

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2515006
Decision Date:	1/14/2026	Hearing Date:	11/12/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Heather Adams, 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:	1/14/2026	Hearing Date:	11/12/2025
MassHealth's Rep.:	Heather Adams, R.N.	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, 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

Through a notice dated 9/2/25, MassHealth informed Appellant that it was modifying her prior authorization request for personal care attendant (PCA) services. *See* 130 CMR 450.204.(A)(1); Exh. 1. Appellant filed a timely appeal on 10/15/25. *See* 130 CMR 610.015(B) and Exhibit 2. A denial or 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 appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204 and 130 CMR 422.00 *et. seq.* in modifying Appellant's request for PCA services.

Summary of Evidence

At hearing, MassHealth was represented by a registered nurse and clinical appeals reviewer. Appellant appeared *pro se*. Both parties appeared via telephone.

Through testimony and documentary submissions, the MassHealth representative presented the following evidence: Appellant is a MassHealth member under the age of [REDACTED] and is enrolled as a consumer in the personal care attendant (PCA) program. Appellant has multiple chronic medical conditions including [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]. See Exh. 5, pp. 15-16. Due to poor balance and unsteadiness, Appellant ambulates using a cane and adaptive equipment, including a chair lift, shower chair, and bathtub grab bars. *Id.*

On 8/27/25, MassHealth received a prior authorization (PA) request from Appellant's personal care management (PCM) agency, [REDACTED] seeking 31 hours and 30 minutes per week of PCA services for dates of service 9/2/25 through 9/1/26. See Exh. 1. The total time requested was calculated based on Appellant's need for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). With respect to IADL requests, the PCM agency noted that although Appellant lived with her spouse, a legally responsible person, she had special circumstances that warranted the need for PCA assistance with the requested IADLs of meal preparation, laundry, housekeeping, and shopping. See Exh. 5 at 34.

On 9/2/25, MassHealth modified Appellant's PA request by authorizing 26 hours and 30 minutes per week. See Exh. 1. All ADLs were approved as requested; however, MassHealth modified all four IADL categories requested based on the regulatory presumption that Appellant's spouse, a legally responsible person with whom she lives, is expected to assist with, and perform, household IADLs.

At the hearing, the parties addressed each IADL at issue; specifically (1) meal preparation, (2) laundry, (3) housekeeping and (4) shopping. After the parties discussed the modification to laundry, MassHealth agreed to restore the time that had been requested at 75 minutes per week (75x1x1), thereby resolving the issue of laundry assistance.

With respect to the remaining IADLs at issue, Appellant requested meal preparation at 75 minutes per day (75x1x7) and housekeeping and shopping at 75 minutes once per week (75x1x1) each. See Exh. 5, pp. 37-39. MassHealth modified the requests by approving meal preparation at 45 minutes per day (45x1x7), and shopping and housekeeping each at 45 minutes per week (45x1x1). See Exh. 1.

Pursuant to its evaluation, the PCM agency assessed Appellant was requiring maximum physical assistance for each IADL category due to bone and muscle pain from MCAS and arthritis; swelling of her legs and feet related to urine retention; poor balance and unsteadiness; numbness of the arms, legs, and face; left foot drop; frequent migraines lasting multiple days;

her inability to bend, lift, and reach; and a standing tolerance of less than two minutes. *See* Exh. 5, pp. 37-39. The PCM agency noted that due to her ulcerative colitis and gastrointestinal issues, Appellant has ongoing watery diarrhea and experiences leaks from her ileostomy bag multiple times per day requiring extra changes of her clothes and sheets. *Id.* at 15; 38.

The PCM documentation indicates that Appellant's MCAS diagnosis involves an overactivity of mast cell production, producing a range of symptoms in multiple body systems, including dizziness, tachycardia, syncopal episodes, shortness of breath, migraines, and significant bone, muscle and joint pain; episodes/flare are triggered by allergies to common environmental substances, including foods, medications, and household chemicals. *Id.* at 15-16.

Appellant disputed the IADL modifications, asserting that her spouse's ability to participate in IADLs is limited both by his own physical impairments and by his work schedule. She testified that he is "never home" as he works six days per week and does not return until approximately 7:00 p.m. Appellant testified that without her PCA, she has "no one" in the home to help her during the day.

Notably, while presenting testimony, Appellant exhibited extreme difficulty speaking; she required multiple breaks and use of a nebulizer throughout the hearing before she could resume. Appellant testified that these difficulties were due to a flare of her mast cell activation syndrome, noting that she has been experiencing flares more frequently, and that when active, they are unbearable, leaving her unable to do anything for herself.

Appellant offered the following additional testimony with respect to each of the remaining IADLs at issue:

With respect to *meal preparation*, Appellant testified that she requires a highly specialized diet due to her multiple allergies, mast cell activation syndrome, and gastrointestinal issues. To minimize exposure to histamine, her food must be frozen between meals; then before consuming, meals are thawed and reheated. Additionally, due to gastrointestinal disease, her meals are pureed. She testified that she cannot tolerate many foods, cooking ingredients, or odors, and that exposure frequently triggers reactions that exacerbate her underlying autoimmune conditions. She testified that her meals are entirely separate from those prepared for her spouse. Appellant testified that she does not have the stamina or stability to safely prepare meals independently. Due to the multiple steps involved, Appellant believed that the request for 75 minutes per day was an underestimate of the time her PCA spent preparing meals and cleaning up.¹

With respect to *housekeeping*, Appellant testified that she requires frequent vacuuming due to hypersensitivity to dust, mold, and other allergens; and that she cannot tolerate many cleaning

¹ In response, the MassHealth representative offered to increase the time authorized for meal preparation to fifty minutes per day, which Appellant declined as insufficient.

6. With respect to the remaining IADLs at issue, Appellant's PCM agency requested meal preparation at 75 minutes per day (75x1x7) and housekeeping and shopping at 75 minutes once per week (75x1x1) each.
7. MassHealth modified the requests by approving meal preparation at 45 minutes per day (45x1x7), and shopping and housekeeping each at 45 minutes per week (45x1x1).
8. Appellant requires maximum physical assistance for all IADLs due to bone and muscle pain from MCAS and arthritis; swelling of her legs and feet related to urine retention; poor balance and unsteadiness; numbness of the arms, legs, and face; left foot drop; migraines lasting multiple days; inability to bend, reach, or lift; and a standing tolerance of less than two minutes.
9. Appellant's MCAS diagnosis involves overactivity of mast cell production, producing a range of symptoms in multiple body systems, including dizziness, tachycardia, syncopal episodes, shortness of breath, migraines, and significant bone, muscle, and joint pain.
10. Appellant's spouse works outside the home six days per week and returns home around 7:00 p.m.
11. Appellant requires a highly specialized diet due to her multiple allergies, mast cell activation syndrome, and gastrointestinal issues; her food is frozen to reduce histamine; and multiple steps are required to prepare meals, as food must be thawed, reheated and pureed prior to consumption.
12. Appellant's meals are prepared separately from her spouse.
13. Appellant requires frequent vacuuming due to her hypersensitivity to dust, mold, and other allergens; and she cannot tolerate many cleaning products.
14. Due to daily leakage from her ileostomy, Appellant requires frequent and sometimes immediate bathroom cleaning episodes, which cannot be deferred until her spouse returns from work.
15. Appellant has different shopping needs from her spouse due to her specialized diet.

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, so long as the following conditions are met:² First, the

² PCA services are defined as "physical assistance with ADLs and IADLs provided to a member by a PCA in

services must be “prescribed by a physician or nurse practitioner who is responsible for the member’s...care.” 130 CMR 422.403(C)(1). Additionally, the “member’s disability [must be] permanent or chronic in nature and impair the member’s functional ability to perform [at least two] ADLs ... without physical assistance.” See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). 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).

Once all threshold criteria are met, MassHealth reimburses for medically necessary PCA assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). IADLs are tasks 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 PCA services.” 130 CMR 422.402 (emphasis added); 130 CMR 422.410(B).

For all categories of PCA care, MassHealth will approve, and reimburse for, the “activity time performed by a PCA in providing assistance with the [ADL or IADL].” 130 CMR 422.411(A). When calculating the amount of assistance required to perform an IADL, MassHealth considers the following factors:

- (1) *When a member is living with family members, the family member 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 PCA services, PCA time for homemaking tasks (such as shopping,

accordance with the member’s authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.” See 130 CMR 422.002.

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.*

See 130 CMR 422.410(C) (emphasis added).

There is no dispute that Appellant meets the threshold eligibility requirements for PCA services. As reflected in its 9/2/25 notice, MassHealth approved assistance for all requested ADLs. The sole issue on appeal is whether MassHealth correctly modified Appellant's request for IADL assistance in accordance with program regulations. As the moving party, Appellant bears the burden of proving that MassHealth's determination was invalid. See *Andrews v. Division of Med. Assistance*, 68 Mass. App. Ct. 228, 231 (2007).

Meal Preparation & Housekeeping

Based on the evidence in the record, Appellant sufficiently demonstrated that her requests for 75 minutes per day (75x1x7) for meal preparation and 75 minutes per week (75x1x1) for housekeeping were appropriate and medically necessary. According to the PCM nursing evaluation, Appellant requires maximum assistance with all IADLs due to her multiple medical conditions and impaired functional capabilities.

For meal preparation, Appellant credibly testified that she has severe food allergies and must adhere to a specialized diet. The evidence indicates that exposure to many foods and odors can trigger severe multisystem reactions. Due to her MCAS and gastrointestinal disease, meals must be thawed, reheated, and pureed prior to consuming. Each meal requires multiple time-consuming steps. Appellant also freezes her food to reduce histamine exposure. Her meals are prepared separately from her spouse, who works outside the home six days per week. The evidence indicates that Appellant requires meal preparation and related clean-up assistance multiple times during the day and does not have another individual present in the home to assist with this task.

For housekeeping, Appellant credibly testified that she is unable to tolerate most cleaning products, and that she requires frequent vacuuming to reduce exposure to dust, mold, and allergens, which trigger severe autoimmune flares. Both the PCM documentation and Appellant's testimony indicate that Appellant requires additional cleaning episodes throughout the day related to ileostomy care and frequent leakage of her ileostomy bag.

MassHealth modified the requests to 45 minutes per day for meal preparation and 45 minutes per week for housekeeping. These modifications were based, in part, on 130 CMR 422.410(C)(1), which reflects MassHealth's presumption that a live-in family members will perform *routine* IADLs. While the availability of capable family members is an important and

appropriate factor to consider, it is not dispositive and must be evaluated in consideration of the member's individual circumstances. See 130 CMR 422.410(C)(3). Here, the evidence indicates that the requested assistance for meal preparation and housekeeping is limited to *non-routine* household IADLs as they arise from Appellant's unique medical needs. Additionally, the record reflects that the need for assistance with these IADLs arises throughout the day, sometimes requiring immediate intervention. Because of her physical limitations, and in the absence of anyone else in the home to assist her during the day, Appellant demonstrated that the modifications to PCA assistance with meal preparation and housekeeping are insufficient to meet her care needs.

Accordingly, the appeal is APPROVED with respect to meal preparation and housekeeping.

Shopping

Appellant did not demonstrate, however, that MassHealth erred in modifying the time for shopping from 75 minutes per week, as requested, to 45 minutes per week. While Appellant testified credibly that she requires specific grocery items due to dietary restrictions, there is insufficient evidence to suggest that her spouse is unable to purchase such items on her behalf during routine household shopping trips. Unlike meal preparation and housekeeping, which the evidence shows are performed frequently throughout the day, shopping is a task that can more easily be deferred or scheduled around Appellant's spouse's work schedule. To the extent Appellant's individual shopping needs exceed what her spouse can perform through routine household shopping trips, it is noted that MassHealth still allotted 45 minutes for the PCA to perform additional shopping tasks that may arise throughout the week. As such, MassHealth appropriately modified the time requested for shopping based on the factors cited in 130 CMR 422.410(C). Accordingly, the appeal is DENIED with respect to shopping.

The appeal is DISMISSED with respect to laundry as MassHealth agreed to restore the time requested by Appellant at 75 minutes per week (75x1x1).

Order for MassHealth

For the PA period 9/2/25 through 9/1/26, approve Appellant's requests for IADL assistance with meal preparation at 75 minutes per day (75x1x1), housekeeping at 75 minutes per week (75x1x1), and laundry at 75 minutes per week (75x1x1). Ensure increase in total PCA hours is made retroactive to start of PA period.

Shopping assistance may remain, as modified, at 45 minutes per week (45x1x1).

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