

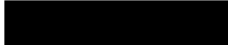
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in Part, Denied in Part	Appeal Number:	2516300
Decision Date:	12/17/2025	Hearing Date:	12/04/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:



Appearance for MassHealth:

Donna Burns, RN, Clinical Appeals Reviewer for
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 Services
Decision Date:	12/17/2025	Hearing Date:	12/04/2025
MassHealth's Rep.:	Donna Burns, RN ¹	Appellant's Rep.:	[REDACTED]
Hearing Location:	Telephone (Quincy)	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 9, 2025, MassHealth modified the appellant's prior authorization request for renewal of personal care attendant services. *See* 130 CMR 450.024(A), 130 CMR 422.10(A)(7), 130 CMR 422.410(B)(1) and Exhibit 1. The appellant filed this appeal in a timely manner on November 5, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. MassHealth's decision to restrict a member's assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for renewal of personal care attendant (PCA) services.

Issues

The appeal issue is whether MassHealth acted within the scope of the regulations in modifying the appellant's prior authorization request for a renewal of PCA services.

¹ There is no known relation between the MassHealth representative and the Hearing Officer.

Summary of Evidence

The appellant is an adult MassHealth member over the age of 65 who currently receives PCA services through MassHealth and was represented by her daughter at the hearing. MassHealth was represented by a clinical appeals reviewer and registered nurse for Optum, which manages MassHealth's PCA program. All parties appeared at the hearing by telephone. The following is a summary of the testimony and evidence presented:

The appellant suffers from a primary diagnosis of a cerebral infarction (stroke) with left hemiplegia. She also has a seizure disorder, diabetes, increased urination and incontinence, respiratory failure, and is non-ambulatory with limited weight bearing ability.² She resides in a home with her adult child. On September 25, 2025, MassHealth received a prior authorization request submitted by [REDACTED] on the appellant's behalf for renewal of services, requesting a total of 25 hours of PCA assistance per week. On October 9, 2025, MassHealth modified the request and approved the appellant for 19 hours and 15 minutes of PCA assistance for with dates of service from October 19, 2025, to October 18, 2026.

Modifications were made to the tasks of: assistance with repositioning, bathing, grooming, bladder care, medication administration, glucometer checks, assistance with CPAP machine, assistance with Purewick catheter, and meal preparation. After the hearing, the parties agreed to the following modifications:

- **Repositioning:** 6 minutes, one time per day, 7 days per week;
- **Grooming:** Nails – parties agree time is not necessary, Oral Care – 3 minutes, one time per day, 7 days per week, Lotion – 3 minutes, one time per day, 3 days per week;
- **Bladder Care:** 5 minutes, one time per day, 7 days per week;
- **Medication Administration:** 2 minutes, one time per day, 7 days per week;
- **Glucometer Checks:** parties agree time is not necessary;
- **CPAP Assistance:** 5 minutes, one time per day, 7 days per week;
- **Purewick Assistance:** parties agree time is not necessary;
- **Meal Preparation:** 2 minutes, 2 times per day, 7 days per week.

Thus, after the hearing, the only remaining dispute is over the appellant's assistance with bathing. The appellant receives 76 hours in weekly assistance from a home health aide, who is present in the home intermittently throughout the day from approximately 8:00 AM to 8:00 PM. The PCA fills in in the early morning, evening, and overnight hours. The appellant has been approved for the standard 14 weekly hours (2 hours per night, every week) of overnight PCA assistance.

² This is not a complete list of the appellant's conditions or symptoms, which can be found at Exhibit 5 at 6-7 and are hereby incorporated by reference.

The appellant requested 30 minutes, one time per week for PCA assistance with bathing during the daytime. The appellant's daughter reported that the home health aide completes most of the appellant's bathing tasks, but the PCA assists with bathing the appellant if she has a bout of incontinence overnight. This does not happen every night, but happens as often as five times a week. When the appellant does need to be cleaned, it typically happens before 6AM.

Findings of Fact

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

1. The appellant is an adult MassHealth member over the age of 65 who suffers from a primary diagnosis of primary diagnosis of a cerebral infarction (stroke) with left hemiplegia. She also has diabetes, increased urination and incontinence, and a host of other conditions. She is non-ambulatory with limited weight bearing ability. Testimony. Exhibit 4, Exhibit 5 at 6-7.
2. On September 25, 2025, MassHealth received a prior authorization request submitted by [REDACTED] on the appellant's behalf for renewal of services, requesting a total of 25 hours of PCA assistance per week. On October 9, 2025, MassHealth modified the request and approved the appellant for 19 hours and 15 minutes of PCA assistance for with dates of service from October 19, 2025, to October 18, 2026. Testimony, Exhibit 1, Exhibit 5 at 29.
3. The specific modifications were made in the areas of assistance with repositioning, bathing, grooming, bladder care, medication administration, glucometer checks, assistance with CPAP machine, assistance with Purewick catheter, and meal preparation. Exhibit 1.
4. After hearing testimony, MassHealth and the appellant agreed to the following PCA assistance:
 - **Repositioning:** 6 minutes, one time per day, 7 days per week;
 - **Grooming:** Nails – parties agree time is not necessary, Oral Care – 3 minutes, one time per day, 7 days per week, Lotion – 3 minutes, one time per day, 3 days per week;
 - **Bladder Care:** 5 minutes, one time per day, 7 days per week;
 - **Medication Administration:** 2 minutes, one time per day, 7 days per week;
 - **Glucometer Checks:** parties agree time is not necessary;
 - **CPAP Assistance:** 5 minutes, one time per day, 7 days per week;
 - **Purewick Assistance:** parties agree time is not necessary;
 - **Meal Preparation:** 2 minutes, 2 times per day, 7 days per week.

Testimony.

5. The appellant requested 30 minutes, one time per day, one day per week for PCA assistance

with bathing during the daytime. Exhibit 5 at 12. MassHealth denied that request in full on the grounds that it is duplicative of the services provided by the appellant's home health aide. Exhibit 1.

6. The appellant has been approved for the standard 14 weekly hours (2 hours every night) of PCA assistance between the hours of 12:00 AM and 6:00 AM. Testimony, Exhibit 1, Exhibit 5 at 29.

7. The appellant typically only receives PCA assistance with bathing between the hours of midnight and 6:00 AM. Testimony. This happens often, but not routinely, and only if the appellant has a bout of incontinence with her catheter.

Analysis and Conclusions of Law

MassHealth requires providers to obtain prior authorization before administering certain medical services. 130 CMR 450.303 and 130 CMR 420.410. PCA services fall into this category, and the regulations governing prior authorization for such services are found at 130 CMR 422 et seq. MassHealth will authorize coverage of PCA services when:

- (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 [Activities of Daily Living (ADLs)] and [Instrumental Activities of Daily Living (IADLs)] without physical assistance.³
- (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.

130 CMR 422.403 (C). Members who wish to renew their PCA services must comply with the following process:

To ensure the continuation of PCA services, PCM agencies must request prior authorization from the MassHealth agency at least 21 calendar days before the expiration date of the current prior authorization period. The PCM agency must include in its prior authorization request the documentation described in 130 CMR 422.416(A). The MassHealth agency will continue to pay for PCA services

³ ADLs include assistance with mobility, medications, bathing or grooming, dressing or undressing, passive range of motion, and toileting, while IADLs include household services (such as laundry, shopping, and housekeeping), meal preparation and clean-up, transportation, and other special needs codified in the regulations. 130 CMR 422.410(A) and (B).

during its review of the new PA request only if the MassHealth agency has received the new prior authorization request at least 21 calendar days prior to the expiration of the current prior authorization period. If the MassHealth agency does not receive the new prior authorization request at least 21 calendar days before the expiration date, the MassHealth agency may stop payment for PCA services after the expiration date.

130 CMR 422.416(C).

It is undisputed that the appellant is a MassHealth member eligible to receive PCA services. However, in addition to meeting those categorical criteria, all PCA services must be medically necessary for prior authorization to be approved. A service is determined to be 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...

...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.

...Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

130 CMR 450.204(A)-(B), (D). An appellant bears the burden of proof at fair hearings “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.085(A).

In this case, as the MassHealth representative and the appellant agreed as to the approved hours

for assistance with repositioning, grooming, bladder care, medication administration, glucometer checks, CPAP assistance, Purewick assistance, and meal preparation. Therefore, the appeal with respect to those tasks has resolved and is hereby dismissed in part. MassHealth is ordered to modify the appellant's approved hours to include the following:

- **Repositioning:** 6 minutes, one time per day, 7 days per week;
- **Grooming:** Oral Care – 3 minutes, one time per day, 7 days per week, Lotion – 3 minutes, one time per day, 3 days per week;
- **Bladder Care:** 5 minutes, one time per day, 7 days per week;
- **Medication Administration:** 2 minutes, one time per day, 7 days per week;
- **CPAP Assistance:** 5 minutes, one time per day, 7 days per week;
- **Meal Preparation:** 2 minutes, 2 times per day, 7 days per week⁴.

Thus, at issue in this case is whether the appellant met her burden of proof in establishing that she is entitled to more PCA assistance than MassHealth approved for daytime bathing. Her daughter's testimony reported that the appellant receives her daytime bathing from her home health aide, not her PCA. Furthermore, the only bathing assistance she receives from her PCA is if she has an accident overnight and needs to be cleaned in the early hours of the day. The testimony reflects that this typically happens before 6:00 AM. Because the appellant has been approved for the standard 14 weekly hours of PCA assistance, and because there is no evidence that the appellant's PCA assists her with bathing between 6:00 AM and midnight, I find that the appellant has not demonstrated that she requires the requested PCA assistance with bathing during the daytime. I further find that MassHealth acted appropriately with respect to the appellant's request for PCA assistance with bathing.

For the foregoing reasons, the appeal is hereby dismissed in part and denied in part.

Order for MassHealth

Modify the appellant's approved PCA assistance to reflect the following hours, retroactive to the start date of service of October 19, 2025:

- **Repositioning:** 6 minutes, one time per day, 7 days per week;
- **Grooming:** Oral Care – 3 minutes, one time per day, 7 days per week, Lotion – 3 minutes, one time per day, 3 days per week;
- **Bladder Care:** 5 minutes, one time per day, 7 days per week;
- **Medication Administration:** 2 minutes, one time per day, 7 days per week;
- **CPAP Assistance:** 5 minutes, one time per day, 7 days per week;

⁴ The appellant accepted MassHealth's modifications with respect to nail care, glucometer checks, and Purewick assistance. There will, therefore, be no change to the approved assistance time for those tasks.

- **Meal Preparation:** 2 minutes, 2 times per day, 7 days 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.

Mariah Burns
Hearing Officer
Board of Hearings

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