

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515374
Decision Date:	2/13/2026	Hearing Date:	12/23/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for Respondent:
Cassandra Horne (CCA Operations Manager of Appeals and Grievances) *via telephone*



*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:	Managed Care Organization – Denial of Internal Appeal – Personal Care Attendant
Decision Date:	2/13/2026	Hearing Date:	12/23/2025
Respondent’s Rep.:	Cassandra Horne	Appellant’s Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 10, 2025, Commonwealth Care Alliance (CCA or the respondent) denied the appellant’s Level 1 appeal and affirmed authorization of 15.75 hours per week of Personal Care Attendant (PCA) services. (See 130 CMR 508.008; 422.401 through 422.422; Ex. 2, pp. 2–10; Ex. 6, pp. 111–119). The appellant filed this appeal on October 17, 2025, in a timely manner. (See 130 CMR 610.015(B)(7) and Ex. 1). A managed care contractor’s decision to deny or provide limited authorization of a requested service, including determinations concerning the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit, constitutes valid grounds for appeal. (See 130 CMR 610.032(B)(2)).

Action Taken by the Respondent

The respondent denied the appellant’s Level 1 appeal and upheld authorization of 15.75 hours per week of PCA services.

Issue

The issue is whether the respondent was correct, pursuant to 130 CMR 508.008 and 422.401 through 422.422, in denying the appellant's Level 1 appeal and determining that 15.75 hours per week of PCA services are sufficient.

Summary of Evidence

The respondent was represented by its Operations Manager of Appeals and Grievances, the appellant appeared on his own behalf, and the hearing was conducted by telephone.

The respondent's representative testified that the appellant is over the age of 65 and is enrolled in Commonwealth Care Alliance, a Senior Care Organization administering a Senior Care Options plan (collectively referred to herein as the "SCO"). (Testimony; Ex. 6, p. 35). This appeal concerns the SCO's authorization of 15.75 hours per week of PCA services rather than the 39.75 hours per week requested by the appellant. (Testimony; Ex. 4; Ex. 6, pp. 7–14, 32, 35). She testified that before enrolling in the SCO, the appellant received PCA services through MassHealth and that the respondent continued those hours as continuity of care pending reassessment. (Testimony; Ex. 6, pp. 40–41). The record shows that on June 24, 2024, MassHealth approved a prior authorization request authorizing 36 hours and 45 minutes per week of PCA services for the period [REDACTED]. (Ex. 6, pp. 6–7). The Authorization Summary indicates that when the appellant enrolled in the SCO, the respondent continued PCA services at 39.75 hours per week as continuity of care until August 31, 2025. (Ex. 6, pp. 40–41).

The respondent's representative testified that the appellant resided in a skilled nursing facility from [REDACTED] and later returned to the community. (Testimony; Ex. 6, p. 107). Care management entries dated after discharge include documentation of ongoing monitoring and community-based services. (Ex. 6, pp. 104–108).

The respondent's representative testified that a CCA nurse assessor conducted a new in-home PCA reassessment on July 15, 2025 and that the respondent based the current authorization on that reassessment. (Testimony; Ex. 6, pp. 74–77, 104–105). She testified that during the July 15, 2025 assessment, the assessor evaluated the appellant's functional abilities in Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), including mobility, transfers, bathing, grooming, dressing, toileting, eating, medication management, meal preparation, housekeeping, and laundry. (Testimony; Ex. 6, pp. 78–92). The assessment documents that the appellant ambulated with a cane and reported chronic pain, decreased endurance, and difficulty navigating stairs in his home. (Ex. 6, pp. 75–76, 104–106). The assessment also documents that the appellant performed certain tasks independently and required limited to moderate assistance for others. (Ex. 6, pp. 75–76, 111–112).

The respondent's representative testified that the assessor calculated 15.75 hours per week using

the MassHealth Time-for-Task Guidelines. (Testimony; Ex. 6, pp. 54–65, 99–101). The Time-for-Task Guidelines describe standardized minute ranges for specific ADL and IADL tasks based on the level of hands-on physical assistance required and the frequency of performance. (Ex. 6, pp. 54–59). The Guidelines state that time may not be authorized for duplicative services or supervision alone. (Ex. 6, pp. 62–64). The assessment worksheet assigns minutes to qualifying ADL and IADL tasks and converts those minutes into a weekly total of 15.75 hours. (Ex. 6, pp. 99–101). The respondent’s representative testified that the respondent approved the number of hours recommended by the assessor. (Testimony; Ex. 6, p. 42).

The respondent’s representative testified that the respondent issued a written coverage determination denying the request for 39.75 hours per week and approving 15.75 hours per week. (Testimony; Ex. 6, pp. 45–46). The coverage determination letter states that the respondent based its decision on the July 15, 2025 functional assessment findings. (Ex. 6, pp. 46–48). The letter notes that the documentation did not include recent falls, emergency room visits, or hospitalizations. (Ex. 6, pp. 49–50). The letter explains the appellant’s appeal rights and procedures. (Ex. 6, pp. 51–53).

The respondent’s representative testified that the appellant filed a Level One appeal and that a clinical appeals nurse and medical director reviewed the determination. (Testimony; Ex. 6, p. 43). The record includes documentation of an Advanced Geriatric Registered Nurse (AGRN) review referencing Medical Necessity Guideline 80. (Ex. 6, pp. 111–113). Exhibit 6 includes Medical Necessity Guideline 80, which sets forth criteria and documentation requirements for PCA authorization. (Ex. 6, pp. 66–73).

At the hearing, the appellant testified that his condition has worsened and that he experiences increased difficulty with mobility, balance, toileting, and daily activities. (Testimony). He testified that he experiences chronic pain and weakness and has difficulty navigating stairs in his home. (Testimony). The July 15, 2025 assessment notes document that the appellant reported chronic pain, decreased endurance, and difficulty with stairs during the evaluation. (Ex. 6, pp. 75–76, 104–106). The appellant testified that he relies heavily on PCA assistance and that 15.75 hours per week are insufficient to meet his needs. (Testimony). He testified that he struggles with household tasks such as laundry and cleaning without assistance. (Testimony). The assessment includes assigned minutes for meal preparation, housekeeping, and laundry in the time calculation worksheet. (Ex. 6, pp. 92–101).

The record includes documentation of the appellant’s diagnoses, including osteoarthritis, non-insulin dependent diabetes mellitus with ophthalmic complications, congestive heart failure, hypertension, macular degeneration, anxiety, depression, and impaired mobility. (Ex. 6, pp. 35–37, 80–81). The record also includes medication lists, preventive care documentation, immunization history, and chronic disease monitoring entries. (Ex. 6, pp. 35–38, 81–83, 104–110).

Findings of Fact

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

1. The appellant, an individual over the age of 65, is enrolled in the respondent's SCO. (Testimony; Ex. 4; Ex. 6, pp. 7–14, 32, 35).
2. Before enrolling in the respondent's SCO, the appellant received PCA services through MassHealth. (Testimony; Ex. 6, pp. 40–41).
3. When the appellant enrolled in the respondent's SCO, the respondent continued PCA services at 39.75 hours per week as continuity of care until August 31, 2025. (Ex. 6, pp. 40–41).
4. On July 15, 2025, a CCA nurse assessor conducted an in-home PCA reassessment of the appellant. (Testimony; Ex. 6, pp. 74–77, 104–105).
5. During the July 15, 2025 reassessment, the assessor evaluated the appellant's functional abilities in ADLs and IADLs, including mobility, transfers, bathing, grooming, dressing, toileting, eating, medication management, meal preparation, housekeeping, and laundry. (Testimony; Ex. 6, pp. 78–92).
6. The reassessment documented that the appellant ambulated with a cane and reported chronic pain, decreased endurance, and difficulty navigating stairs in his home. (Ex. 6, pp. 75–76, 104–106).
7. The reassessment documented that the appellant performed certain ADLs independently and required limited to moderate assistance for others. (Ex. 6, pp. 75–76, 111–112).
8. The assessor calculated a need for 15.75 hours per week of PCA services using the MassHealth Time-for-Task Guidelines. (Testimony; Ex. 6, pp. 54–65, 99–101).
9. The assessment worksheet assigned minutes to qualifying ADL and IADL tasks and converted those minutes into a weekly total of 15.75 hours. (Ex. 6, pp. 99–101).
10. The respondent approved 15.75 hours per week of PCA services following the July 15, 2025 reassessment. (Testimony; Ex. 6, p. 42).
11. By notice dated September 10, 2025, the respondent denied the appellant's request for 39.75 hours per week of PCA services and approved 15.75 hours per week. (Ex. 6, pp. 45–46).

12. The appellant filed a Level One appeal of the September 10, 2025 determination. (Testimony; Ex. 6, p. 43).
13. An AGRN conducted a review referencing Medical Necessity Guideline 80 in connection with the Level One appeal. (Ex. 6, pp. 111–113).
14. At the hearing, the appellant testified that his condition has worsened and that he experiences increased difficulty with mobility, balance, toileting, and daily activities. (Testimony).
15. The appellant testified that he relies heavily on PCA assistance and that 15.75 hours per week are insufficient to meet his needs. (Testimony).

Analysis and Conclusions of Law

MassHealth members who are 65 years of age or older may enroll in a Senior Care Organization (SCO). (130 CMR 508.001(C); 508.008(A); see also 130 CMR 450.117(B)(6)). When a member enrolls in an SCO, the SCO delivers the member's primary care and authorizes, arranges, integrates, and coordinates the provision of all covered services. (130 CMR 508.008(C)). A SCO is a managed care entity that contracts with MassHealth to provide and coordinate covered services for enrolled members. (130 CMR 450.101). Covered services include those provided pursuant to MassHealth's PCA program. (130 CMR 422.401; 422.411).

PCA services are governed by 130 CMR 422.401 through 422.422. MassHealth, through the SCO, covers activity time performed by a PCA in aiding a member with ADLs and certain IADLs, as authorized based on the member's assessment. (130 CMR 422.411(A)). ADLs are activities fundamental to an individual's self-care and include, among other tasks, mobility, transfers, bathing, grooming, dressing and undressing, eating, toileting, assisting with bowel or bladder needs, taking medications, and passive range-of-motion exercises. (130 CMR 422.402; 422.410(A)(4),(7)). IADLs include certain health-related tasks instrumental to maintaining the member's health and safety in the community. (130 CMR 422.402; 422.410(B)).

The SCO must conduct assessments and periodic reevaluations to determine the member's need for physical assistance with ADLs and IADLs. (130 CMR 422.422(D)). Authorization of PCA time must be based on the member's documented need for hands-on physical assistance with covered tasks. (130 CMR 422.411(A)).

MassHealth does not pay for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing services that are not medically necessary. (130 CMR 450.204). A service is medically necessary if it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity, and if there is no comparable medical service or site of service that is

more conservative or less costly and equally effective. (130 CMR 450.204(A)). Medically necessary services must meet professionally recognized standards of health care and must be substantiated by records, including documentation supporting medical necessity and quality. (130 CMR 450.204(B)). Additional requirements concerning medical necessity are set forth in other MassHealth regulations and medical necessity and coverage guidelines. (130 CMR 450.204(D)).

In administering PCA services, a SCO may utilize internal medical necessity guidelines and MassHealth administrative tools to structure its clinical determinations. The respondent's Medical Necessity Guideline 80 (MNG 80) sets forth criteria the plan applies in evaluating whether a member requires hands-on assistance with ADLs or IADLs in order to remain safely in the community. The MassHealth Time-for-Task methodology provides standardized minute ranges for specific ADL and IADL tasks based on the level and frequency of physical assistance required. These guidelines and tools inform the plan's review process; however, the governing legal standards are those set forth in 130 CMR 422.401 through 422.422 and 130 CMR 450.204.

Accordingly, the issue in this appeal is whether the respondent's determination regarding the number of authorized PCA hours complies with the MassHealth regulations governing PCA services and medical necessity.

The appellant is enrolled in a SCO and therefore receives covered services through a managed care contractor responsible for authorizing and coordinating PCA services. As such, the SCO was required to determine the appropriate level of PCA services pursuant to the PCA regulations and the standards governing medical necessity.

PCA services are authorized based on a member's need for hands-on physical assistance with ADLs and certain IADLs. The regulations require that authorization be grounded in a functional assessment evaluating the member's ability to perform specific tasks and the degree of assistance required. Here, the SCO conducted an in-home reassessment that evaluated the appellant's performance of ADLs and IADLs, including mobility, transfers, bathing, dressing, toileting, meal preparation, housekeeping, and laundry. The reassessment documented that the appellant ambulated with a cane, reported chronic pain and decreased endurance, and experienced difficulty with stairs. It also documented that he performed some ADLs independently and required limited to moderate assistance for others.

Under the governing regulations, PCA time must correspond to documented need for hands-on assistance with covered tasks. The regulations do not authorize PCA hours based solely on diagnosis or generalized statements of difficulty; rather, authorization must be supported by documentation demonstrating the extent of physical assistance required. The SCO calculated PCA hours using the MassHealth Time-for-Task methodology, which assigns standardized minute ranges to specific ADL and IADL tasks based on the level and frequency of physical assistance required. The assessment worksheet converted the documented task-level assistance into a weekly total of 15.75 hours.

Medical necessity requires that services be reasonably calculated to address conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity, and that no comparable, more conservative, or less costly service is available. PCA services must therefore be sufficient to enable the member to remain safely in the community based on documented functional limitations. The SCO's Level One review included application of its internal Medical Necessity Guideline 80, which focuses on hands-on assistance needs in ADLs and IADLs and requires documentation of functional limitation rather than diagnosis alone.

The appellant testified that his condition has worsened and that he experiences increased difficulty with mobility, balance, toileting, and daily activities, and that 15.75 hours per week are insufficient. The regulations require that such assertions be evaluated in light of documented functional performance and the degree of hands-on assistance required for covered tasks. The record demonstrates that the reassessment served as the basis for the authorization decision and that the hours approved corresponded to the task-based calculation derived from the documented level of assistance.

Although the appellant credibly testified that he experiences chronic pain, worsening mobility, and difficulty with daily activities, the governing regulations require that authorization of PCA hours be based on documented need for hands-on assistance rather than diagnosis or generalized reports of difficulty. The record demonstrates that the SCO based its determination on a current in-home functional assessment and applied a task-based calculation methodology consistent with the MassHealth regulatory framework. The Level One review further considered whether the requested increase was supported by documented functional limitations and upheld the determination.

The SCO's authorization of 15.75 hours per week of PCA services complies with the governing regulations and is supported by a preponderance of the evidence.

Accordingly, the appeal is DENIED.

Order for the Respondent

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.

Scott Bernard
Hearing Officer
Board of Hearings

cc: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108