

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513620
<b>Decision Date:</b>	12/12/2025	<b>Hearing Date:</b>	10/10/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kelly Rayen, R.N., 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization, Personal Care Attendant (PCA) Services
<b>Decision Date:</b>	12/12/2025	<b>Hearing Date:</b>	10/10/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, R.N.	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South (Telephone)	<b>Aid Pending:</b>	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 September 5, 2025, MassHealth denied the Appellant's request for prior authorization of personal care attendant (PCA) services because MassHealth determined that the Appellant does not require physical assistance with two or more activities of daily living. 130 CMR 450.303 and Exhibit 1. The Appellant filed this appeal in a timely manner on September 18, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization of PCA services.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.412 and 130 CMR 450.204, in denying Appellant's prior authorization request for PCA services.

## Summary of Evidence

The hearing was held by telephone. A registered nurse and clinical appeals reviewer represented MassHealth at hearing and submitted records in support. Exhibit 5. The Appellant verified her identity.

A summary of testimony and record evidence follows: the Appellant is an adult between the ages of 21 and 64 and is a MassHealth Standard member. The Appellant's medical history includes

The Appellant's personal care management (PCM) agency is [REDACTED]. On the Appellant's behalf, they submitted a prior authorization request<sup>1</sup> for PCA services for the start date of September 16, 2025, and end date of September 15, 2026. On September 5, 2025, MassHealth denied the request because the documentation does not support that the Appellant requires hands-on assistance with two or more activities of daily living (ADLs).

Tempus Unlimited, Inc. requested assistance with ADLs<sup>2</sup> in the following categories:

Activity	Day (6 AM-12 AM) or Night (12 AM -6 AM)	Time per week
Mobility Transfers (1-person physical assist with transfers)	Day Night	1 minute per day, 7 times a week 1 minute per night, 7 times a week
Bathing (Physical assist with showering)	Day	30 minutes per episode, 7 times a week
Grooming (Nail Care)	Day	10 minutes per episode, once per week

The MassHealth representative testified that MassHealth covers PCA services for hands-on care. The MassHealth representative explained that MassHealth will sometimes defer its decision and ask the PCM agency for additional and clarifying information. The MassHealth representative explained that the Tempus evaluator responded to such a MassHealth inquiry that the Appellant

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<sup>1</sup> The MassHealth representative explained that because the Appellant's prior PCM agency, [REDACTED] was no longer providing PCA services, the Appellant was transferred to [REDACTED] and her evaluation is considered a new or initial evaluation and request.

<sup>2</sup> The prior authorization request also requested time for instrumental activities of daily living (IADLs): 210 minutes weekly for meal preparation and cleanup, 30 minutes weekly for laundry, 45 minutes weekly for housekeeping, and 45 minutes for shopping. Exhibit 5. Because the requirement that the Appellant need assistance with 2 or more ADLs is a threshold requirement, this decision does not focus on the time requested for IADLs.

would be independent with transfer if her bed were not so high[;] it was beyond normal almost like climbing up onto or off a counter[.] The drop from the bed is quite a bit[,] that is when she needs assist[.] I explained to her this is an environmental issue not a physical issue as she can get on [and] off normal surfaces but she has no intentions of changing the bed[;] that is why requested transfer and night time assist[.] I let her know that since this is an environmental issue we would let MassHealth decide as she could take the box spring off and this would lower the bed a foot[.] I observed she can get herself on [and] off [a] regular height couch lifting her legs on and off.

Exhibit 5 at 42.

The MassHealth representative testified that bathing and grooming are considered one ADL under the regulations, and while acknowledging that the Appellant needs assistance, based on the Appellant's independence with other activities, the time requested was excessive. The MassHealth representative testified that because the Appellant does not need hands-on physical assistance with mobility transfers since the request is due to the environmental issue of her high bed, the Appellant does not require assistance with two or more ADLs. The MassHealth representative testified that MassHealth is only authorized to pay for medically necessary services.

The MassHealth representative testified that the Appellant is independent or needs minimal assistance for her other ADLs and that by using adaptive devices and occupational therapy, the Appellant could be totally independent. The MassHealth representative testified that these methods were less costly than PCA assistance, and included a long-handled sponge, bathroom and bed railings, or absorbent products for nighttime incontinence.

The Appellant testified that she is at risk of falling, including falling out of bed. The Appellant testified that the nurse who came and evaluated her on behalf of ██████s made her uncomfortable and she believes that the nurse's report discriminated against her. The Appellant testified that when the evaluating nurse arrived at the Appellant's home, the nurse remarked, "you're a young one," and stated that she herself was ██████ and still working.

The Appellant explained that she has carpal tunnel syndrome which makes it challenging to self-administer her medication, because it can be painful to open her pill bottles. Her PCA helps alleviate this concern by organizing her medication into a daily pill planner and reminding her to take her medication. The Appellant also testified that she has three floors in her home and that her bedroom, main bathroom, and laundry are on the second floor. The Appellant uses the living room, on the first floor, during the day because it is hard to go up and down stairs without PCA assistance. The Appellant testified that the evaluating nurse kept remarking that she could not help the Appellant with the instructed tasks and that she had all day to wait for the Appellant to complete them, and that that is what she is paid for. The Appellant testified that these included tasks that her

PCA normally helps her with. The Appellant testified that the evaluating nurse directed the Appellant to climb the stairs to her bedroom alone, which made the Appellant scared and uncomfortable because she is a fall risk. The Appellant testified that she was able to get up the stairs, but it took her twenty minutes, and normally it is faster because she has PCA assistance and feels safer climbing the stairs with their support.

The Appellant testified that in her bedroom, the evaluating nurse said, “Wow, look at that bed—it’s a big bed for little old you.” The Appellant testified that the nurse suggested the Appellant take the bed off the box spring so that it no longer would be considered an environmental issue and would not require PCA assistance for bed transfers. The Appellant testified that the bed height is just below her waist, and that she needs the PCA assistance to get in and out of bed. The bed has a platform around each of the sides that the Appellant uses to step up into bed and the Appellant also has a step ladder in her closet which she can use. The Appellant explained she has had this bed for a very long time, she cannot afford a new bed, and no other nurse has ever commented on how high her bed is.

The Appellant then testified that she will be living alone when her child goes to college soon and so she will need PCA care even more. She testified that she wants to be as independent as possible but feels she needs PCA help for these tasks, and she has even declined additional PCA help in the past because she wanted to remain independent. The Appellant explained that many of her injuries are related to a bad car accident. The Appellant testified that she had done physical therapy for her injuries in [REDACTED] after the accident. The Appellant testified that she would do whatever is necessary to increase her independence, but believes she needs some PCA assistance and is anxious and scared about losing this help.

## **Findings of Fact**

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

1. PCM agency [REDACTED] submitted an evaluation for PCA services on behalf of the Appellant, for the period of September 16, 2025, to September 15, 2026, requesting 9.5 day hours and 2 nightly hours each day/night, for a total of 23.5 hours per week of PCA services. Testimony, Exhibit 5.
2. On September 5, 2025, MassHealth denied the request because the clinical record indicated that the Appellant does not require physical assistance with two or more activities of daily living. Testimony, Exhibit 1.
3. The Appellant filed a timely appeal with the Board of Hearings on September 18, 2025. Testimony, Exhibit 2.

4. The Appellant is an adult between the ages of 21 and 64 and is a MassHealth Standard member. Exhibit 4.
5. The Appellant's medical history includes [REDACTED]  
[REDACTED]  
Testimony, Exhibit 5.
6. [REDACTED] requested assistance for ADLs in the following categories:

Activity	Day (6 AM-12 AM) or Night (12 AM -6 AM)	Time per week
Mobility Transfers (1-person physical assist with transfers)	Day Night	1 minute per day, 7 times a week 1 minute per night, 7 times a week
Bathing (Physical assist with showering)	Day	30 minutes per episode, 7 times a week
Grooming (Nail Care)	Day	10 minutes per episode, once per week

Exhibit 5.

7. [REDACTED] requested assistance for IADLs as follows: 210 minutes weekly for meal preparation and cleanup, 30 minutes weekly for laundry, 45 minutes weekly for housekeeping, and 45 minutes for shopping. Exhibit 5.
8. The [REDACTED] nurse evaluator wrote that the Appellant would be independent with transfer if her bed were not so high[;] it was beyond normal almost like climbing up onto or off a counter[.] The drop from the bed is quite a bit[,] that is when she needs assist[.] I explained to her this is an environmental issue not a physical issue as she can get on [and] off normal surfaces but she has no intentions of changing the bed[;] that is why requested transfer and night time assist[.] I let her know that since this is an environmental issue we would let MassHealth decide as she could take the box spring off and this would lower the bed a foot[.] I observed she can get herself on [and] off [a] regular height couch lifting her legs on and off.

Exhibit 5 at 52.

9. The MassHealth representative testified that the Appellant is independent or needs minimal assistance for her other ADLs. Testimony.

10. The MassHealth representative testified that by using adaptive devices and occupational therapy, the Appellant could be totally independent. The MassHealth representative testified that these methods were less costly than PCA assistance, and included a long-handled sponge, bathroom and bed railings, or absorbent products for nighttime incontinence. Testimony.

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 422.403(C), MassHealth will pay for PCA services for members appropriately cared for at home when the following conditions are met:

- (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 ADLs and IADLs without physical assistance.
- (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.

Pursuant to 130 CMR 450.204(A), 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.

MassHealth covers assistance with the following tasks under the PCA program:

### **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.

#### 130 CMR 422.412: Non-covered 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.

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).

Here, MassHealth denied Appellant’s request because it determined the Appellant does not require physical assistance with two or more ADLs. MassHealth acknowledged that the Appellant requires assistance with bathing and grooming. Based on the wording of 130 CMR 422.410(A)(3), bathing or grooming, which is “physically assisting a member with bathing, personal hygiene, or grooming” is considered a single ADL. I credit the MassHealth representative’s testimony that there are other more conservative or less costly options available to assist the Appellant, such as adaptive devices.

I am sorry for the anxiety and fear the Appellant is experiencing. I credit the Appellant’s testimony that she had a negative experience with the [REDACTED] evaluating nurse. In seeking services, the Appellant deserves to be treated respectfully. She may wish to make a complaint about her experience or request another evaluation by a different PCM agency. However, given that the only other ADL for which assistance was requested is mobility, and the evidence before me reflects that the Appellant “would be independent with transfer if her bed were not so high,” I find that Appellant has not established that MassHealth erred in denying the prior authorization request.

Because the Appellant does not require physical assistance with two or more activities of daily living, MassHealth correctly determined that the Appellant does not meet the regulatory requirements for PCA services. 130 CMR 422.403(C)(3). Accordingly, the appeal is denied.

## **Order for MassHealth**

None.

## **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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

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