

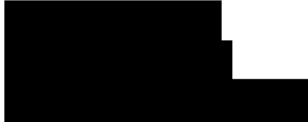
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part; Approved in part	Appeal Number:	2514082
Decision Date:	02/12/2026	Hearing Date:	12/02/2025
Hearing Officer:	Radha Tilva	Record Open to:	01/05/2026

Appearance for Appellant:



Appearance for MassHealth:

Robin Brown, Optum Representative



*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:	Dismissed in part; Denied in part; Approved in part	Issue:	Prior Authorization – PCA services
Decision Date:	02/12/2026	Hearing Date:	12/02/2025
MassHealth’s Rep.:	Robin Brown	Appellant’s Rep.:	[REDACTED]
Hearing Location:	(virtual)	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 September 15, 2025, MassHealth modified appellant’s prior authorization request for personal care attendant (PCA) hours from the requested 77 hours and 15 minutes per week to 52 hours per week (Exhibit 1). The appellant filed this appeal in a timely manner on September 25, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

A hearing was originally scheduled for September 15, 2025, however, on September 25, 2025 appellant submitted a request to reschedule which was granted (see Exhibit 4). A hearing was then held on December 2, 2025. The record was held open for the appellant to submit supporting documentation as to some modifications contested at hearing. The appellant submitted letters in support of testimony on December 26, 2025 (see Exhibit 8). MassHealth reviewed the documentation and provided a response on January 5, 2026 (see Exhibit 9).

Action Taken by MassHealth

MassHealth modified appellant’s prior authorization request for PCA hours to 52 hours per week.

Issue

The appeal issue is whether MassHealth was correct in modifying appellant's prior authorization request for PCA hours to 52 hours per week.

Summary of Evidence

MassHealth was represented virtually at hearing by an occupational therapist. The appellant was represented by her sons and an attorney who all appeared virtually. The MassHealth representative testified that appellant is an elderly female with [REDACTED]

[REDACTED] She lives independently with her sons living next door and she receives approximately 94 hours per week of home health aide services (approximately 13.5 hours a day), plus homemaker services. She also has a nurse come to the house once a month and does outpatient physical therapy twice per week. She is ambulatory but does have frequent falls (MassHealth testimony).

On September 3, 2025, MassHealth received an initial prior authorization request from [REDACTED] for 77 hours and 15 minutes per week for Personal Care Attendant (PCA) services. MassHealth modified the request on September 15, 2025, to 52 hours and 0 minutes per week for one year. The dates of service for the request are September 15, 2025, through September 14, 2026. The appellant does have aid pending (Exhibit 10).

There were nine modifications made based on MassHealth regulation, most of the modifications were due to being a duplication of services.

Mobility

Mobility was requested at 5 minutes, 6 times per day, 7 days a week. MassHealth modified the request to 2 minutes, 6 times per day, 7 days a week because the time requested for assistance with mobility is longer than ordinarily required for someone with your physical needs.

The appellant's representatives testified that appellant needs more time than was approved, as she has [REDACTED] and other conditions which require her to go to the bathroom more frequently. The appellant's representatives testified that she goes to the bathroom 25 to 30 times per day due to severe health problems with her digestion. In the morning, she tries to defecate about 10 times alone (appellant testimony). In addition, her gastroenterologist ordered that she walks 10 to 15 minutes after each meal as outlined in their letter (Exhibit 8, p. 3). She is a slow walker and has to walk arm in arm (appellant testimony). She has [REDACTED] (*Id.*). She had a fall a couple of weeks ago and got a concussion (*Id.*) The appellant's son testified that she needs 90 minutes a day for mobility, but they would be agreeable to 30 minutes. They also explained that the home health aide comes at night.

The MassHealth representative testified that therapeutic ambulation, which is what it sounds like the PCA is doing, is not a covered service. Moreover, the representative testified that in over 40 years of working in health care she has never heard of anyone who needs to use the restroom this much and explained that every 2 hours is the standard of care.

A post-hearing letter submitted by appellant's physical therapist, dated December 24, 2025, states that the reduction in her PCA time for mobility is clinically inappropriate given her functional limitations and safety risk (Exhibit 8, p. 9). The letter supported five minutes of support per episode and stated that she requires her caregivers to be slow, unhurried but purposeful in their approach and facilitation to help her walk safely (*Id.*).

Transfers

The PCM agency requested 5 minutes, 6 times per day, 7 days a week for assistance with transfers; this was modified to 3 minutes, 6 times a day, 7 days a week. The MassHealth representative explained that time was modified because the time requested for transfers is longer than ordinarily required for someone with appellant's physical needs. The appellant does not use a hooyer lift. Moreover, the PCM agency wrote that appellant is a moderate assist which means that she needs assistance for 50% of the task (MassHealth testimony, Exhibit 7, p. 24). The MassHealth representative explained that dressing is a part of another modification and that time for transfers is just assistance to help her go from sitting to standing and vice versa.

The appellant's representatives testified that there was an oversight in the evaluation of the frequency. The appellant needs to get up and down 25 to 30 times with assistance as she is a fall risk. She requires assistance to get out of her bed, needs help to stand up, and put shoes off and on. She is on a lot of medication and this increases the amount of time it takes her to complete everything. In addition, the slowness of her gait is a contributing factor to the duration which averages about 5 minutes per transfer (appellant testimony).

Repositioning

The MassHealth representative explained that daytime repositioning was approved as requested in full, however, nighttime repositioning, which was requested at 3 minutes, 2 times a night, 7 nights a week, was denied. The reason for the denial was because the appellant receives home health aide services available at no cost from an entity already obligated to provide those services. The appellant receives HHA services from 8 p.m. to 8 a.m. The MassHealth representative stated that MassHealth never received a care plan from the home health aide agency, only an email summarizing what was happening. The email from the home health aide agency states that the aides are assisting with toileting multiple times throughout the night as well as providing supervision as the appellant is a fall risk (Exhibit 7, p. 57).

In addition, it was explained that home health aides are certified and have training which a PCA does not require. Thus, a home health aide should be able to help with repositioning. Moreover, MassHealth argued that a PCA is not there to supervise and time cannot be allotted for anticipatory time if the home health aide does not show up.

The appellant's representatives argued that a home health aide is more costly to the MassHealth agency. The representatives also stated that the home health aide only come 5 to 6 times a week and when there, they often don't understand what the appellant is asking for as her speech is garbled. There have been times where one of the sons has to do repositioning because the home health aide is not familiar. The appellant's neck curves forward and she is in pain and needs assistance to move the pillow around. The representatives argued that it is not anticipatory help if it is happening every night.

Passive Range of Motion (PROM)

The PCM agency requested 5 minutes, 2 times a day, 5 days a week each for PROM of both right and left upper extremity. MassHealth denied this request because a physical therapist can provide the type of PROM the appellant needs. The MassHealth representative testified to the following: a PCA does not meet the standard of care to provide for someone with such extensive rheumatoid arthritis. PROM is approved for people at risk of contracture; the appellant's fragile joints can be easily injured here and thus time cannot be approved for an unskilled PCA to perform this task. Moreover, the MassHealth representative testified that many of the exercises described by appellant in their packet are active range of motion and not covered.

The appellant's representatives testified that performing PROM exercises is not a safety concern and they were not aware that MassHealth considered it one. The attorney asked for additional time to get a response from a professional as to whether the task is beyond the scope of a PCA. A letter dated December 24, 2025 was submitted by the appellant's physical therapist which described, in relevant part, that it is a safe and common practice for the PCA to assist appellant in her prescribed exercise program (Exhibit 8, p. 8). The physical therapist wrote that appellant does not have a diagnosis of rheumatoid arthritis, but rather has a diagnosis of osteoarthritis for which gentle passive range of motion exercises are commonly recommended to reduce stiffness, maintain mobility, and prevent loss of function (Exhibit 8, p. 8). The prescribed exercises involve gentle, slow, pain free movement of the upper extremities within her normal range of motion and these exercises do not pose risk of injury and are consistent with accepted standards of care (*Id.*). The appellant requires 10 minutes of daily PROM exercises for each upper extremity. The exercises are designed to be safely performed by a trained caregiver, including a PCA, and the movements do not involve force, resistance, or manipulation beyond what is routinely provided in a home-based care settings (*Id.*).

On January 5, 2026 the MassHealth representative reviewed the response and approved 5 minutes, 2 times a day, 5 days a week for passive range of motion for the left upper extremity only

as the occupational therapy notes indicated that appellant has a medical need for passive range of motion to the left wrist and hand (Exhibit 9).

Eating

Assistance with eating was requested at 15 minutes, 3 times per day, 7 days a week and was denied. At hearing the MassHealth representative approved 15 minutes, 1 time a day, 3 days a week for breakfast and 15 minutes, 2 times a day, 7 days a week for lunch and dinner. The appellant accepted that modification thus resolving this modification.

Toileting/bladder care (overnight)

The MassHealth representative explained that 15 minutes, 2 times per night, 7 nights a week was requested for assistance with bladder care (see Exhibit 7, p. 33).¹ MassHealth denied the request. The daytime assistance was approved as requested. The MassHealth representative testified that the request was modified because the service can be provided by the home health aide who is there overnight. The representative further stated that it is not a PCA task to supervise the home health aide. It is a duplication of services if two people are present and both people are getting paid. The MassHealth representative stated that she does not have documentation from home health agency that the care they are performing is only supervisory. The email from the agency states that the home health aides are assisting with toileting (Exhibit 7, p. 57).

The appellant testified that the home health aide only comes 6 nights a week and that every night appellant's son has to intervene with the home health aide because they do not know how to deal with the appellant. The home health aides get frustrated with her constipation issues and the son has to intervene at least twice per night. The appellant removes fecal matter from her body. She also becomes so constipated it is tricky to get her to the bathroom. She uses a stool under her legs and a sitz bath to ease her symptoms. She also has incontinence issues. The home health aide provides supervision and the son does the task, thus it is not a duplication of services. Toileting is often a two-person job as they need someone to watch her while the other gets supplies. The appellant's son provided an affidavit which outlined the above (see Exhibit 6, p. 16).

The record was held open to address that appellant requires a two person assist for toileting. Appellant submitted a letter from a Physician's Assistant, dated December 23, 2025 which states that appellant requires a two-person assist with toileting as she experiences recurrent urinary and fecal incontinence, and safe, hygienic management of these episodes necessitates the involvement of two caregivers (Exhibit 8, p. 4). One must physically assist with transfer to toilet, ensure the appellant remains safely seated, and prevent her from attempting to stand or move independently, as doing so places her at high risk for falls (*Id.*). A second caregiver is required simultaneously to retrieve clean clothing and necessary supplies and to perform prompt cleaning

¹ No time was requested for assistance with PM bowel care (see Exhibit 7, p. 33).

and sanitation of any incontinence-related messes (*Id.*) The MassHealth representative responded that the Physician's Assistant, primarily discusses bowel issues and MassHealth has approved all the time requested for assistance with bowel care, so this is not an issue in this appeal (Exhibit 9). Moreover, the MassHealth representative felt that ensuring adequate supplies are available and in the needed location for care is a family responsibility (*Id.*).

Laundry

Laundry was requested at 90 minutes a week and modified to 60 minutes a week. After hearing appellant's testimony, the MassHealth representative approved 90 minutes per week for laundry thus resolving this modification.

Housekeeping

Housekeeping was requested at 75 minutes a week and modified to 60 minutes a week. After hearing the appellant's testimony, the MassHealth representative restored the time requested thus resolving this modification.

MD Transport

MD Transport was requested at 57 minutes a week and modified to 52 minutes per week. After hearing the appellant's testimony, the MassHealth representative restored the time requested thus resolving this modification.

Findings of Fact

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

1. Appellant is an elderly female with a [REDACTED]
2. Appellant lives independently with her sons living next door and she receives approximately 94 hours per week of home health aide services (approximately 13.5 hours a day) plus homemaker services.
3. On September 3, 2025, MassHealth received a prior authorization request for personal care attendant services by Tempus Unlimited for 77 hour and 15 minutes per week for one year.
4. On September 15, 2025, MassHealth modified the request to 52 hours and 0 minutes per week.

5. The dates of service for this request are September 15, 2025 through September 14, 2026.
6. **Eating** was adjusted at hearing to 15 minutes, 1 time a day, 3 days a week for breakfast and 15 minutes, 2 times a day, 7 days a week for lunch and dinner.
7. **Laundry** was adjusted at hearing to 90 minutes per week; **housekeeping** was adjusted to 75 minutes per week; and **MD transport** was modified to 57 minutes per week.
8. **Mobility** was requested at 5 minutes, 6 times per day, 7 days a week and modified by MassHealth to 2 minutes, 6 times per day, 7 days a week.
 - a. The appellant is a slow walker and [REDACTED]. Someone has to walk arm in arm with her and she requires that her caregivers be slow and unhurried.
9. Assistance with **transfers** was requested at 5 minutes, 6 times per day, 7 days a week which was modified to 3 minutes, 6 times a day, 7 days a week.
 - a. The PCM agency wrote she is a moderate assist and she does not use a hooyer lift.
10. **Repositioning** at night was requested at 3 minutes, 2 times a night, 7 nights a week and denied because the appellant receives home health aide services and those services are available from the home health aide agency.
 - a. Appellant receives HHA services from 8 p.m. to 8 a.m.
 - b. HHAs are certified and require training which a PCA does not require.
 - c. The HHAs don't understand what the appellant is asking for at night so the sons have to do repositioning because the HHA is not familiar.
11. **Passive Range of Motion** was requested at 5 minutes, 2 times a day, 5 days a week for both right and left upper extremity and denied in full.
 - a. Post hearing the MassHealth representative approved PROM at 5 minutes, 2 times a day, 5 days a week for the left upper extremity only.
 - b. Appellant's physical therapist wrote a letter post hearing supporting 10 minutes of daily PROM exercises for each upper extremity to help appellant maintain her mobility and prevent loss of function.
12. **Toileting (overnight)**, specifically bladder care, was requested at 15 minutes, 2 times per night, 7 nights per week and denied because the services can be provided by the HHA who is

there overnight.

- a. Appellant argued that appellant is a two person assist with toileting overnight as one person has to watch her while the other goes to get supplies.
- b. The appellant does have significant urinary and fecal incontinence.

Analysis and Conclusions of Law

There were five modifications to ADL's which remained at issue post hearing (mobility, transfers, overnight repositioning, passive range of motion, and overnight toileting). The modifications as to eating, laundry, housekeeping, and MD transport were resolved at hearing and thus DISMISSED pursuant to 130 CMR 610.035(A)(8).

MassHealth regulations pertaining to PCA services are found at 130 CMR 422.000 et seq. Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living and instrumental activities of daily living as described in 130 CMR 422.410.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when: (1) they are prescribed by a physician; (2) the member's disability is permanent or chronic in nature; (3) the member requires physical assistance with two or more of the following activities of daily living as defined in 130 CMR 422.410(A): (a) mobility including transfers; (b) medications; (c) bathing or grooming; (d) dressing or undressing; (e) range-of-motion exercises; (f) eating; and (g) toileting; and (4) MassHealth has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services. MassHealth pays for PCA time in physically assisting members to perform the aforementioned activities of daily living.

Instrumental activities of daily living are those 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 personal care services. MassHealth pays for PCA time in physically assisting members to perform the aforementioned instrumental activities of daily living (130 CMR 422.402).

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).

MassHealth limits what services it covers, within its broad definitions of ADLs and IADLs. For instance, MassHealth only covers the “activity time” of “providing assistance.” (130 CMR 422.411(A).) This means that MassHealth does not cover downtime that may exist within a task. Further, there are 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, 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 [electronic visit verification] as required by the MassHealth agency.

(130 CMR 422.412 (emphasis added)).

For **mobility**, MassHealth modified the time requested to 2 minutes, 6 times a day, 7 days a week

because the time requested was longer than ordinarily required. Based on the appellant's testimony and post-hearing submission from the physical therapist 5 minutes per episode seems reasonable given appellant's clinical limitation. Thus, the appeal is **APPROVED** as to mobility and the time should increase to 5 minutes, 6 times a day, 7 days a week.

For **passive range of motion**, appellant requested 5 minutes, 2 times a day, 5 days a week for both the right and left upper extremity. Initially, MassHealth denied the request, but after review of the documentation provided post-hearing approved 5 minutes, 2 times a day, 5 days a week for the left upper extremity only. Based on the letter from appellant's physical therapist, I agree that a PCA can safely perform the PROM exercises described at hearing and I further find that the letter supports that she requires assistance 10 minutes daily for both extremities. Thus, this appeal as to passive range of motion is **APPROVED** at 5 minutes, 2 times a day, 5 days a week for each upper extremity.

For **transfers**, MassHealth modified the time requested to 3 minutes, 6 times per day, 7 days a week as the documentation supported that she is a moderate assist requiring only 50% assistance. MassHealth explained that time for transfers is just for assistance to help the appellant get from sitting to standing and vice versa. The appellant does not use a hoist lift. The appellant representative's testimony was not convincing to explain why the appellant required 5 minutes per episode to help her go from sitting to standing or vice versa. Thus, the appeal as to transfers is **DENIED**.

For **repositioning** at night, the time requested of 3 minutes, 2 times a night, 7 nights a week was denied as the services are available at no cost from a home health aide. **Toileting** (bladder care at night), which was requested at 15 minutes, 2 times a night, 7 nights a week was also denied for the same reason. The parties do not dispute that MassHealth has approved 94 hours per week for a home health aide. The appellant argues that the home health aides only come 5 to 6 times per week at night, however, a review of the record does not demonstrate that clearly. The services requested of the PCA as to repositioning and bladder care at night do seem to be a duplication of services and therefore not medically necessary pursuant to 130 CMR 450.204(A)(2). While appellant argues that the home health aide services provided are not comparable in effect to PCA services as the home health aide assists with only supervision and monitoring, the record and testimony offered disputes that. The email from the agency actually supports that the aides are assisting with toileting multiple times throughout the night. Moreover, the MassHealth representative's testimony that a HHA has to go through a certification process and have training a PCA would not have to go through supports that a HHA should be qualified to complete these tasks with hands on assistance and not just in a supervisory capacity. With respect to the post-hearing letters in support of appellant's need for a two person assist, I agree with MassHealth's response that the supplies that appellant would need should be placed in an area more easily accessible to the home health aide so that they do not have to leave the appellant alone while assisting her with toileting. For these reasons this appeal as to both repositioning and toileting at night is **DENIED**. The appellant is free to adjust their HHA hours and can submit a request for a

modification of PCA hours if necessary.

Order for MassHealth

Remove aid pending and approve the time requested for mobility at 5 minutes, 6 times a day, 7 days a week; approve time requested for PROM at 5 minutes, 2 times a day, 5 days a week for each upper extremity. The time for eating (15 minutes, 1 time a day, 3 days a week for breakfast and 15 minutes, 2 times a day, 7 days a week for lunch and dinner), laundry (90 minutes per week), housekeeping (75 minutes per week), and MD transport (57 minutes per week) should also be adjusted.

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.

Radha Tilva
Hearing Officer
Board of Hearings

[REDACTED]

[REDACTED]

[REDACTED]

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

