

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515751
Decision Date:	1/12/2026	Hearing Date:	12/01/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

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:	Denied	Issue:	Prior Authorization- Personal Care Attendant (PCA) Services
Decision Date:	1/12/2026	Hearing Date:	12/01/2025
MassHealth's Rep.:	Heather Adams, RN, Optum	Appellant's Rep.:	Pro se
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 October 16, 2025, MassHealth denied a prior authorization request for personal care attendant (PCA) services because MassHealth determined that Appellant does not require physical assistance with two or more activities of daily living (130 CMR 450.204, 422.403(C) and Exhibit 1). Appellant filed this appeal in a timely manner on October 24, 2025 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied a prior authorization request for personal care attendant (PCA) services because MassHealth determined that Appellant does not require physical assistance with two or more activities of daily living.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, 422.403(C), in denying a prior authorization request for PCA services because it determined that Appellant does not require physical assistance with two or more activities of daily living.

Summary of Evidence

The MassHealth representative testified that a prior authorization request for 14 hours of personal care attendant (PCA) services for one year was submitted to MassHealth on October 7, 2025 by Agespan Inc. The prior authorization request is an initial evaluation for PCA services. MassHealth denied the request because it determined that Appellant does not require physical assistance with two or more activities of daily living, and other less costly alternatives were available to meet Appellant's needs. Appellant is [REDACTED] years old with a medical history of chronic obstructive pulmonary disease (COPD), osteoarthritis, intervertebral disc displacement in the lumbar region, and type 2 diabetes mellitus with neuropathy. Appellant reported no falls or hospitalizations in the past 12-month period (Exhibit 4, p. 11). PCA time was requested for assistance with grooming and bathing (Exhibit 4, pp. 18-20). Assistance with bathing was requested 15 minutes per day, 7 days per week, and assistance with grooming was requested for nail care: 5 minutes once per week; oral care: one minute, twice per day, 7 days per week; hair care: 2 minutes once per day, 7 days per week; shaving: 3 minutes, once per day, 7 days per week; and other grooming: 4 minutes, once per day, 7 days per week. The evaluation states that Appellant needs minimum assistance with bathing tasks including washing, rinsing, upper/lower/posterior body, shampooing, reaching for items/washing material, towel, drying transfer in/out of tub due to impaired balance, shortness of breath with activity, poor endurance and stamina, easily fatigues, numbness and tingling in bilateral hands and feet, poor trunk flexion and rotation, and difficulty bending over or squatting (Exhibit 4, pp. 18-20). MassHealth testified the requested time was denied because Appellant is able to ambulate independently, transfer in/out of the shower independently, is independent with eating, toileting, and completing other tasks that involve dexterity and use of his hands, is able to complete and sign paperwork with accuracy, and is independent with all aspects of medication administration. Appellant uses a cane and is able to ambulate and complete all transfers independently. Appellant has a tub seat that would allow him to complete bathing activities while seated with the use of a long-handle brush and a hand-held shower head and other items available to assist with independence in activities of daily living (Exhibit 4, pp. 48-50). Appellant also requested PCA time for assistance with dressing, 10 minutes, once per day, 7 days per week, and 8 minutes once per day, 7 days per week for assistance with undressing (Exhibit 4, p. 22). PCA time was requested with assistance with putting on footwear, zippers and buttons, pulling up pants and putting on shirts. MassHealth testified that the requested time was denied because Appellant has the strength and dexterity, and range of motion to independently complete all other tasks involving the upper body. MassHealth added that Appellant should be able to use adaptive equipment to help dress, pull on pants, and Velcro shoes. MassHealth determined that assistance in two ADLs is not medically

necessary, and the request for PCA services was denied.

Appellant disputed that he has not been hospitalized in the past 12 months and testified that he had two heart attacks in May 2025 and had double bypass surgery. He added that he has a walker and canes, and wears knee braces that have to be put on for him because of spinal stenosis and bulging discs impinging the sciatic nerve that limit his range of motion. Appellant added that he has been determined to be disabled and has received SSDI since 2021 and has a handicapped placard. Appellant testified that he has neuropathy in his hands and feet, a non-alcoholic fatty liver, high cholesterol, and partial fingers from an accident in the 1980s. Appellant testified that he uses a tub transfer seat to shower. He added that he is unable to reach his feet for proper cleaning and needs to have his back cleaned because a long-handled brush is ineffective. A friend assists him with transferring to the shower seat and washes him from head to toe and assists him with shaving because he cannot stand for long periods of time. He explained that he can transfer to the tub seat independently, but there is a possibility of falling. Appellant stated that a family friend has been living with him since he had a heart attack, and does all of his laundry and cleaning, meal preparation, dresses and undresses him, administers his medications, and assists with bowel hygiene, and cleaning. Appellant added that he has fallen because his knees gave out while in his building and he needed assistance getting back up. Appellant testified that the evaluation does not reflect his need for PCA services and overlooks his back issues and the severity of his COPD. Appellant stated that he cannot walk 200 feet without stopping, and has a friend that takes him food shopping, or his friend goes with him. Appellant testified that he uses a cane to get up and down stairs while his friend walks behind him and provides hands on assistance. Appellant described sitting on his bed to get dressed while his friend pulls up underwear and pants and puts a shirt over his head. He added that he can't bend over to pull on clothing because of his back and knee pain. Appellant testified that he is able to get into a car without assistance and drives occasionally when he doesn't have a ride. He explained that he relies on mirrors instead of twisting or turning while driving. Appellant stated that he plans to have an evaluation from a different PCM agency on his PCP's recommendation.

MassHealth testified that it can only review the evaluation submitted and recommended another evaluation by the same PCM agency or by another agency that includes other areas of need and the medical necessity for each area. MassHealth also suggested that Appellant could work with an occupational or physical therapist to assist with completing activities independently and accurately assessing his functional ability. According to MassHealth, Appellant may also utilize dressing aide devices that are less costly alternatives.

Findings of Fact

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

1. Appellant is [REDACTED] years old with a medical history that includes chronic obstructive pulmonary

disease (COPD) osteoarthritis, intervertebral disc displacement in the lumbar region, and type 2 diabetes mellitus with neuropathy.

2. The PCA evaluation states that Appellant reported no falls or hospitalizations in the past 12-month period.
3. PCA time was requested for assistance with grooming and bathing. Assistance with bathing was requested 15 minutes per day, 7 days per week, and assistance with grooming was requested for nail care: 5 minutes once per week; oral care: one minute, twice per day, 7 days per week; hair care: 2 minutes once per day, 7 days per week; shaving: 3 minutes, once per day, 7 days per week; and other grooming: 4 minutes, once per day, 7 days per week.
4. The PCA evaluation states that Appellant needs minimum assistance with bathing tasks including washing, rinsing, upper/lower/posterior body, shampooing, reaching for items/washing material, towel, drying transfer in/out of tub due to impaired balance, shortness of breath with activity, poor endurance and stamina, easily fatigues, numbness and tingling in bilateral hands and feet, poor trunk flexion and rotation, and difficulty bending over or squatting. Exhibit 4, pp. 18-20.
5. Appellant is able to transfer in/out of the shower independently, is independent with eating, toileting, and completing other tasks that involve dexterity and use of his hands, is able to complete and sign paperwork with accuracy, and is independent with all aspects of medication administration.
6. Appellant uses a cane and is able to ambulate and complete all transfers independently.
7. Appellant has a tub seat that he can access independently.
8. Appellant requested PCA time for assistance with dressing, 10 minutes, once per day, 7 days per week, and 8 minutes once per day, 7 days per week for assistance with undressing.
9. PCA time was requested for assistance with putting on footwear, zippers and buttons, pulling up pants and putting on shirts.
10. Appellant was hospitalized in the past 12 months and testified that he had two heart attacks in May 2025 and had double bypass surgery.
11. Appellant wears knee braces.
12. Appellant has been determined to be disabled and has received SSDI since 2021 and has a handicapped placard (Testimony).

13. A friend has been living with Appellant since he had a heart attack, and does all of his laundry and cleaning, meal preparation, dresses and undresses him, administers his medications, and assists with bowel hygiene, and cleaning (Testimony).
14. Appellant is able to get into a car without assistance and drives occasionally when he doesn't have a ride.

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

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

- (4) special needs: assisting the member with:
 - (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. (emphasis added)

This 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 As outlined above, eligibility for the PCA program requires an applicant to demonstrate the medical necessity for assistance with two activities of daily living. Here, PCA assistance was requested with bathing/grooming and dressing/undressing. MassHealth denied the request because the PCA evaluation shows that Appellant has the functional ability to ambulate independently, transfer in/out of the shower independently, is independent with eating, toileting, and completing other tasks that involve dexterity and use of his hands, is able to complete and sign paperwork with accuracy, and is independent with all aspects of medication administration. Appellant testified that he disagreed with the PCA evaluation because he needs more assistance than the PCA time requested on his behalf. Appellant testified that he can transfer to the shower chair independently, but is unable to wash himself, complete grooming tasks, and dress or undress himself due to limited mobility and pain. The degree of severity of Appellant's impairments and their impact on his ability to complete the ADLs for which PCA services were requested to complete bathing/grooming and dressing/undressing, in addition to the ADLs otherwise discussed but not requested including ambulating, toileting, and transferring, is not reflected in the PCA evaluation which shows Appellant is able to complete most ADLs independently. Moreover, Appellant's testimony that he is able to get in and out of his car independently, and drives his car occasionally, inherently undermines the credibility of his testimony that he is unable to independently complete bathing/grooming and dressing/undressing ADLs for which MassHealth presented less costly alternatives to assist with these tasks including physical/occupational therapy and devices to assist with dressing (Exhibit 4, pp. 48-50). Appellant can submit a new prior authorization request with another onsite evaluation by the same PCM agency or contact a new PCM agency, to more definitively show the medical necessity for PCA services. However, on this hearing record, I do not find Appellant's testimony credible, and therefore he has not carried the burden of proof in showing that the MassHealth action is invalid. The MassHealth denial is upheld; and the 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.

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).

Thomas J. Goode
Hearing Officer
Board of Hearings

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