

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2513531
Decision Date:	12/22/2025	Hearing Date:	10/23/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Kelly Rayen, R.N., Clinical Appeals 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:	Approved in part; Denied in part; Dismissed in part	Issue:	Personal Care Attendant Services
Decision Date:	12/22/2025	Hearing Date:	10/23/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	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 8/21/25, MassHealth informed Appellant that it was modifying her prior authorization request for personal care attendant (PCA) services. *See* Exh. 1. Appellant filed this appeal in a timely manner on 9/17/25. *See* 130 CMR 610.015(B) and Exh. 2. Modification of a request for PCA services is a valid basis for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

The issue on appeal is whether MassHealth was correct in modifying Appellant's request for prior authorization of PCA services.

Summary of Evidence

At the hearing, MassHealth was represented by an Optum clinical appeals reviewer and registered nurse. Appellant appeared *pro se*. All parties appeared remotely, by telephone.

Through documentation and testimony, the MassHealth representative presented the following evidence: Appellant is an adult MassHealth member under the age of [REDACTED] and is enrolled as a consumer in the MassHealth Personal Care Attendant (PCA) program. Appellant was re-evaluated for PCA services on 8/13/25 by her Personal Care Management (PCM) agency, [REDACTED] (Exh. 4, p. 13). On 8/19/25, MassHealth received a prior authorization (PA) request submitted by the PCM agency on Appellant's behalf seeking 53 hours and 45 minutes per week of PCA services for dates of service 9/28/25 through 9/27/26. (Exh. 1). According to the PA request, Appellant's primary diagnosis is chronic obstructive pulmonary disease (COPD) with a past relevant medical history of reported pseudo brain tumor, loss of taste and smell, decreased vision (2009 vision loss in right eye and 2016 vision loss in left eye). (Exh. 4, p. 24).

Through a notice dated 8/21/25, MassHealth modified the PA request by authorizing 45 hours and 15 minutes per week of PCA services for the requested one-year authorization period. (Exh. 1). The reduction in authorized time was based on modifications to the four following activities of daily living (ADLs): (1) mobility/transfers; (2) bathing – special transfers; (3) toileting – special transfers; and (4) medication refill.

Transfer & Special Transfer Assistance

Three of the four modifications pertained to time that Appellant requested for PCA assistance using a mechanical Hoyer lift for transfer-related ADLs, specifically transfers under the ADL categories of mobility, bathing, and toileting. Following the parties' discussion related to special toileting transfers, i.e., getting Appellant on and off the toilet using a Hoyer lift, Appellant accepted MassHealth's modification at 10x2x7, thereby resolving this portion of the appeal and leaving only the transfers under mobility and bathing in dispute.¹

Mobility Transfers

Under the ADL category of mobility, Appellant's PCM agency requested time for two PCAs to each provide 10 minutes of assistance, two times per day, seven days per week (10x2x7; 10x2x7) for a two-person assisted Hoyer transfer to get Appellant out of bed in the morning and into bed at night, for a collective request of 20 minutes per episode or 40 minutes per day for general mobility-transfers. According to the PA request, Appellant has a hospital bed and a trapeze which allows her

¹ Under the ADL category of toileting, the PCM agency requested time for two PCAs to each have 10 minutes to perform two daily Hoyer transfers (10x2x7; 10x2x7) to assist Appellant on and off the toilet. (Exh. 4, p. 27-28). Noting that most bladder and bowel care was provided in bed, Appellant did not dispute the modification.

to reposition and move independently while in bed. (Exh. 4, pp. 18-19). In support of the requested time for transfers, the evaluating PCM nurse made the following comments:

Consumer reports she is not getting up at this time “as she does not have enough time.” She reports she used to have more than the 47 hours to get a Hoyer trans[fer] with 2 PCAs. She reports she would like to get up daily. Time was requested for 2 PCAs to transfer via Hoyer. 2 person transfers wer[e] not approved last year and consumer states she needs them ...[as]...[s]he states it takes 2 people to safely Hoyer her [due to a] rug in [her apartment] and consumer has large body size...[She] reports arthritis pain “everywhere,” has [degenerative joint disease], fibromyalgia, reports multi brain surgeries.

(*Id.*).

MassHealth modified the request by authorizing 10 minutes twice per day (10x2x7) for one PCA to perform the mobility transfer tasks. (Exh. 1). The modification was based on MassHealth regulations 130 CMR 422.410(A)(1) (PCA assistance with activities of daily living) and 130 CMR 450.204(A)(1) (medical necessity).

Special Bathing Transfers

Similarly, with respect to bathing transfers, Appellant’s PCM agency requested time for two PCAs to each have 10 minutes two times per day, seven days per week (10x2x7; 10x2x7) to provide special bathing-related transfers using the Hoyer lift. (Exh. 4, p. 22). In support of the request, the PCM agency noted that “[Appellant] reports she is having a bed bath daily now [due to] not having enough hours to get a shower, but she wants [to] shower daily and would do so if she had enough time. She reports it takes 2 people to trans[fer] her with a Hoyer to shower seat and assist with any area she cannot reach she has large body size (visually today) consumer would like to have hair washed while showering daily.” (*Id.*).

Through its 8/21/25 notice, MassHealth modified the requested time for bathing transfers by authorizing 10 minutes once per day (10x1x7) for one PCA to perform transfer related tasks. (Exh. 1). The modification was based on MassHealth regulations 130 CMR 422.410(A)(3) (PCA assistance with activities of daily living) and 130 CMR 450.204(A)(1) (medical necessity).

At the hearing, the MassHealth representative testified that all transfer-related modifications, including mobility/transfers and bathing transfers, were made because the cumulative time – based on the request for a two-person assist – was longer than ordinarily required for someone with Appellant’s physical needs. MassHealth testified that a mechanical lift is designed to be operated by one person. Because the mechanical lift does most of the work, completion of transfer should not require assistance from a second individual. Additionally, the PCM agency did not provide documentation to articulate why a two-person assist was medically necessary in this case.

MassHealth pays for the time required to place fitted padding underneath Appellant, to roll her to her back, to attach the sling, and to operate the lift by cranking or pushing the button to complete the transfer. A single PCA should be able to perform such tasks within 10 minutes as allotted for each transfer episode.

Appellant disagreed with the mobility and special bathing transfer modifications asserting that she does, in fact, require a two-person assist for all Hoyer transfers. For background, Appellant testified that she does not have a standard Hoyer lift, but instead purchased, out of pocket, a portable Hoyer lift so that it could be used in multiple settings, including transfers within the home and transfers in and out of the car; and that the portable lift is not as easy for one person to operate as a standard lift. She testified that while she is aware that MassHealth pays for medically necessary Hoyer lifts, she “had a problem and they [MassHealth] didn’t [pay for one].”

When she first received the portable lift, which she purchased through funds lent by her PCA, the PCM nurse arranged to have a physical therapist train Appellant and her PCAs on how to safely operate it. Over several months, the physical therapist would demonstrate how complete the transfer, and each time, he required the assistance of a student/assistant PT who attended the visits, both of whom Appellant described as “two grown men.” Appellant testified that the physical therapist recommended that, as a general practice, she have two PCAs perform Hoyer transfers to ensure safety. Appellant testified that this documentation was submitted to the PCM agency and should have been included in the PA request.²

In describing a typical transfer episode, Appellant testified that it takes two people to place her into the “sling” or “sleeve,” secure her, and transfer her into a wheelchair or shower chair. Appellant asserted that contrary to MassHealth’s testimony, the sling is not specifically designed to fit her body; rather it is huge, has a “stiff” feel, and cannot be easily positioned underneath her. Because of this, she must be rolled so that the sling can be wrapped around her, requiring one PCA to position her while the other secures the sling to the lift with each PCA pulling in different directions. Once secured, one PCA will operate the lift while the other positions the wheelchair or shower chair, swings her into place, and ensures she is seated securely and not sliding out. Appellant testified that once she is secured in place, the Hoyer must then be moved out of the way. The entire process is then repeated when she is transferred back to her bed or chair.

Appellant testified that she is currently incapacitated and has been bed bound for six years. She stated that she has no upper body strength to meaningfully assist the PCAs during a transfer. She also noted that her physician recently identified additional active tumors and has an upcoming appointment with a neurosurgeon to discuss treatment options.

² Appellant also noted that during a previous PA period, the PCM agency incorrectly told her that based on the updated recommendation, she had been approved for 7 additional PCA hours per week to accommodate a second PCA during transfers; however, after several months of billing for the additional time as instructed, was told she had overbilled for her allotted PCA services and that an increase did not occur.

In response, the MassHealth representative indicated that no documentation to substantiate the need for a two-person assist had accompanied the PA request or had been submitted by Appellant or her PCM agency. She also noted that Appellant has an electric hospital bed, which allows her to position herself automatically, as well as a trapeze which she uses to move within the bed. With these devices, Appellant should be able to shift or move herself in such a way that helps the PCA get her into this sling without the need for a second PCA. In addition, the PCM agency did not request time for Appellant to be propelled in the wheelchair, as she is listed as independent in performing this activity herself— suggesting that Appellant has some upper body strength and functional ability. The representative acknowledged that while there was insufficient medical necessity to grant time for two PCAs as requested at 10 minutes each (or 20 minutes total per transfer episode), MassHealth was willing to increase the time to 15 minutes for a single PCA to perform each transfer episode (15x2x7) under both mobility and bathing ADLs.

Appellant rejected the offer, indicating that the recommendation for a two-person assist had come from the physical therapist tasked with training her and her PCAs and that she did not want to jeopardize the safety of her PCAs by having only one person perform a two-person task.

Medication Pre-Fill

Under the ADL category of medication assistance, the PCM agency requested 15 minutes, one time per day, seven days per week (15x1x7) for assistance with pre-filling Appellant's medication planner. (Exh. 4, p. 29). The PCM nurse evaluator noted the following comments in support of the request "PCA fills planner [due to] decreased vision. [Appellant] keeps planner beside her bed." (*Id.*) No time was requested for physical assistance with administering medications.

MassHealth modified the request by authorizing 15 minutes *one time per week* (15x1x1) for medication pre-fill rather than daily on the basis that the frequency requested was more than is ordinarily required to complete this task. The MassHealth representative emphasized that this particular task involves prefilling a *weekly* medication box with individual containers labeled Monday through Sunday, and that 15 minutes per week is generally what is permitted for someone with Appellant's medication regimen, noting that, as a general rule, MassHealth allots 1 minute per medication to calculate the average time for a medication prefill. According to MassHealth, there was no medical necessity documented for daily pre-filling of the medication box.

Appellant testified that her PCA prefills her medications every morning, and that daily assistance is required due to the loss of vision in both eyes. Appellant testified that she takes numerous medications each day at multiple times throughout the day, and that the medications vary in pill size, dosage, and appearance. She testified that each day, her PCA fills four medication boxes per day consisting of her morning, afternoon, evening, and nighttime medications. Each box has separate compartments which let her know which medication(s) to take at the appropriate time. For example, her morning medications involve approximately 9 pills (inclusive of vitamins and prescribed medications) at 5am, 1 pill at 6am, 3 pills at 8am, and 2 pills at 10am. She then takes her

next set of medications starting at 4pm, followed by dosing times at 6pm, 8pm, midnight and 2am. When her PCA arrives in the morning, the PCA takes the empty boxes from the day prior and refills them for the day ahead. Given the volume of medications, the PCA performs this task daily. Appellant testified that if it were done on a weekly basis, it would take the PCA over an hour. Appellant asserted that 15 minutes per week is far under the necessary time it takes her PCA to prefill her medications.

According to the medication list submitted with the PA request, Appellant is prescribed various medications, 15 of which are administered orally (via pill). (Exh. 4, p. 14). Eight of the listed medications are taken either once per day or as needed; one is prescribed twice per day, three are taken three times per day; one is taken four times per day, and one is taken every other day. (*Id.*). Appellant testified that some of the prescriptions involve taking more than one pill per dose, as noted on the medication list.

Findings of Fact

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

1. Appellant is an adult MassHealth member under the age of [REDACTED] with a primary diagnosis of COPD, and additional diagnoses of a reported pseudo brain tumor, loss of taste and smell, and vision impairment.
2. On 8/19/25, MassHealth received a prior authorization (PA) request submitted by the PCM agency on Appellant's behalf seeking 53 hours and 45 minutes per week of PCA services for dates of service 9/28/25 through 9/27/26.
3. Through a notice dated 8/21/25, MassHealth modified the PA request by authorizing 45 hours and 15 minutes per week of PCA services for the requested one-year authorization period based on modifications to the ADL tasks of: (1) mobility/transfers; (2) bathing – special transfers; (3) toileting – special transfers; and (4) medication prefill.
4. Appellant accepted MassHealth's modification to special toileting transfers at 10x2x7, thereby resolving this portion of the appeal.
5. Under the ADL category of mobility, Appellant's PCM agency requested time for two PCAs to each provide 10 minutes of assistance, two times per day, seven days per week (10x2x7; 10x2x7) to perform a two-person assisted Hoyer transfer for a collective request of 20 minutes per transfer episode or 40 minutes per day of transfer assistance.
6. Appellant has a hospital bed and a trapeze which allows her to reposition and move independently while in bed.

7. MassHealth modified the request by authorizing 10 minutes twice per day (10x2x7) for one PCA to perform mobility-transfer assistance.
8. Appellant's PCM agency requested time for two PCAs to each have 10 minutes two times per day, seven days per week (10x2x7; 10x2x7) to provide special bathing-related transfers using the Hoyer lift.
9. Through its 8/21/25 notice, MassHealth modified the request for special bathing transfers by authorizing 10 minutes 2 times per day, (10x1x7) for one PCA to perform transfer related tasks.
10. Appellant uses a portable mechanical Hoyer lift, which she purchased privately, for transfers due to her significant functional limitations.
11. Transfers using the Hoyer lift are a multi-step and time-intensive process.
12. Appellant's PCM agency did not include documentation of, nor did it refer to, a clinical recommendation or opinion supporting Appellant's need for a two-person assist when using the Hoyer lift.
13. Under the ADL category of medication assistance, the PCM agency requested 15 minutes, one time per day, seven days per week (15x1x7) for assistance with pre-filling Appellant's medication planner.
14. MassHealth modified the request by authorizing 15 minutes *one time per week* (15x1x1) for medication pre-fill.
15. Appellant takes numerous medications daily with multiple administration times throughout the day at varying dosages.
16. Due to her visual and functional impairments, Appellant requires assistance prefilling her medication planner.
17. Once the medication planner is filled and placed next to Appellant's bedside, Appellant is able to self-administer the medications at the appropriate dosing time.
18. The PA request did not provide any documentation discussing the basis for the requested frequency for a daily medication refill.

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, provided that the services are prescribed by a physician or nurse practitioner who is responsible for the member's care; the member's disability is permanent or chronic in nature; the disability impairs the member's functional ability to perform at least two ADLs without physical assistance; and the requested services are medically necessary. See 130 CMR 422.403(C). 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 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, or 517.007.

See 130 CMR 450.204(A).

Additionally, services that are medically necessary "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.*" See 130 CMR 450.204(B) (emphasis added).

There is no dispute that Appellant meets the threshold eligibility requirements to qualify for PCA services. The issue on appeal is whether MassHealth authorized a sufficient level of PCA assistance necessary for Appellant to complete her activities of daily living (ADLs).

Under the PCA program MassHealth will pay a PCA to perform physical assistance with the following ADLs:

- (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.

See 130 CMR 422.410.

MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

Transfer-Related Modifications

Special Toileting Transfers:

Pursuant to the parties’ discussion at hearing, Appellant accepted MassHealth’s modification to special toileting transfer assistance. As this issue no longer remains in dispute, this portion of the appeal is DISMISSED.

Mobility/Transfers and Special Bathing Transfers

The remaining transfer-related modifications, which fell under the mobility and bathing ADL categories, arise from the same underlying issue, i.e., whether Appellant has demonstrated medical necessity to have the assistance of two PCAs to complete transfers using a mechanical Hoyer lift.

The evidence indicates that Appellant has significant functional limitations and relies on a mechanical lift for transfers. Appellant testified in detail regarding the mechanics of the transfer process and credibly described that transfers are lengthy and physically demanding, requiring time to position and fasten the sling, operate the lift, and ensure Appellant is safely transferred and positioned in a wheelchair or shower chair. However, determinations regarding medical necessity – particularly for a two-person assist using a Hoyer lift – must be supported by adequate medical or clinical documentation. See 130 CMR 450.204(B). While Appellant testified that a physical therapist recommended two-person assistance, the record does not contain written documentation, such as a physical therapy evaluation or clinical recommendation, sufficient to establish medical necessity under 130 CMR 450.204(B). While the PCM agency submitted the PA request on Appellant’s behalf, it failed to include any clinical assessments or observations by the evaluating PCM nurse to explain or justify the request; rather, the PA request contains limited detail, relying almost entirely on Appellant’s subjective reports about the level of care she needs and her personal descriptions of her functional capabilities. While not discrediting Appellant’s reports documented therein, the PCM agency is responsible for submitting all requisite documentation to support medical necessity for the prior authorization request. Absent such documentation, MassHealth did not err in modifying the mobility and bathing-related transfer

requests. MassHealth's decision to approve the time for one PCA to assist with transfers was appropriate.

Nevertheless, the evidence does suggest that the 10 minutes authorized for a single PCA to complete each transfer episode is insufficient. In response to Appellant's credible testimony regarding the multi-step and time intensive transfer process, MassHealth offered, at hearing, to increase the authorized time to 15 minute per episode for one PCA. The proposed increase is supported by the evidence presented. Accordingly, the appeal is APPROVED in PART and DENIED in part, for both mobility and bathing related transfers at 15x2x7.

Medication Prefill

Under the ADL category of medication assistance, the PCM agency requested 15 minutes per day (15x1x7) for medication pre-fill. MassHealth modified the request to 15 minutes once per week, asserting that medication pre-fill is typically a weekly activity absent documentation supporting a need for more frequent assistance.

At the hearing, Appellant provided credible testimony regarding the number of medications she takes daily and her difficulty distinguishing medications due to visual impairment. Based on her testimony, Appellant demonstrated that she does indeed have a complex medication regimen that may require more than 15 minutes of assistance per week that was authorized by MassHealth. However, for the reasons noted above, determinations regarding medical necessity must be supported by adequate medical or clinical documentation and testimony alone, even if credible, is not sufficient to establish the appropriate level or frequency of PCA services. See 130 CMR 450.204. Here, the supporting documentation submitted by the PCM agency is sparse and does not articulate, or provide evaluative findings, to support why daily medication prefill, rather than weekly assistance, is medically necessary. As such, it is unclear whether the request reflects the PCM agency's correct recommendation based on medical necessity or an administrative transcription error. Although Appellant's testimony suggests that 15 minutes of assistance may be insufficient, without adequate medical documentation to support the request, especially where the requested time far exceeds the amount typically authorized for weekly PCA medication prefill assistance, MassHealth appropriately modified the request to a weekly frequency.

Based on the foregoing, the appeal is DENIED with respect to medication prefill. Appellant may contact her PCM agency to request an increase to this task, or any other PCA covered ADL or IADL task for which she needs greater assistance, with sufficient supporting clinical documentation provided by her PCM agency.

Order for MassHealth

Remove aid pending. For PCA prior authorization period 9/28/25 through 9/27/26, increase the time authorized for mobility/transfers to 15x2x7 and special bathing transfers to 15x2x7. All other modifications may remain in place. If total authorized time is greater than time currently in place through aid pending, make updated changes retroactive to beginning of PA period; otherwise, implement updated hours once aid pending terminates.

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.

Casey Groff
Hearing Officer
Board of Hearings

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