

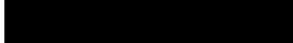
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2515277
Decision Date:	1/16/2026	Hearing Date:	12/01/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:




Appearance for MassHealth:

Heather Adams, RN, 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:	Dismissed in part; Denied in part	Issue:	Prior Authorization- Personal Care Attendant (PCA) Services
Decision Date:	1/16/2026	Hearing Date:	12/01/2025
MassHealth's Rep.:	Heather Adams, RN, Optum	Appellant's Reps.:	
Hearing Location:	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 August 6, 2025, MassHealth modified a prior authorization request for personal care attendant (PCA) services (130 CMR 450.204, 422.403(C) and Exhibit 1). Appellant filed this appeal on October 20, 2025. On October 20, 2025, the Board of Hearings dismissed the appeal on timeliness. On October 28, 2025, Appellant requested that the Board of Hearings vacate the dismissal, which was allowed (130 CMR 610.015(B) and Exhibit 2A). A determination of the scope of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified a prior authorization request for personal care attendant (PCA) services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, 422.403(C), in modifying a prior authorization request for PCA services.

Summary of Evidence

The MassHealth representative testified that Appellant is ■ years old with a medical history that includes intercranial injury secondary to a motor vehicle accident, degenerative disc disease and lack of motivation due to traumatic brain injury (Exhibit 4, p. 14). A reevaluation for PCA services was completed on July 16, 2025 and requested 81.5 PCA hours. The request was reduced to 57.75 hours for the prior authorization period August 8, 2025 to August 5, 2026. In the previous prior authorization period Appellant was approved for 73 hours effective March 19, 2024. MassHealth added that following the approval of 73 hours there were several extensions through August 5, 2025. MassHealth modified PCA time requested for bathing activities, dressing and undressing, eating, medication assistance, meal preparation and laundry. At the hearing, MassHealth approved 45 minutes for a sponge bath including hair washing, in addition to a 15-minute quick wash which was amenable to Appellant's representatives and resolved the issue.

PCA time for dressing was requested 20 minutes twice per day and undressing 15 minutes twice per day. MassHealth modified the time for dressing and undressing to 20 minutes and 15 minutes once per day, with PCA time for incontinence care allowed under toileting which was approved as requested 10 minutes 7 times per day for bladder care, and 12 minutes twice per day, 7 days per week (Exhibit 4, p. 27). MassHealth testified that there is no indication for full clothing changes twice per day, 7 days per week, and noted that Appellant was approved for once per day dressing/undressing in the previous prior authorization period. Appellant's niece testified that Appellant needs more PCA time for changing clothes for episodes of incontinence, and she would contact the PCM agency to request increased time for toileting assistance and episodic clothing changes.

PCA time for assistance with eating was requested 10 minutes, 3 times per day, 7 days per week and was modified to 5 minutes, 3 times per day, 7 days per week. Because Appellant has a history of choking and aspiration, the time requested was reduced to 5 minutes because MassHealth considered assistance with eating too risky for a PCA to complete, and minimal assistance was approved. At the hearing, MassHealth approved the time for eating as requested to 10 minutes, 3 times per day, 7 days per week as requested resolving the issue.

Medication assistance was requested one minute, twice per day, 7 days per week, and was modified to one minute, once per day, 7 days per week because Appellant takes one medication only once per day at bedtime. Appellant's representatives agreed with the modification because Appellant takes one medication once per day.

Snack preparation was requested 20 minutes once per day, 7 days per week, which was modified to 5 minutes once per day for snack preparation. Based on testimony by Appellant's niece regarding snack preparation, the parties agreed to 15 minutes per day for snack preparation which

resolved the issue. PCA assistance with Laundry was requested 90 minutes per week and 90 minutes was approved at hearing and resolved the issue.

Based on these modifications and resolutions, MassHealth approved 62.25 hours per week retroactive to the beginning of the prior authorization period.

Appellant requested PCA time for assistance with passive range of motion (PROM) exercises 15 minutes twice per day 7 days per week for upper and lower extremities which equals 14 PCA hours per week. In the previous prior authorization period, PROM was approved for upper extremities only. PROM was requested to increase mobility, promote range of motion, flexibility and decrease stiffness (Exhibit 4, p. 20). The requested time was denied because it does not meet the standard of care for passive range of motion which is not indicated for Appellant who is ambulatory with a walker and has no diagnoses that require or support the need for PROM exercises. MassHealth testified that Appellant is able to move his arms and legs and added that PROM is indicated when a member is incapable of moving his own limbs and requires the PCA to complete range of motion exercises to prevent muscle contraction and stiffness.

Appellant's niece testified that she and her mother are Appellant's caregivers and that Appellant needs physical therapy which was ordered by his physician. She stated that Appellant is able to walk with a walker and can move his arms and legs by himself but needs help getting in and out of bed and is at risk of falling because he loses his balance. Appellant's representatives argued that without PROM, Appellant is at risk for muscle atrophy.

Findings of Fact

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

1. Appellant is ■ years old with a medical history that includes intercranial injury secondary to a motor vehicle accident, degenerative disc disease and lack of motivation due to traumatic brain injury.
2. A reevaluation for PCA services was completed on July 16, 2025 and requested 81.5 PCA hours. The request was reduced to 57.75 hours for the prior authorization period August 8, 2025 to August 5, 2026.
3. In the previous prior authorization period Appellant was approved for 73 hours effective March 19, 2024. Following the approval of 73 hours there were several extensions through August 5, 2025.
4. MassHealth modified PCA time requested for bathing activities, dressing and undressing, eating, medication assistance, meal preparation and laundry.

5. MassHealth approved 45 minutes for a sponge bath including hair washing, in addition to a 15-minute quick wash. Appellant's representatives agreed with the PCA time allowed.
6. PCA time for dressing was requested 20 minutes twice per day and undressing 15 minutes twice per day. MassHealth modified the time for dressing and undressing to 20 minutes and 15 minutes once per day. PCA time for incontinence care is allowed under toileting which was approved as requested 10 minutes 7 times per day for bladder care, and 12 minutes twice per day, 7 days per week.
7. There is no indication for full clothing changes twice per day, 7 days per week. Appellant was approved for once per day dressing/undressing in the previous prior authorization period.
8. PCA time for assistance with eating was requested 10 minutes, 3 times per day, 7 days per week and was modified to 5 minutes, 3 times per day, 7 days per week. MassHealth approved the time for eating as requested to 10 minutes, 3 times per day, 7 days per week as requested.
9. Medication assistance was requested one minute, twice per day, 7 days per week, and was modified to one minute, once per day, 7 days per week because Appellant takes one medication only once per day at bedtime. Appellant's representatives agreed with the modification because Appellant takes one medication once per day.
10. PCA time for assistance with snack preparation was requested 20 minutes once per day, 7 days per week, which was modified to 5 minutes once per day. The parties agreed to 15 minutes per day for snack preparation.
11. PCA assistance with Laundry was requested 90 minutes per week and 90 minutes was approved at hearing.
12. MassHealth approved 62.25 hours per week retroactive to the beginning of the prior authorization period.
13. PCA time was requested for assistance with passive range of motion (PROM) exercises 15 minutes twice per day 7 days per week for upper and lower extremities which equals 14 PCA hours per week.
14. In the previous prior authorization period, PROM was approved for upper extremities only.
15. PROM was requested to increase mobility, promote range of motion, flexibility and decrease stiffness.

16. Appellant is able to weight bear, ambulates with a walker, and has no diagnoses that require or support the need for PROM exercises.

17. Appellant is able to move his arms and legs independently.

Analysis and Conclusions of Law

The PCA program provides assistance with the following:¹

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:

¹ See also PCA Consumer Handbook available at: <https://www.mass.gov/doc/pca-consumer-handbook-personal-care-attendant-program/download>.

- (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.

(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 PCM 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 PCA 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.

130 CMR 422.411: Covered Services

(A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency.

130 CMR 422.412: Noncovered 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.

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary.

(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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

Regulation 130 CMR 422.403(C):

MassHealth covers PCA services provided to eligible MassHealth members who can be appropriately cared for in the home when all of 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.

A hearing decision must be based on a preponderance of the evidence in the hearing record which includes the testimony of the parties (130 CMR 610.082). Appellant has the burden of demonstrating the invalidity of the MassHealth action.²

The parties reached resolution to Appellant's favor with respect to PCA time requested for assistance with bathing activities, eating, medication assistance, snack preparation and laundry. Pursuant to 130 CMR 610.035, 610.051, in this regard the appeal is DISMISSED.

PCA time requested for assistance with dressing 20 minutes twice per day and undressing 15 minutes twice per day was modified to 20 minutes and 15 minutes once per day. PCA time for incontinence care and toileting was approved as requested 10 minutes 7 times per day for bladder care, and 12 minutes twice per day, 7 days per week. While Appellant's representative argued that more PCA time is needed for clothing changes due to increased episodes of incontinence and that she will contact the PCM agency to request additional time in this area, there is no indication for full clothing changes twice per day, 7 days per week. The MassHealth modification reducing PCA time requested for dressing and undressing to once per day is upheld. PCA time requested for assistance with passive range of motion (PROM) exercises was requested 15 minutes twice per day 7 days per week for upper and lower extremities, which equals 14 PCA hours per week. The evidence and testimony show that Appellant is able to weight bear and is ambulatory using a walker with assistance and is able to move his arms and legs independently. Therefore, I find credible the MassHealth testimony that Appellant has no diagnoses that require or support the need for PROM, and that PCA time requested for assistance with PROM exercises is not medically necessary at this time. The MassHealth modifications to PCA time for dressing/undressing and PROM are upheld, and in this regard, the appeal is DENIED.

Order for MassHealth

Approve 62.25 hours per week retroactive to the beginning of the prior authorization period.

Notification of Your Right to Appeal to Court

² See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 Page 9 of Appeal No.: 2309752 (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).

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:

[REDACTED]

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