

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515966
Decision Date:	1/27/2026	Hearing Date:	12/10/2025
Hearing Officer:	Susan Burgess-Cox		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Heather Adams



*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: PCA Services
Decision Date:	1/27/2026	Hearing Date:	12/10/2025
MassHealth's Rep.:	Heather Adams	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 September 12, 2025, MassHealth denied the appellant's prior authorization request for personal care services. (130 CMR 422.000; Exhibit 1). On October 28, 2025, the Board of Hearings received a request for hearing form. (Exhibit 2). On October 30, 2025, the Board of Hearings dismissed the appeal as the form submitted had a printed name but not a signature. (130 CMR 610.034; 130 CMR 610.035; Exhibit 2; Exhibit 3). On November 7, 2025, the appellant sent a request for hearing form with a signature. (Exhibit 4). Upon receipt of this document, the Board of Hearings vacated the dismissal and scheduled a hearing for December 10, 2025. (130 CMR 610.048(C); Exhibit 5). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for personal care services. (130 CMR 422.403).

Issue

Whether MassHealth was correct in denying the appellant's request for personal care services. (130 CMR 422.410).

Summary of Evidence

Documents submitted by MassHealth are incorporated into the hearing record as Exhibit 6. The appellant is under the age of 65. The appellant has a primary diagnosis of fibromyalgia. Other conditions include sciatica, obesity, degenerative disc disease, asthma, anxiety, pre-diabetes, GERD, chronic pain, decreased strength, and pain in arms legs, fingers, shoulder, neck and back. The records presented state that the appellant has poor balance, an unsteady gait, and is unable to bend and reach. The appellant lives in a second floor apartment accessed by stairs. The appellant lives with her partner and her three children.

The appellant requested 30.25 hours of PCA services each week. MassHealth denied the request as they determined that the appellant did not provide documentation to support the request. The MassHealth representative testified that to qualify for PCA services, an individual needs to require assistance with two or more activities of daily living and there must be no other less costly alternatives. In this case, the agency found that there were less costly alternatives that the appellant has not utilized. The MassHealth representative testified that the appellant has submitted requests for PCA services in the past and the agency denied the requests for the same reason.

The MassHealth representative testified that nothing in the records presented in 2025 differs from those presented in 2024. The MassHealth representative testified that the PCA program is meant to assist those with conditions that are chronic in nature and cannot be served in a less costly manner such as training by a physical therapist, occupational therapist and the use of appropriate medical equipment. In this case, the agency determined that the records presented do not meet those requirements.

The request for services includes 2 minutes, 6 times each day, 7 days each week for assistance with transfers. The documents state that the reason for this request is that the appellant has issues with transfers due to pain, weakness, poor balance, and obesity. The records show that the appellant ambulates independently with a cane. The MassHealth representative testified that the records do not indicate that the appellant has utilized less costly options such as grab bars, bed rails, or a walker to assist with transfers. The appellant testified that she had a walker in the past but at this time only uses a cane. The appellant testified that she does not have a lot of strength and needs help getting up due to pain. The MassHealth representative asked if the appellant has worked with an occupational therapist to assist with learning how to use equipment and devices. The appellant responded that she has only had physical therapy in the past.

The appellant requested 20 minutes, 1 time each day, 7 days each week for assistance with bathing. The records submitted to MassHealth state that the appellant requires physical assistance with showering activities including routine transfers. The appellant testified that she has a shower chair but has difficulty reaching anything on the left side of her body due to weak range of motion on that side. The appellant testified that she does have a shower chair but requires assistance with lifting and bending.

The appellant requested 5 minutes, 1 day each week for assistance with nail care and 5 minutes, 1 time each day, 3 days each week for assistance with shaving. The records state that the appellant requires assistance with toenail care and shaving due to poor balance and inability to bend and reach.

The appellant requested 7 minutes, 1 time each day, 7 days each week for assistance with dressing and 5 minutes, 1 time each day, 7 days each week for assistance with undressing. The records state that the appellant requires assistance with dressing and undressing due to difficulty bending, twisting, reaching, poor balance, difficulty raising arms due to fibromyalgia, pain, arthritis, sciatica, and degenerative disc disease. The MassHealth representative noted that there is equipment that an individual can utilize to assist with these tasks, and the records do not indicate that the appellant has tried to utilize this equipment or work with an occupational therapist who would help the appellant learn how to use the equipment. Records presented by MassHealth show a transfer tub bench, dressing aids (aka "Hip Kit"), raised toilet seats and other equipment that the appellant could utilize before requiring a PCA. The appellant responded that she has a shower chair but this was the first time that she heard about some of the other equipment.

The appellant requested 5 minutes, 6 times each day, 7 days each week for assistance with bladder care in the day/evening and 5 minutes, 2 times each day, 7 days each week for assistance with bladder care at night. The appellant requested 10 minutes, 1 time each day, 7 days each week for assistance with bowel care. The records show that the appellant requires assistance with a transfer on and off of the toilet due to weakness, poor balance, poor gait, and obesity. The records state that the appellant could benefit from a raised toilet seat. The records state that the appellant requires assistance with clothing and hygiene due to difficulty bending, and reaching and twisting due to degenerative disc disease, sciatica, and fibromyalgia. The appellant testified that a raised toilet seat may assist with getting on and off of the toilet but she would still have difficulty wiping. The appellant requested 15 minutes each week or 60 minutes each month for assistance with menses care.

The appellant requested time for assistance with the following Instrumental Activities of Daily Living (IADLs): 210 minutes each week for assistance with meal preparation; 45 minutes each week for assistance with laundry; 45 minutes each week for assistance with housekeeping; and 45 minutes each week for assistance with shopping. MassHealth denied the request for assistance with IADLs as the agency determined that the appellant did not require assistance with two or

more activities of daily living (ADLs) so did not meet the requirements to receive coverage for PCA services.

The appellant testified that she has done physical therapy in the past but did not agree that working with a physical therapist or occupational therapist would help and no longer require her to have PCA services. The appellant testified that she has not had physical therapy or occupational therapy in the past year. The appellant testified that she had One-Care in the past and was approved for PCA services under that plan. The appellant is no longer enrolled in One-Care because her primary care provider does not accept that plan. The appellant testified that her condition is chronic and she does not want a lot of people working with her, just her partner who has served as her PCA in the past.

Findings of Fact

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

1. The appellant is under the age of 65.
2. The appellant has a primary diagnosis of fibromyalgia.
3. Other conditions include sciatica; obesity, degenerative disc disease, asthma, anxiety, pre-diabetes, GERD, chronic pain, decreased strength, and pain in arms legs, fingers, shoulder, neck, and back.
4. The appellant has poor balance and an unsteady gait.
5. The appellant lives with her partner and her three children.
6. The appellant requested 30.25 hours of PCA services each week.
7. MassHealth denied the request as they determined that the appellant did not provide documentation to demonstrate that the appellant requires assistance with two or more activities of daily living and there are no less costly alternatives.
8. The appellant has submitted requests for PCA services in the past and the agency denied the requests.
9. The appellant has not worked with a physical therapist or occupational therapist in the past year.
10. The appellant does not utilize medical equipment such as a raised toilet seat, grab bars, bed rails, a walker, a HIP kit, or a transfer tub bench.

11. The appellant requested 2 minutes, 6 times each day, 7 days each week for assistance with transfers.
12. The appellant has issues with transfers due to pain, weakness, poor balance and obesity.
13. The appellant ambulates independently with a cane.
14. The appellant does not use a walker.
15. The appellant requested 20 minutes, 1 time each day, 7 days each week for assistance with bathing.
16. The appellant requires assistance with lifting and bending.
17. The appellant requested 5 minutes, 1 day each week for assistance with nail care and 5 minutes, 1 time each day, 3 days each week for assistance with shaving.
18. The records state that the appellant requires assistance with toenail care and shaving due to poor balance and inability to bend and reach.
19. The appellant requested 7 minutes, 1 time each day, 7 days each week for assistance with dressing and 5 minutes, 1 time each day, 7 days each week for assistance with undressing.
20. The appellant has not utilized equipment to assist with dressing tasks.
21. The appellant requested 5 minutes, 6 times each day, 7 days each week for assistance with bladder care during the day/evening and 5 minutes, 2 times each night for assistance with bladder care.
22. The appellant requested 10 minutes, 1 time each day, 7 days each week for assistance with bowel care.
23. The appellant requires assistance with transferring on and off of the toilet due to weakness, poor balance, poor gait and obesity.
24. The appellant does not have a raised toilet seat.
25. The appellant requested 15 minutes each week or 60 minutes each month for assistance with menses care.

26. The appellant requested time for assistance with meal preparation, laundry, shopping and housekeeping.

Analysis and Conclusions of Law

Pursuant to 130 CMR 422.403(C), MassHealth covers Personal Care Attendant (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) MassHealth has determined that the PCA services are medically necessary.

ADLs defined at 130 CMR 422.410(A) include:

- (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.

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. (130 CMR 450.204(A)).

Medically 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)).

While the appellant requested assistance with two or more activities of daily living, the records and testimony presented at the hearing indicate that there are likely less costly alternatives that the appellant has not utilized such as short-term physical and occupational therapy that may help the appellant learn how to utilize available equipment.

MassHealth does authorize time for assistance with instrumental activities of daily living. However, as noted above, MassHealth does not authorize coverage for IADLs alone and the individual must receive assistance with two or more activities of daily living before the agency considers eligibility. (130 CMR 422.403; 130 CMR 422.410).

The decision made by MassHealth was correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

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