

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2516322
Decision Date:	12/23/2025	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



*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:	12/23/2025	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 October 28, 2025, MassHealth denied the appellant's prior authorization request for personal care attendant (PCA) services because the clinical record did not support that the appellant requires hands-on assist with at least two or more Activities of Daily Living (ADL). See 130 CMR 450.204; 130 CMR 422.403; and Exhibit 1. The appellant filed a timely appeal on November 15, 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 denied the appellant's prior authorization request for personal care services.

Issue

Whether MassHealth was correct in denying the appellant's request for personal care services. See 130 CMR 422.403 and 130 CMR 450.204.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant appeared pro se and verified her 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 in her [REDACTED] with a primary diagnosis of [REDACTED]

[REDACTED] She has not had any recent hospitalization or falls, wears a brace on her right hand, and uses a cane. She has not been seen by a rheumatologist or a neurologist. She lives with her [REDACTED] son and her partner. See generally Exhibit 6.

On October 21, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services requesting 22 hours and 15 minutes per week for one year. This submission was supported by the evaluating nurse's submission, Exhibit 6, pp. 14-35, the Occupational Therapy Functional Status Report, *id.* at 5-7, and the appellant's physician's submissions. See *id.* at 47-50; Exhibit 5.

MassHealth representative stated that the agency initially deferred the prior authorization request to allow submission of additional documentation establishing medical necessity for PCA service hours. The agency responded that the appellant participated in physical therapy from January to June of 2025, but that physical therapy was terminated based on the recommendation of the orthopedic physician due to the appellant's lack of improvement with therapy. See Exhibit 5. The agency noted that the appellant had not participated in any occupational therapy. See Exhibit 6, p. 46.

The MassHealth representative stated that the submitted records indicate that the appellant does not require assistance with repositioning or eating, is able to wash her torso and private areas, can wash lower body using a washcloth, and can brush her teeth independently. See Exhibit 6, pp. 15, 18, 19, 22. These findings demonstrate that the appellant has sufficient functional ability and effective use of her hands to complete essential tasks. Additionally, with the use of adaptive equipment and occupational therapy services, the appellant is capable of performing ADLs independently. MassHealth's reviewers are obligated to look for less costly options to meet the member's needs. This reviewer was able to identify other less costly options to assist the appellant. See Exhibit 6, pp. 84-91. A physician reviewer also examined the submitted documentation and agreed that the PA does not meet the regulatory requirement for PCA services. On October 28, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs.

The appellant stated that she has not seen a neurologist but recently saw a rheumatologist in [REDACTED]. She reported that the rheumatologist conducted an initial evaluation and ordered blood work and imaging studies. She stated that she has a follow-up appointment scheduled for [REDACTED] to review the results and evaluate her need for adaptive equipment. The appellant confirmed that the only adaptive equipment she currently uses is a hand brace and a cane which she purchased. She expressed frustration that, despite her chronic pain, she feels she has been neglected and mistreated by her previous physicians.

The appellant testified that her [REDACTED] son is currently assisting with all her PCA needs, including undressing and bathing her, which she described as embarrassing and uncomfortable for both of them. She acknowledged that she has never participated in occupational therapy and has not used additional adaptive equipment because none had been prescribed to her. Nevertheless, she insisted that she requires immediate PCA services.

The MassHealth representative explained that after the appellant completes her follow-up with the rheumatologist and receives occupational therapy services with appropriate adaptive equipment training, she may be able to achieve independence with her ADLs. She added that the appellant may request a reevaluation for PCA services after proper medical evaluation and the use of prescribed adaptive equipment and occupational therapy.

MassHealth denied the request for PCA assistance with the following ADL and IADL tasks: mobility (1x6x7), mobility (transfers – 2x6x7), bathing (20x1x7), grooming (nail care – 10x1x1), grooming (oral care – 1x2x7), grooming (hair – 5x1x7), grooming (shaving – 10x1x4), grooming (other – 5x1x7), dressing (10x1x7), undressing (8x1x7), toileting (bladder care – 5x6x7), toileting (bowel care – 8x1x7), assistance with medication (2x2x7), meal preparation (10x1x7, 15x1x7, 20x1x7), laundry (60x1x1), housekeeping (60x1x1), and shopping (60x1x1). See Exhibit 6, pp. 14, 17, 19, 21, 23, 25, 31, and 32. According to the medical records, the appellant requires minimal assistance with mobility, transfers, toileting, and bathing; requires moderate assistance with dressing; and is dependent with grooming. Id. at p. 6. The occupational therapy evaluator recommended a shower chair, handheld shower head, and a tub lip transfer bar to help with the ADLs. Id. at 7.

Mobility and Transfers:

The MassHealth representative testified that the appellant requires minimal assistance with these activities. See id. at 14. She reiterated her testimony as set forth supra and recommended that occupational therapy assess the appellant's functional abilities and adaptive equipment needs for equipment such as a bed transfer bar and a walker to support her safe ambulation.

The appellant disagreed with the representative's testimony and referenced comments documented in the record by the PCM nurse. See id. at 15. She testified that she requires hands-on assistance to move her legs over the side of bed or couch and to be helped into a standing position. She said that she needs hands-on assistance for stability while ambulating with her cane.

The appellant added that she often experiences dizziness with position changes and has had several near falls, but she acknowledged that she has not experienced any actual falls.

Bathing:

The MassHealth representative testified that the appellant requires minimal assistance with this task. See id. at 17. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as a shower chair, handheld shower head, and tub lip transfer bar. Id. at 7.

The appellant disagreed with the representative's testimony and denied being able to wash her torso or her lower body. She reiterated her testimony regarding her son assisting her with bathing, which she described as embarrassing and uncomfortable for both of them. She testified that her son throws a bucket of water on her private area and they "pretend it is washed." She acknowledged that she has never participated in occupational therapy and has not used additional adaptive equipment such as a long handheld brush or a shower chair.

Grooming (nail care, oral care, hair, shaving, and other):

The MassHealth representative testified that the appellant requires moderate assistance with these tasks. See id. at 19. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as a shower chair, handheld shower head, and tub lip transfer bar. Id. at 7.

The appellant disagreed with the representative's testimony and stated that due to her [REDACTED] [REDACTED] she is unable to maintain the grip and angle required to hold items such as a nail clipper, a brush, or a razor for a sustained period of time.

Dressing and Undressing:

The MassHealth representative testified that the appellant requires moderate assistance with these tasks. See id. at 21. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as dressing aids pictured in the record. Id. at 85-87.

The appellant disagreed with the representative's testimony and stated that her [REDACTED] son dresses and undresses her because she is unable to lift herself or her arms. As such, she is unable to put on a shirt, pants, socks, or shoes.

Toileting (bladder and bowel care):

The MassHealth representative testified that the appellant requires minimal assistance with these

tasks. See id. at 23. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as an elevated toilet seat and hygiene aid as pictured in the record. Id. at 88-91.

The appellant disagreed with the representative's testimony and stated that her [REDACTED] son assists with these tasks. She added that she has had accidents while her son is not home. She acknowledged that she has not used any adaptive equipment.

Assistance with medication:

The MassHealth representative testified that given the appellant's level of independence with most tasks, assistance with medication is not medically necessary as she can obtain easy open medication bottles from the pharmacy. Id. at 25.

The appellant disagreed and stated that due to her [REDACTED] she is unable to open any bottles. Her son assists with opening the bottles, handing her the medication, and handing her water to drink. Id.

In conclusion, the appellant stated that occupational therapy is a short-term solution to a long-term problem. She insisted that she requires PCA assistance with two or more ADLs.

Findings of Fact

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

1. The appellant is in her [REDACTED] with a primary diagnosis of [REDACTED]. (Testimony and Exhibit 6).
2. The appellant also suffers from [REDACTED] (Testimony and Exhibit 6).
3. She has not had any recent hospitalizations or falls, wears a brace on her right hand, and uses a cane. (Testimony).
4. By the time of the prior authorization request, the appellant had not been seen by a rheumatologist or a neurologist. (Testimony).
5. The appellant lives with her [REDACTED] son and her partner. (Testimony).
6. On October 21, 2025, MassHealth received a prior authorization request for PCA services requesting 22 hours and 15 minutes per week for one year. (Testimony).

7. MassHealth initially deferred the prior authorization request to allow submission of additional documentation establishing medical necessity for PCA service hours. (Testimony).
8. The PCM agency responded that the appellant participated in physical therapy from January to June of 2025, but that the physical therapy was terminated based on the recommendation of the orthopedic physician due to the appellant's lack of improvement with therapy. The agency noted that the appellant had not participated in any occupational therapy. (Testimony, Exhibit 5, and Exhibit 6).
9. The appellant does not require assistance with repositioning or eating, is able to wash her torso and private areas, and can wash her lower body using a washcloth. (Testimony and Exhibit 6).
10. MassHealth reviewer was able to identify other less costly options to assist the appellant. (Testimony).
11. A physician reviewer also examined the submitted documentation and agreed that the PA does not meet the regulatory requirement for PCA services. (Testimony).
12. On October 28, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs. (Testimony and Exhibit 1).
13. The appellant filed a timely appeal on November 15, 2025. (Exhibit 2).
14. The appellant requested PCA service hours with the following ADLs: mobility (1x6x7), mobility (transfers – 2x6x7), bathing (20x1x7), grooming (nail care – 10x1x1), grooming (oral care – 1x2x7), grooming (hair – 5x1x7), grooming (shaving – 10x1x4), grooming (other – 5x1x7), dressing (10x1x7), undressing (8x1x7), toileting (bladder care – 5x6x7), toileting (bowel care – 8x1x7), assistance with medication (2x2x7). (Exhibit 6).
15. The appellant also requested PCA service hours for IADLs, namely: meal preparation (10x1x7, 15x1x7, 20x1x7), laundry (60x1x1), housekeeping (60x1x1), and shopping (60x1x1). (Exhibit 6).
16. The appellant had an initial evaluation with a rheumatologist in [REDACTED] (Testimony).
17. The appellant has a follow-up appointment with the rheumatologist to review the results of tests ordered and determine her need for adaptive equipment. (Testimony).
18. The appellant has not participated in occupational therapy. (Testimony).

19. The appellant does not have any adaptive equipment other than a hand brace and a cane. (Testimony).

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.

See 130 CMR 422.403(C).

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).

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.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

Here, MassHealth deemed the appellant's PA request for PCA services not medically necessary for two reasons. One, there is a comparable medical service available that is less costly to the MassHealth agency. See 130 CMR 450.204(A)(2). Two, the clinical record indicated that the appellant does not require assistance with 2 or more ADLs. 130 CMR 422.403(C)(3); Exhibit 1; Exhibit 6.

The record and the appellant's own testimony indicate that she has not participated in occupational therapy and has not evaluated or trained in the use of adaptive equipment beyond a hand brace and a cane. PCA services are only medically necessary when 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. See 130 CMR 540.204(A)(1). Without an occupational therapy assessment or trial of adaptive equipment, there is insufficient evidence to establish that PCA services are currently medically necessary. Moreover, MassHealth persuasively argued and offered specific adaptive equipment to alleviate the appellant's need for a PCA. See 130 CMR 450.204(A)(2)(service is only medically necessary if there is no other less costly alternative to the MassHealth agency).

It should be noted that the appellant's physician's submissions do not provide persuasive evidence to support the need for PCA services. The records indicate that physical therapy provided limited relief to the appellant and that she has been avoiding taking her prescribed medication due to "recent care of [a] newborn."¹ See Exhibit 5, pp. 2, 8. While the clinical notes document nerve pain, leg achiness, and difficulty bending, these findings reflect discomfort rather than a level of impairment required for medical necessity. See id.

The appellant reports significant limitations, including inability to grip objects, lift her arms, stand, ambulate, or dress and undress independently. However, the medical records submitted indicate that the appellant did not request time for assistance with repositioning or eating. See Exhibit 6, pp. 15, 22. The comments in the medical records reflect that the appellant is able to wash her torso and private areas and can wash her lower body using a washcloth. See id. at 18. These documented abilities directly contradict the appellant's testimony of dependence and medical necessity for hands-on PCA service hours. The appellant cites portions of the record to support her contention that she requires PCA services, while vehemently opposing the same records when they document her ability to perform other tasks. Regardless, when viewed in their

¹ It is unclear who is looking after the mentioned newborn since there was no mention of a newborn during the hearing.

entirety, the record reflects that the appellant retains functional capacity for many ADLs without hands-on assistance.

As such, I find that based on lack of occupational therapy evaluation, the absence of adaptive equipment trials, and medical documentation showing functional independence in repositioning, ambulating, gripping while eating, and washing, PCA services are not medically necessary at this time. While I am sympathetic to the fact that the appellant is experiencing pain and discomfort while performing some ADLs, without additional evidence, discomfort alone will not rise to the level of medical necessity.² See id.; Andrews v. Division of Medical Assistance, supra. Accordingly, the appellant's PA request for PCA services is hereby 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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

²Nothing in this decision precludes the appellant from seeking an alternative program for services through any other agency such as Home Health Aide services as suggested by MassHealth. The appellant may also complete an occupational therapy evaluation using suggested adaptive equipment and submit an updated PA request for PCA services.