

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2516226
Decision Date:	12/11/2025	Hearing Date:	12/05/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kelly Rayen, R.N., Clinical Appeal Reviewer,
Optum

Interpreter:



*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:	2/11/2025	Hearing Date:	12/05/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	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 September 12, 2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services. See 130 CMR 450.303; 130 CMR 422.410; and Exhibit 1. The appellant filed a timely appeal on November 4, 2025. See 130 CMR 610.015(B) and Exhibit 2. A decision regarding the scope or amount of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for PCA services.

Issue

Whether MassHealth was correct in modifying the appellant's request for PCA services pursuant to 130 CMR 422.410 and 130 CMR 450.303.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant appeared pro se and through an interpreter verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the documentation submitted shows that the appellant is [REDACTED] with a primary diagnosis of [REDACTED]. The appellant has secondary diagnoses of diabetes, sleep apnea, anxiety, depression, and obesity. He reported being in a minor car accident recently which has caused some soreness in his upper back and neck. Exhibit 5, pp. 14-15. The appellant drives a car independently and goes to the gym frequently in order to stay in shape. *Id.* at 15.

On August 19, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services requesting 40 hours and 15 minutes per week for dates of service of October 5, 2025 to October 4, 2026. The MassHealth representative stated that the agency initially deferred the prior authorization request to allow submission of additional documentation in support of the appellant's need for PCA service hours. The agency responded that the "evaluator [has] nothing further to add to this case. Please modify/adjudicate as you see fit." *Id.* at 58. On September 12, 2025, MassHealth modified the request to 12 hours and 45 minutes per week. MassHealth made fourteen (14) modifications related to PCA assistance, namely: mobility (transfers), bathing, grooming (shaving), grooming (other), dressing, undressing, eating, toileting (overnight bladder care), assistance with medication, glucometer check, meal preparation, laundry, housekeeping, and shopping. See generally Exhibit 5.

Based on the testimony at the hearing, MassHealth fully restored the time as requested for PCA assistance with grooming (shaving – 5x1x3)¹ and (glucometer check – 1x3x7). The appellant agreed with MassHealth's modifications made to time requested for PCA assistance with mobility (transfers – 2x2x7), bathing (including hair wash – 15x1x7), grooming (other – 2x1x7), dressing (8x1x7), undressing (7x1x7), eating (0), assistance with medication (0), meal preparation (55x1x7), laundry (65x1x1), housekeeping (60x1x1), and shopping (60x1x1). *Id.* at 18-19, 21, 23, 25-27, 29, 36-38.

The only modification remaining in dispute during the hearing was for the PCA service hours for toileting (overnight bladder care). The appellant requested 3 minutes, 3 times per night, 7 nights per week. MassHealth denied this request because the appellant is independent with bladder and bowel care during the day. He uses a urinal during the night. As such, the PCA service hours requested are not medically necessary. *Id.* at 27.

The appellant confirmed that he uses a urinal during the night. He stated that on some nights he

¹ The notation (AxBxC) refers to A minutes per session, B times per day, C days per week.

experiences more frequent urination, which fills the urinal. On those nights, he requires the PCA to empty it for him. He explained that when a PCA is not available, he is able to empty the urinal himself into another container.

Findings of Fact

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

1. The appellant is [REDACTED] of age with a primary diagnosis of [REDACTED]. (Testimony and Exhibit 5).
2. The appellant has secondary diagnoses of diabetes, sleep apnea, anxiety, depression, and obesity. (Testimony and Exhibit 5).
3. On August 19, 2025, MassHealth received a prior authorization request for PCA services requesting 40 hours and 15 minutes per week for dates of service of October 5, 2025 to October 4, 2026. (Testimony).
4. MassHealth initially deferred the prior authorization request to allow submission of additional documentation in support of the appellant's need for PCA service hours. (Testimony).
5. The agency responded that the "evaluator [has] nothing further to add to this case. Please modify/adjudicate as you see fit." (Testimony and Exhibit 5).
6. On September 12, 2025, MassHealth informed the appellant that it had modified the request to 12 hours and 45 minutes per week. (Testimony and Exhibit 1).
7. MassHealth made fourteen (14) modifications related to PCA assistance, namely: mobility (transfers), bathing, grooming (shaving), grooming (other), dressing, undressing, eating, toileting (overnight bladder care), assistance with medication, glucometer check, meal preparation, laundry, housekeeping, and shopping. (Testimony and Exhibit 1).
8. At the hearing, MassHealth fully restored time as requested for PCA assistance with grooming (shaving) and glucometer check, which resolved the disputes related to PCA assistance with these tasks. (Testimony).
9. At the hearing, the appellant agreed with MassHealth's modifications made to time requested for PCA assistance with mobility (transfers), bathing, grooming (other), dressing, undressing, eating, assistance with medication, meal preparation, laundry, housekeeping, and shopping, which resolved the dispute related to PCA assistance with these tasks. (Testimony).

10. The appellant requested 3 minutes, 3 times per night, 7 nights per week for overnight bladder care. MassHealth denied this request because it determined that the appellant's request is not medically necessary. (Testimony and Exhibit 5).
11. The appellant is independent with bladder and bowel care during the day. (Testimony and Exhibit 5).
12. The appellant uses a urinal during the night. (Testimony).
13. The appellant filed a timely appeal on November 4, 2025. (Exhibit 2).

Analysis and Conclusions of Law

Regulations concerning personal care attendant (PCA) services are found at 130 CMR 422.000, et seq. PCA is defined as a person who is hired by the member or surrogate to provide PCA services. See 130 CMR 422.402. PCA services are physical assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), as described in 130 CMR 422.410. Id.

MassHealth covers personal care 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.²

² 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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth 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).

See 130 CMR 422.403(C).

The regulation concerning ADLs in 130 CMR 422.410 is as follows:

(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:
 - (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.

Here, there is no dispute that the appellant meets all the requirements to qualify for PCA services. The issue is whether MassHealth allowed sufficient time in accordance with the program regulations.

MassHealth will approve “activity time performed by a PCA in providing assistance.” See 130 CMR 422.411. “Activity time” is defined as the “actual amount of time spent by a PCA physically assisting the member” with his ADLs/IADLs. See 130 CMR 422.402.

At issue in this appeal were modifications of time requested for PCA assistance for the appellant with both ADLs and IADLs. The following ADLs were the subject of modifications: mobility (transfers), bathing, grooming (shaving), grooming (other), dressing, undressing, eating, toileting (overnight bladder care), assistance with medication, and glucometer check. The following IADLs were the subject of modifications: meal preparation, laundry, housekeeping, and shopping.

The appellant accepted the modifications made by MassHealth for PCA assistance for mobility (transfers), bathing, grooming (other), dressing, undressing, eating, assistance with medication, meal preparation, laundry, housekeeping, and shopping as described above. The MassHealth representative restored the time requested for PCA assistance for grooming (shaving) and glucometer check. Since the parties reached a resolution regarding these issues, these portions of the appeal are DISMISSED in accordance with 130 CMR 610.035(A)(8).

One modification regarding the requested time for toileting (overnight bladder care) remained in dispute. MassHealth denied the requested time of 3 minutes, 3 times per night, 7 nights per week because it determined that the time requested was not medically necessary. The MassHealth representative referenced the appellant’s medical records and stated that the appellant has been independent with bladder and bowel care during the day. He uses a urinal during the night. As such, the requested time is not medically necessary. See Exhibit 5, p. 27.

The appellant confirmed that he uses a urinal at night. He clearly stated that when a PCA is not available, he is able to empty the urinal himself by transferring the contents into another container. The appellant’s own testimony demonstrates that he has the functional ability to manage this task independently. As such, I find that based on this record and the appellant’s own testimony, he has not demonstrated by a preponderance of the evidence that the PCA service hours to assist with overnight bladder care is medically necessary. See Craven v. State Ethics

Comm'n, 390 Mass. 191, 200 (1983)(“[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings”); 130 CMR 450.204(A). While PCA assistance may be more convenient, convenience does not establish medical necessity. See id. As such, MassHealth was correct in modifying the appellant’s request for PCA services pursuant to 130 CMR 422.410. Accordingly, the appellant’s request for additional time for this task is DENIED.

Order for MassHealth

For the PA period beginning on October 5, 2025 ending on October 4, 2026, approve the following PCA service hours:

- Mobility (transfers): 2 minutes, 2 times per day, 7 days per week;
- Bathing (including hair wash): 15 minutes, once per day, 7 days per week;
- Grooming (shaving): 5 minutes, once per day, 3 days per week;
- Grooming (other): 2 minutes, once per day, 7 days per week;
- Dressing: 8 minutes, once per day, 7 days per week;
- Undressing: 7 minutes, once per day, 7 days per week;
- Glucometer check: 1 minute, 3 times per day, 7 days per week;
- Meal preparation: 55 minutes, once per day, 7 days per week;
- Laundry: 65 minutes per week;
- Housekeeping: 60 minutes per week;
- Shopping: 60 minutes per week.

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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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