very clear that she has right upper extremity paresthesia and very limited range of motion, in addition to her back pain, all which make it difficult to move to self-groom and self-dress. In addition to the right upper extremity paresthesia and numbness, the appellant, who is a veteran, experiences chronic neck pain, loss of motion, and lower back pain that is progressively worsening. She is unable to reach and wash her hair or perform hair care independently.

Dressing

The appellant requested 2 minutes, 1 time per day, 7 days per week for PCA assistance with dressing. No time was requested for undressing. The comments indicate the appellant needs physical assistance with donning socks and footwear because she has difficulty putting on and taking off socks due to back pain. She will sometimes skip this task because of the unbearable pain. The MassHealth representative testified that there are adaptive techniques she could utilize and referenced the dressing aids (“hip kit”) suggested in the MassHealth packet.

The appellant testified that dressing takes more than two minutes. She is in really bad pain even to get her pants on and she is not sure why [REDACTED] did not document it better. Putting a shirt on over her head is very painful because of her neck and back. She tries to wear front opening shirts as much as possible. She is unable to reach her feet to take socks/footwear on and off. The pain is extremely debilitating. TMJ and arm pain wake her up every night. She needs help putting on all her clothing, as well as clipping toe nails because she can't bend and reach them. The pain and loss of motion has gotten worse since the evaluation in July. She has greater difficulty holding a spoon and fork, bending and crouching, and getting out of bed. She is prescribed medications, but she forgets to take them. The adaptive techniques suggested for dressing all appear to require some ability to grip for a period of time with consistency and strength, and the appellant does not have that ability.

The MassHealth representative responded that it sounded like occupational therapy could be very beneficial for the appellant. MassHealth offers occupational therapy services with a referral from a physician. MassHealth covers 20 visits before a prior authorization is needed. Occupational therapy would help with adaptive techniques.

IADLS: Meal Preparation, Laundry, Housekeeping, and Shopping

The appellant requested the following time for PCA assistance with IADLS; 735 minutes per week (105 minutes per day) for meal preparation; 60 minutes per week for laundry; 90 minutes per week for housekeeping; and 90 minutes per week for shopping. This time was not approved because MassHealth had determined that the appellant did not require hands-on assistance with at least two or more ADLs; however, she explained that this was more time than typically approved for someone who is totally dependent. Documentation shows that the appellant only requires moderate assistance with her IADLs. Thus, even if the appellant met the two ADL threshold, the time requested for the IADLs is excessive for someone with her physical needs.

The appellant explained that she lives at home with her [REDACTED] who has [REDACTED]. There is no other adult in the household to assist her with these tasks. She testified that her condition has worsened over the past year and she doesn't understand why she wasn't approved for any PCA time when she had it last year. She has a washing machine, but no dryer, in the basement of her home. She lives on the second floor, so there are multiple stairs to get to the washing machine. She takes her clothes to the laundromat to dry, although she also has a clothesline. She is able to drive, but is limited due to lack of sleep and exhaustion caused by pain and symptoms from Lyme disease. The appellant's representative suggested that approving the IADLs in full would compensate for the small amount of time requested for the ADLs and the fact that the appellant has been going without services for a good period of time now.

The MassHealth representative explained that the regulations do not support approving extra time for IADLs for the lack of time requested for ADLs. If there are ADLs that have not been requested correctly, the appellant can request an adjustment through her PCM agency.

Findings of Fact

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

1. The appellant is a veteran under 65 with a primary diagnosis of bilateral carpal tunnel syndrome (Testimony and Exhibit 5).
2. Additional diagnoses include right upper extremity paresthesia and numbness, chronic neck pain, loss of motion, lower back pain that is progressively worsening, right knee post-traumatic osteoarthritis, left lower leg pain related to remote exertional compartment syndrome, and Lyme disease (Testimony and Exhibits 5 and 6).
3. On August 7, 2025, the appellant's PCM agency submitted a re-evaluation for PCA services requesting 17 hours and 15 minutes per week for dates of service of August 13, 2025 through August 12, 2026 (Testimony and Exhibit 5).
4. The request for services sought assistance with the following ADLs and instrumental activities IADLs: bathing – washing hair; grooming – hair; dressing; meal preparation; laundry; housekeeping; and shopping (Testimony and Exhibit 5).
5. On August 13, 2025, MassHealth denied the request because the clinical record indicated that the appellant did not require hands-on, physical assistance with at least two ADLs (Testimony and Exhibits 1 and 5).
6. On September 4, 2025, the appellant timely appealed the denial (Exhibit 2).
7. The appellant requires PCA assistance with bathing – washing hair, grooming – hair care, and dressing (Testimony).
8. The appellant has poor grip strength, is unable to reach her hair, and cannot manage washing and grooming her hair independently (Testimony).
9. Dressing is difficult due to pain and limited range of motion. The appellant cannot reach her feet to put on and take off socks and footwear. (Testimony).
10. Bathing and grooming are considered one ADL category.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, *so long as the following conditions are met:*²

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416 [which governs the prior authorization requirements].
- (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 following ADLs as defined in 130 CMR 422.410(A).***
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

See 130 CMR 422.403(C) (emphasis added).

MassHealth, through its prior authorization process determines whether a service is "medically necessary" if:

- 1) it is reasonably calculated to prevent, diagnose, prevent 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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider or identified by the Division 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.

See 130 CMR 450.204(A)

Pursuant to 130 CMR 422.410(A), activities of daily living include the following:

- (1) mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;

² PCA services are defined as "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." See 130 CMR 422.002.

- (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 basic care such as bathing, personal hygiene, and grooming skills;
- (4) **dressing or undressing**: 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 and bladder needs.

(Emphasis added).

Pursuant to 130 CMR 422.410(B), 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 personal care services; and
 - (c) other special needs approved by the Division as being instrumental to the health care of the member.

There are also certain services that MassHealth will not cover:

- (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;

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

See 130 CMR 422.412.

Based on testimony and documentation, the appellant requires physical assistance with at least two ADLs. Due to her medical conditions, she requires physical assistance with bathing/grooming her hair and dressing. The appellant's testimony was credible and given her bilateral carpal tunnel syndrome, pain, and weak grip strength, the adaptive techniques suggested by MassHealth do not seem viable.

As such, the appellant is approved as requested for PCA assistance with the following ADLs: bathing – hair washing, 5 minutes, 1 time per day, 4 days per week; grooming – hair care, 5 minutes, 1 time per day, 4 days per week; and dressing, 2 minutes, 1 time per day, 7 days per week.

Given the appellant's level of independence with most tasks, she has not demonstrated that time for IADLs is medically necessary to the extent requested. The appellant is approved for PCA assistance with IADLs as follows: 50 minutes per day, 7 days per week for meal preparation; 45 minutes per week for laundry; 30 minutes per week for housekeeping; and 30 minutes per week for shopping. Because laundry is done partially out of the home, she was given some additional time.

PCA services are defined as “physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation...” Time is approved per task based on the evaluation and I cannot approve time that is not medically necessary for IADLs in order to compensate for time that was not requested in other areas. If the appellant feels additional time is needed for ADLs that was not requested through the evaluation, she can request an adjustment through her PCM agency.

For these reasons, the appeal is approved in part and denied in part.

Order for MassHealth

Approve the appellant for the following: 5 minutes, 1 time per day, 4 days per week for bathing – hair washing; 5 minutes, 1 time per day, 4 days per week grooming – hair care; 2 minutes, 1 time per day, 7 days per week for dressing; 350 minutes per week (50 minutes per day, 7 days per week) for meal preparation; 45 minutes per week for laundry; 30 minutes per week for housekeeping; and 30 minutes per week for shopping.


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.

Alexandra Shube
Hearing Officer
Board of Hearings



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