

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|--------------------------------------|-----------------------|------------|
| Appeal Decision: | Dismissed in Part; Denied in Part | Appeal Number: | 2513277 |
| Decision Date: | 11/13/2025 | Hearing Date: | 10/17/2025 |
| Hearing Officer: | Mariah Burns | | |

Appearance for Appellant:



Appearance for MassHealth:

Heather Adams, RN, for 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

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|---------------------------|--------------------------------------|--------------------------|---|
| Appeal Decision: | Dismissed in Part; Denied in Part | Issue: | Prior Authorization; Personal Care Attendant Services |
| Decision Date: | 11/13/2025 | Hearing Date: | 10/17/2025 |
| MassHealth's Rep.: | Heather Adams, RN | Appellant's Rep.: | [REDACTED] |
| Hearing Location: | Telephone (Quincy) | 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 27, 2025, MassHealth modified the appellant's prior authorization request for renewal of personal care attendant services. *See* 130 CMR 450.024(A), 130 CMR 422.10(A)(7), 130 CMR 422.410(B)(1) and Exhibit 1. The appellant filed this appeal in a timely manner on September 11, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to restrict a member's assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for renewal of personal care attendant (PCA) services.

Issues

The appeal issues are whether MassHealth acted within the scope of the regulations in modifying the appellant's prior authorization request for a renewal of PCA services, and whether the appellant may request, at the hearing, more hours than listed on her prior authorization request.

Summary of Evidence

The appellant is an adult MassHealth member over the age of 65 who currently receives PCA services through MassHealth. MassHealth was represented by a clinical appeals reviewer and registered nurse for Optum, which manages MassHealth's PCA program. All parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence presented:

The appellant suffers from a primary diagnosis of multiple sclerosis that has left her without functional use of her extremities.¹ She resides in a home with her elderly spouse who has health issues of his own. Prior to the notice at issue, the appellant received 104 hours and 45 minutes weekly of PCA assistance that was adjusted to 118 weekly hours. On August 18, 2025, MassHealth received a prior authorization request submitted by [REDACTED] on the appellant's behalf for renewal of services, requesting a total of 122 hours and 45 minutes of PCA assistance per week. On August 27, 2025, MassHealth modified the request and approved the appellant for 107 hours and 45 minutes of PCA assistance for with dates of service from September 10, 2025, to September 9, 2026.

Modifications were made in the areas of: assistance with repositioning, overnight bathing/transfers, overnight dressing, overnight fluids, medication administration, suctioning, housekeeping, and shopping. After the hearing, the parties agreed to the following modifications:

- **Repositioning:** 8 minutes, 9 times per day, 7 days per week from 6AM-midnight, 10 minutes, 3 times per night from midnight-6AM;
- **Overnight Dressing:** appellant agrees request is not necessary;
- **Overnight Fluids:** 10 minutes, 2 times per night from midnight-6AM;
- **Medication Administration:** 6 minutes, 5 times per day, 7 days per week from 6AM-midnight, and 5 minutes, 2 times per night from midnight-6AM;
- **Suctioning:** 3 minutes, 16 times per day, 7 days per week from 6AM-midnight and 3 minutes, 6 times per night from midnight-6AM;
- **Housekeeping:** 60 minutes per week;
- **Shopping:** 90 minutes per week.

Thus, after hearing, the only remaining dispute was over the appellant's assistance with bathing. The appellant requested, and MassHealth approved, 60 minutes per day for assistance with bathing, an additional 15 minutes per day for special bathing transfers, and 20 minutes, 3 times per week for assistance with washing her hair. At the hearing, the appellant testified that this is not enough time for assistance with bathing. She stated that it takes approximately 3 hours to

¹ This is not a complete list of the appellant's conditions or symptoms, which can be found at Exhibit 5 at 14-15 and are hereby incorporated by reference.

bathe her due her delicate skin and the need to be very gentle and careful while in the bath. The appellant also requested assistance for nighttime bathing, which MassHealth denied in full. The appellant asserted on numerous occasions that she does not receive PCA assistance with bathing from the hours of midnight to 6:00 AM and is not asking for that request to be approved.

Findings of Fact

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

1. The appellant is an adult MassHealth member over the age of 65 who suffers from a primary diagnosis of multiple sclerosis that has left her without functional use of her extremities and a host of other conditions. Exhibit 4, Exhibit 5 at 14-15.

2. Prior to the notice at issue, the appellant received 104 hours and 45 minutes weekly of PCA assistance that was adjusted to 118 weekly hours. Testimony. On August 18, 2025, MassHealth received a prior authorization request submitted by [REDACTED] on the appellant's behalf for renewal of services, requesting a total of 122 hours and 45 minutes of PCA assistance per week. Testimony, Exhibit 5 at 46-48. On August 16, 2024, MassHealth modified the request and approved the appellant for 107 hours and 45 minutes of assistance week with dates of service from August 16, 2024, to August 15, 2025. Testimony, Exhibit 1, Exhibit 5 at 44.

3. The specific modifications were made in the areas of repositioning, overnight bathing/transfers, overnight dressing, overnight fluids, medication administration, suctioning, housekeeping, and shopping. Exhibit 1.

4. After hearing testimony, MassHealth and the appellant agreed to the following PCA assistance:

- **Repositioning:** 8 minutes, 9 times per day, 7 days per week from 6AM-midnight, 10 minutes, 3 times per night from midnight-6AM;
- **Overnight Dressing:** appellant agrees request is not necessary;
- **Overnight Fluids:** 10 minutes, 2 times per night from midnight-6AM;
- **Medication Administration:** 6 minutes, 5 times per day, 7 days per week from 6AM-midnight, and 5 minutes, 2 times per night from midnight-6AM;
- **Suctioning:** 3 minutes, 16 times per day, 7 days per week from 6AM-midnight and 3 minutes, 6 times per night from midnight-6AM;
- **Housekeeping:** 60 minutes per week;
- **Shopping:** 90 minutes per week.

Testimony.

5. The appellant requested, and MassHealth approved, 60 minutes per day for assistance with

bathing, an additional 15 minutes per day for special bathing transfers, and 20 minutes, 3 times per week for assistance with washing her hair. Exhibit 5 at 22-23. The appellant also requested assistance for nighttime bathing, which MassHealth denied in full. *Id.*

6. The appellant does not receive PCA assistance for bathing between the hours of midnight and 6:00 AM. Testimony. The appellant is unsatisfied with the amount of daytime assistance for bathing requested on her behalf and subsequently approved by MassHealth.

Analysis and Conclusions of Law

MassHealth requires providers to obtain prior authorization before administering certain medical services. 130 CMR 450.303 and 130 CMR 420.410. PCA services fall into this category, and the regulations governing prior authorization for such services are found at 130 CMR 422 et seq. MassHealth will authorize coverage of PCA services when:

- (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 [Activities of Daily Living (ADLs)] and [Instrumental Activities of Daily Living (IADLs)] without physical assistance.²
- (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 422.403 (C). Members who wish to renew their PCA services must comply with the following process:

To ensure the continuation of PCA services, PCM agencies must request prior authorization from the MassHealth agency at least 21 calendar days before the expiration date of the current prior authorization period. The PCM agency must include in its prior authorization request the documentation described in 130 CMR 422.416(A). The MassHealth agency will continue to pay for PCA services during its review of the new PA request only if the MassHealth agency has received the new prior authorization request at least 21 calendar days prior to the expiration of the current prior authorization period. If the MassHealth

² ADLs include assistance with mobility, medications, bathing or grooming, dressing or undressing, passive range of motion, and toileting, while IADLs include household services (such as laundry, shopping, and housekeeping), meal preparation and clean-up, transportation, and other special needs codified in the regulations. 130 CMR 422.410(A) and (B).

agency does not receive the new prior authorization request at least 21 calendar days before the expiration date, the MassHealth agency may stop payment for PCA services after the expiration date.

130 CMR 422.416(C).

It is undisputed that the appellant is a MassHealth member eligible to receive PCA services. However, in addition to meeting those categorical criteria, all PCA services must be medically necessary for prior authorization to be approved. A service is determined to be 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 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...

...Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality.

...Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

130 CMR 450.204(A)-(B), (D).

In the case of PCA services, the prior authorization request is “a request to initiate, continue, or adjust a member’s prior authorization for PCA services...that the [Personal Care Management (PCM)] agency must submit to the MassHealth agency...” 130 CMR 422.402. A PCM agency is “a public or private agency or entity under contract with EOHHS to provide PCM functions” such as “submitting to the MassHealth agency all requests for prior authorization for PCA services in accordance with the [proper] procedures and timeliness...” *Id.* at 422.402 and 422.419(A)(6). *Id.* The MassHealth regulations require PCM agencies to assist members with submitting prior authorization requests, and in circumstances where a member is currently receiving benefits, must abide by the following:

B) Adjustment of Current Prior Authorization. Prior authorization requests to increase or decrease the number of hours of PCA services must be submitted to the MassHealth agency by the member's PCM agency in writing within 30 calendar days of the member or surrogate request, and include:

- (1) a copy of the original prior authorization request and PCA evaluation;
- (2) a written summary of the specific adjustment requested that includes the reason for the adjustment and the specific ADLs or IADLs for which an increase or decrease in PCA services is being requested, including the number of units, the number of hours, and the duration of time for which the adjustment is being requested; and
- (3) a letter from the member's physician, nurse practitioner, or physician assistant stating that the need for an adjustment in the member's authorized number of hours of PCA services is a result of changes in the member's medical condition, functional status, or living situation that affects the member's ability to perform ADLs and IADLs without physical assistance. The letter must also describe these conditions. The letter must include the length of time for which the adjustment is required.

(C) Continuation of PCA Services. To ensure the continuation of PCA services, PCM agencies must request prior authorization from the MassHealth agency at least 21 calendar days before the expiration date of the current prior authorization period. The PCM agency must include in its prior authorization request the documentation described in 130 CMR 422.416(A). The MassHealth agency will continue to pay for PCA services during its review of the new PA request only if the MassHealth agency has received the new prior authorization request at least 21 calendar days prior to the expiration of the current prior authorization period. If the MassHealth agency does not receive the new prior authorization request at least 21 calendar days before the expiration date, the MassHealth agency may stop payment for PCA services after the expiration date.

An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon "evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency's interpretation of its rules, policies and regulations." 130 CMR 610.085(A). The purpose of a fair hearing before the Board of Hearings is to allow "dissatisfied applicants, members, or nursing facility residents to have administrative review of certain *actions or inactions on the part of the MassHealth agency* and of determinations by a MassHealth managed care contractor." 130 CMR 610.001(A)(1) (Emphasis added).

In this case, as the MassHealth representative and the appellant agreed as to the approved hours for assistance with repositioning, overnight bathing/transfers, overnight dressing, overnight fluids,

medication administration, suctioning, housekeeping, and shopping, the appeal with respect to those tasks has resolved and is hereby dismissed in part. MassHealth is ordered to modify the appellant's approved hours to include the following:

- **Overnight Fluids:** 10 minutes, 2 times per night from midnight-6AM;
- **Medication Administration:** 6 minutes, 5 times per day, 7 days per week from 6AM-midnight, and 5 minutes, 2 times per night from midnight-6AM;
- **Suctioning:** 3 minutes, 16 times per day, 7 days per week from 6AM-midnight and 3 minutes, 6 times per night from midnight-6AM;
- **Housekeeping:** 60 minutes per week;
- **Shopping:** 90 minutes per week³.

Thus, at issue in this case is whether the appellant met her burden of proof in establishing that she is entitled to more PCA assistance than MassHealth approved for daytime bathing. Unfortunately, this appeal offers no mechanism to approve the appellant for more hours than were requested by the PCM agency for a given task. MassHealth did not take adverse action in that instance, as MassHealth approved all of the requested time for PCA assistance with bathing. *See generally*, 130 CMR 610.032(A)(3) and (5) (Bases for fair hearing included *MassHealth agency* action to restrict a member's assistance and *MassHealth agency* determinations regarding scope and amount of assistance). In other words, the Board of Hearings only has jurisdiction in determining whether MassHealth actions were made in accordance with the regulations, and does not have jurisdiction over actions of a PCM agency.

Where the appellant argues that the PCM agency did not request the proper amount of time for particular tasks, her issue is with the PCM agency, not with MassHealth. Although MassHealth did take an adverse action in denying the request for nighttime bathing, the appellant emphatically stated that she does not receive PCA assistance with bathing overnight and is not asking for that request to be approved. Instead, she asks that she receive more time for assistance with *daytime* bathing than her PCM agency requested. Because MassHealth did not take adverse action with respect to daytime bathing assistance, this hearing officer is without authority to approve the appellant's request. *See* 130 CMR 610.082(C) ("The decision must be made in accordance with the law"). I find, therefore, that MassHealth acted appropriately with respect to the appellant's request for PCA assistance with bathing.

For the foregoing reasons the appeal is hereby dismissed in part and denied in part.

³ The appellant accepted MassHealth's modifications with respect to repositioning and assistance with nighttime bathing. There will, therefore, be no change to the approved assistance for those tasks.

Order for MassHealth

Modify the appellant's approved PCA assistance to reflect the following hours, retroactive to the start date of service of August 28, 2024:

- **Overnight Fluids:** 10 minutes, 2 times per night from midnight-6AM;
- **Medication Administration:** 6 minutes, 5 times per day, 7 days per week from 6AM-midnight, and 5 minutes, 2 times per night from midnight-6AM;
- **Suctioning:** 3 minutes, 16 times per day, 7 days per week from 6AM-midnight and 3 minutes, 6 times per night from midnight-6AM;
- **Housekeeping:** 60 minutes per week;
- **Shopping:** 90 minutes per week.

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.

Mariah Burns
Hearing Officer
Board of Hearings

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