

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2514933
Decision Date:	12/11/2025	Hearing Date:	11/14/2025
Hearing Officer:	Cynthia Kopka		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN



*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:	Denied	Issue:	Prior authorization – personal care attendant services
Decision Date:	12/11/2025	Hearing Date:	11/14/2025
MassHealth’s Rep.:	Kelly Rayen, RN	Appellant’s Rep.:	Pro se with representatives
Hearing Location:	Quincy (remote)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated September 8, 2025, MassHealth denied Appellant’s request for an adjustment of a prior authorization of personal care attendant (PCA) services. Exhibit 1. Appellant filed this timely appeal on October 14, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of prior authorization is a valid basis for appeal. 130 CMR 422.417(B) and 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant’s request for an adjustment to a prior authorization of PCA services.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant’s request for an adjustment.

Summary of Evidence

MassHealth was represented at hearing by a registered nurse/clinical appeals reviewer, who submitted documents in support, Exhibit 4. Appellant appeared at hearing with two representatives. A summary of testimony and documentation follows.

Appellant is in his [REDACTED] with a primary diagnosis of [REDACTED] and secondary diagnoses of [REDACTED] and [REDACTED] Exhibit 4 at 16-18. According to documentation, Appellant has [REDACTED]. *Id.* at 26. The nurse documented that Appellant needs 24/7 care and is a maximum assist for all activities of daily living (ADLs) and instrumental activities of daily living (IADLs). *Id.* Appellant has a current prior authorization (PA) in place for 28.5 hours of PCA assistance per week for dates of service February 17, 2025 through February 16, 2026.

On September 3, 2025, Ad-Lib, Appellant's Personal Care Management Agency (PCMA), submitted a request for an adjustment of PCA services, requesting an additional 15 hours per week of PCA services on Appellant's behalf for dates of service July 21, 2025 through October 31, 2025. *Id.* at 14. On September 8, 2025, MassHealth denied this request. Exhibit 1.

Under the ADL category of other health care needs, Appellant's PCMA requested 180 minutes, 1 time per day, 5 days per week of PCA assistance. *Id.* at 12. For this request, the PCMA wrote that Appellant was attending an intensive outpatient psychotherapy program that started on July 21, 2025 and lasted for fourteen weeks, through October 31, 2025. *Id.* The time requested was for the PCA to accompany Appellant and provide hands-on assistance during and after seizures. *Id.* at 12, 18. A doctor's note in support of the request indicated that Appellant required his PCA to accompany him to psychotherapy due to [REDACTED]. The doctor wrote that the breakdown of the request was for 5 hours, 3 days per week. *Id.* at 16. However, the doctor also requested 5 hours of PCA assistance per week for the PCA to accompany Appellant to the gym. *Id.*

The MassHealth representative testified that the request was denied as non-covered services. MassHealth will not approve PCA assistance during the time a consumer is in the care of a health care provider, such as a psychotherapist. Additionally, the MassHealth representative testified that MassHealth does not cover monitoring or supervision through the PCA program. As written, the request for an adjustment was to allow time for someone to supervise Appellant at the appointment. While the PCA program does cover time to assist with transportation to medical appointments as an IADL, this request for an adjustment was not under that category. Appellant has some transportation time authorized in his current PA.

Appellant's representative testified that there was a misunderstanding with the PCMA in submitting the request. The request for 5 hours per day included 2 hours for transportation and 3 hours to attend the appointment. The address for the psychotherapy program was [REDACTED]. Appellant's representative testified that the drive from

Appellant's address to the appointment took approximately 55 minutes one way, sometimes more with traffic. Google Maps lists the driving distance between Appellant's address and the appointment site as 24 miles one way. Exhibit 5.

Appellant's representative testified that the program Appellant attended required that someone stay on site with Appellant in the event of a seizure. Appellant's representative testified that the PCA stayed outside the therapy room during the session. Appellant's representative testified that the program was group therapy with no physician on site, only a therapist.

Appellant's representative testified that the adjustment also included a request for the PCA to accompany Appellant to the gym for exercise. Appellant's doctor recommended Appellant work out, but he has had several seizures while at the gym. The MassHealth representative testified that MassHealth only covers time for PCA assistance with transportation to medical appointments if hands-on assistance is needed. MassHealth does not cover transportation to recreational activities, even if exercise is recommended by the doctor. The time the PCA would be at the gym in case Appellant had a seizure would be considered supervision.

The MassHealth representative testified that if Appellant had been approved for transportation to and from the psychotherapy program, MassHealth would only be able to approve the request as of the date the request was received (September 3, 2025) and going forward, not retroactively. Appellant's representative testified that they started the process to get the time approved in July but there was back-and-forth between the PCMA and the doctors.

Findings of Fact

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

1. Appellant is in his [REDACTED] with a primary diagnosis of [REDACTED] and secondary diagnoses of [REDACTED] and intermittent [REDACTED]. Appellant has [REDACTED] [REDACTED] *Id.* at 16-18, 26.
2. Appellant currently receives 28.5 hours of PCA assistance per week for dates of service February 17, 2025 through February 16, 2026.
3. On September 3, 2025, the PCMA submitted a request for an adjustment of PCA services, requesting an additional 15 hours per week of PCA services on Appellant's behalf for dates of service July 21, 2025 through October 31, 2025. *Id.* at 14.
4. On September 8, 2025, MassHealth denied this request. Exhibit 1.

5. Appellant filed a timely appeal on October 14, 2025. Exhibit 2.
6. Under the ADL category of other health care needs, Appellant's PCMA requested 180 minutes, 1 time per day, 5 days per week of PCA assistance to transport and attend with Appellant an outpatient psychotherapy program. The request covered July 21, 2025 through October 31, 2025. *Id.* at 12.
7. The time requested was for the PCA to accompany Appellant and provide hands-on assistance during and after seizures. *Id.* at 12, 18.
8. A doctor's note in support of the request indicated that Appellant required his PCA to accompany him to psychotherapy due to [REDACTED]. The doctor wrote that the breakdown of the request was for 5 hours, 3 days per week. *Id.* at 16.
9. As part of the adjustment, the doctor also requested 5 hours of PCA assistance per week for the PCA to accompany Appellant to the gym. *Id.*
10. The driving distance between Appellant's address and the appointment site is 24 miles one way. Exhibit 5.
11. Appellant's PCA waited outside of the therapy room during Appellant's appointment.

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 personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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 personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - (a) mobility, including transfers;
 - (b) medications,
 - (c) bathing/grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and

(g) toileting.

(4) The MassHealth agency has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

The requested services must also be medically necessary for prior authorization to be approved. Pursuant to 130 CMR 450.204(A), a service is medically necessary if it is:

- (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.

Additionally, “[m]edically 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.” 130 CMR 450.204(B).

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

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:

- (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 basic care such as bathing, personal hygiene, and grooming skills;
- (4) dressing or undressing: physically assisting a member to dress or undress;
- (5) passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
- (6) eating: physically assisting a member to eat. This can include

assistance with tube-feeding and special nutritional and dietary needs; and
(7) toileting: physically assisting a member with bowel and bladder needs.

(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 personal care services; and
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the personal care agency must assume the following.

- (1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
- (2) When a member is living with one or more other members who are authorized for MassHealth personal care services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
- (3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

Noncovered services under the PCA program are outlined in 130 CMR 422.412 (emphasis added):

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.

During a PA period, a member's PCMA may request an adjustment to the member's authorized number of PCA hours if there is a change in the member's medical or functional status that affects the member's ability to perform ADLs or IADLs without physical assistance. 130 CMR 422.416(E)(3). The request for an adjustment must 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.

130 CMR 422.416(B).

MassHealth did not err in denying the request as submitted. To the extent any part of the request includes the time for PCA assistance at the gym, it is denied pursuant to 130 CMR 422.412(A) and (C). The care would be anticipatory in the event Appellant had a seizure and it involves a recreational activity. However, it is not clear whether the request for gym assistance was captured in the PCMA's submission. While the total amount of time (15 hours per week) is consistent between the PCMA's request and the doctor's note, it is broken apart two different ways. The PCMA requested 3 hours, 5 days per week; the doctor's note indicated that Appellant's program was for 5 hours, 3 days per week.

Any time requested for Appellant's PCA to sit outside the therapy room at the appointment is also denied pursuant to 130 CMR 422.412(C), as this constitutes supervision. Finally, the PCMA did not request PCA assistance with transportation to and from the appointments, an IADL under the regulations. As the records are unclear as to how frequently Appellant attended the appointments, or whether the appointments would otherwise qualify for medical transportation, there is not sufficient information for this appeal decision to determine if any time for medical transportation could be approved based on the circumstances. Accordingly, this 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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

