

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part/ Denied in part	Appeal Number:	2516332
Decision Date:	2/4/2026	Hearing Date:	12/17/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

Interpreter:
Language Line

Appearances for Commonwealth Care Alliance:
Cassandra Horne, Appeals & Grievances
Manager
Jeremiah Mancuso, RN, Clinical Appeals
Reviewer



*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:	Approved in part/ Denied in part	Issue:	Managed Care Organization-Denial of Internal Appeal
Decision Date:	2/4/2026	Hearing Date:	12/17/2025
CCA's Reps.:	Cassandra Horne, et al.	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 4, 2025, and following a first-level standard internal appeal, Commonwealth Care Alliance (CCA) Senior Care Options (SCO) plan, notified Appellant that it had upheld modifications to Appellant's request for PCA (personal care attendant) services (130 CMR 508.008, 422.000 *et seq.* and Exhibit 1). Appellant filed this appeal in a timely manner on November 5, 2025 (130 CMR 508.008, 610.015(B) and Exhibit 2). Denial of an internal appeal by a Senior Care Options plan and modification of a prior authorization request for PCA services are valid grounds for appeal (130 CMR 508.008, 610.015).

Action Taken by MassHealth

Commonwealth Care Alliance (CCA) Senior Care Options (SCO) plan, notified Appellant that following a first-level standard internal appeal, it had upheld modifications to Appellant's request for PCA (personal care attendant) services.

Issue

The appeal issue is whether, following a first-level standard internal appeal, Commonwealth Care Alliance (CCA) Senior Care Options (SCO) plan, correctly upheld modifications to Appellant's request for PCA (personal care attendant) services.

Summary of Evidence

Commonwealth Care Alliance (CCA) Senior Care Options (SCO) plan representatives testified that Appellant is a MassHealth member who enrolled in a SCO plan on August 1, 2024. A prior authorization request for 36.75 day/evening hours and 14 nighttime hours of personal care attendant (PCA) services was submitted on Appellant's behalf. Appellant was previously approved for 45.5 PCA hours per week. The current request was modified to 23.25 PCA hours by CCA on September 17, 2025. On September 19, 2025, Appellant requested an internal Level 1 appeal, which was partially denied by CCA on September 25, 2025 with 24.5 PCA hours approved. A denial notice of the Level one appeal issued on October 4, 2025 (Exhibit 1). On November 5, 2025, Appellant filed a Level 2 appeal with the Board of Hearings. CCA testified that the prior authorization period for the services is from October 1, 2025 through October 31, 2026.

Appellant is diagnosed with type 2 diabetes, anxiety, morbid obesity, lymphedema, mixed incontinence, osteoarthritis, back pain, history of total knee replacement, chronic pain, sleep apnea with CPAP use, and asthma (Exhibit 4, pp. 4-6 and 50). Based on an evaluation on September 11, 2025, the request for PCA services was modified in the following areas: mobility transfers, overnight hours from midnight to 6 a.m., and assistance with housekeeping and shopping. CCA testified that nighttime hours were previously approved for 14 hours in two-hour increments per night. The nighttime hours were requested for assistance with using the bathroom. CCA stated that nighttime hours are rounded up to two hours per night if nighttime services are approved. The evaluation requested nighttime hours; however, since 2023 MassHealth combines day/evening and nighttime hours in 24-hour period and instead of 14 hours for nighttime hours, CCA increased PCA time for bladder care with time allowed for getting to and using the bathroom, hygiene and assistance with clothing. The evaluation requested minimal assistance 6 times per day, in 4-minute increments for assistance with bladder care/toileting. CCA increased time for bladder care/toileting to 7 times per day, in 6-minute increments, which can be used during the day or at night because CCA removed the 14 nighttime hours previously approved. CCA testified that it determined that 14 hours per week are not necessary for assistance with toileting, and that the increased time for bladder care/toileting is more effective because it can be used any time during the day or night. CCA testified that nighttime hours are approved on a case-by-case basis, and in this case, incontinent supplies are being provided in addition to increased bladder care time, which is less costly than allowing two hours of PCA services every night. In deciding whether nighttime hours are necessary, CCA took into consideration that Appellant requires minimal assistance with toileting, which is defined as the PCA providing 25% or less assistance to complete the task. If a member required maximum assistance

with toileting at night, then nighttime hours would be more likely to be approved rather than the less costly option of allowing additional time for bladder care/toileting. The time requested for overnight services is documented as minimal assistance once per night for 6 minutes, equating to 42 minutes per week, which would automatically be rounded up to 14 hours per week of PCA services to provide minimal assistance despite changes in 2023 when MassHealth allowed day and nighttime hours to be combined (Exhibit 4, p. 57). CCA forwarded a presentation from MassHealth detailing changes to the allotment of PCA day/evening and nighttime hours (Exhibit 6).

Appellant questioned who will assist her getting to the bathroom at night and help her change the bed linens when she doesn't make it to the bathroom. She stated that she urinates on the bed approximately 4 times per night, and has been prescribed adult diapers, but only uses pads on the bed. Appellant testified that she urinates a lot and it sometimes goes onto the mattress which is getting stained. Appellant testified that her daughter is her PCA and returns to work from midnight to 2 a.m., but her daughter does not live with her. Appellant testified that her daughter comes back to help her if she needs help after the nighttime shift ends. Appellant testified that when she leaves, she gets up and changes the pads and bedding herself. She explained that she tries to wear adult diapers prescribed for her but does not wear them because they cause a rash. She stated that she gets dizzy when she is walking on her own.

CCA modified PCA time requested for mobility/transfers. Appellant requires minimal assistance with mobility/transfers and requested 3 minutes, 2 times per day, 7 days per week. CCA modified the time and approved 2 minutes, 4 times per day, 7 days per week, which represents an overall increase from 42 minutes per week to 56 minutes of assistance per week. Appellant agreed with the modification because it is to her benefit. CCA modified the time requested for shopping from 60 minutes per week to 45 minutes per week because Appellant lives with a spouse who also receives PCA services 12 hours per week which includes 45 minutes for shopping. CCA testified that PCA time for shopping and other Instrumental Activities of Daily Living are required to be shared under MassHealth regulations. Appellant stated that her husband and his PCA go shopping on different days than her and her PCA, and she is diabetic and needs to buy different food items for her diet.

CCA testified that housekeeping was modified from 45 minutes per week to 30 minutes per week because Appellant requires minimal assistance, ambulates independently takes her own medications and inhalers, and is able to go out in the community for shopping trips, helps with laundry, and has the use of her hands to assist with smaller housekeeping task like dusting or putting dishes away which demonstrates that she can assist with aspects of light housekeeping. Appellant's spouse is also allotted 45 minutes for housekeeping, and documentation shows that Appellant's spouse is unable to help with any housekeeping tasks. Appellant testified that she usually guides her PCA with tasks that need to be done. She stated that she can wipe down the table, but she can't lift her arms to put dishes away. She added that 30 minutes is not enough time for housekeeping and she would prefer the time requested.

Findings of Fact

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

1. Appellant is a MassHealth member who enrolled in a SCO plan on August 1, 2024.
2. A prior authorization request for 36.75 day/evening hours and 14 nighttime hours of personal care attendant (PCA) services was submitted on Appellant's behalf.
3. The request was modified to 23.25 PCA hours by CCA on September 17, 2025.
4. Appellant was previously approved for 45.5 PCA hours per week.
5. On September 19, 2025, Appellant requested an internal Level 1 appeal, which was partially denied by CCA on September 25, 2025 with 24.5 PCA hours approved.
6. A denial notice of the Level one appeal issued on October 4, 2025.
7. On November 5, 2025, Appellant filed a Level 2 appeal with the Board of Hearings. The prior authorization period is from October 1, 2025 through October 31, 2026.
8. Appellant is diagnosed with type 2 diabetes, anxiety, morbid obesity, lymphedema, mixed incontinence, osteoarthritis, back pain, history of total knee replacement, chronic pain, sleep apnea with CPAP use, and asthma.
9. Based on an evaluation on September 11, 2025, the request for PCA services was modified in the following areas: mobility transfers, overnight hours from midnight to 6 a.m., and assistance with housekeeping and shopping.
10. Nighttime hours were previously approved for 14 hours in two-hour increments per night. The nighttime hours were requested for assistance with using the bathroom.
11. The PCA evaluation requested minimal assistance 6 times per day, in 4-minute increments for assistance with bladder care/toileting.
12. CCA increased time for bladder care/toileting to 7 times per day, in 6-minute increments, to be used during the day or at night.
13. PCA time requested for overnight services is documented as minimal assistance once per night for 6 minutes, equating to 42 minutes per week.,
14. Appellant urinates on the bed approximately 4 times per night, and has been prescribed adult diapers, and uses pads on the bed.

15. Appellant's daughter is her PCA and does not live with her.
16. Appellant changes the pads and bedding herself when necessary.
17. CCA modified PCA time requested for mobility/transfers requested to provide minimal assistance from 3 minutes, 2 times per day, 7 days per week to 2 minutes, 4 times per day, 7 days per week, which represents an overall increase from 42 minutes per week to 56 minutes of assistance per week.
18. CCA modified the PCA time requested for shopping from 60 minutes per week to 45 minutes per week because Appellant lives with a spouse who also receives PCA services 12 hours per week, including 45 minutes for shopping.
19. Appellant's husband and his PCA go shopping on different days than her and her PCA, and she is diabetic and needs to buy different food items for her diet.
20. PCA time for housekeeping was modified from 45 minutes per week to 30 minutes per week.

Analysis and Conclusions of Law

Appellant is a MassHealth member enrolled in SCO plan. Pursuant to 130 CMR 508.008(C), the SCO Plan will deliver the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Through a notice dated October 4, 2025, and following a first-level standard internal appeal, Commonwealth Care Alliance (CCA) notified Appellant that it had upheld modifications to Appellant's request for PCA (personal care attendant) services (130 CMR 508.008, 422.000 *et seq.* and Exhibit 1). 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).

MassHealth regulations establish that PCA services require prior authorization. Pursuant to 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 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); and (4) the MassHealth agency has determined that PCA services are medically necessary.

The PCA program provides assistance with the following:¹

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

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
- (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.

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.

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.

Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility or

utilization of other potential sources of health care as described in 130 CMR 503.007: *Potential Sources of Health Care* and 517.008: *Potential Sources of Health Care*. See 130 CMR 422.416.

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.

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 CCA/SCO action.²

In the previous prior authorization period Appellant was approved for 14 nighttime PCA hours for assistance using the bathroom; and she testified credibly that she continues to require assistance between midnight and 6:00 a.m. due to incontinence. In eliminating 14 nighttime PCA hours, CCA relied on a presentation by the Executive Office of Health and Human Services outlining changes to the PCA program for the purpose of giving PCA consumers more flexibility in utilizing PCA hours (See Exhibit 6). The August 27, 2023 presentation entitled “Increasing Consumer Flexibility: Change to Weekly Hours,” is available on Mass.Gov, and emphasizes the benefits to PCA consumers by allowing more flexibility in utilizing approved hours while not changing the overall number of hours approved (See also MassHealth Transmittal Letter PCA-25 December 2023). The presentation also provides an example showing that a consumer who was approved for 20 day/evening hours per week, plus 2 hours per night that previously could only

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).

be used at certain times, is now approved for 34 hours that can be used at any time of day/night (Id. p. 18). Here, CCA interpreted the increased flexibility in the utilization of PCA hours to mean that day/evening hours can now be approved on a time-for-task basis in place of 14 PCA hours between midnight and 6:00 a.m. By its own volition, CCA increased the frequency of time requested for mobility transfers which supports Appellant's testimony that she needs assistance with mobility tasks, including getting to the bathroom at night. The PCA evaluation requested minimal assistance 6 times per day, in 4-minute increments for assistance with bladder care/toileting which equals 24 minutes per day. As the basis for eliminating 14 nighttime PCA hours, CCA increased time for bladder care/toileting to 7 times per day, in 6-minute increments, allowing Appellant an additional 18 minutes per day which approximates to 2 additional hours per week, purportedly to give more flexibility to utilize the time during the day or at night. However, as outlined in the presentation CCA submitted into evidence, a PCA shift that begins and ends between the hours of midnight and 6:00 a.m., i.e. the "Overnight Shift," requires that a PCA is paid a 2-hour minimum (See Exhibit 6, p. 19). It is undisputed that Appellant requires assistance with toileting between midnight and 6:00 a.m., even if only one time, although CCA acknowledges she uses the bathroom 2 to 3 times per night (See Exhibit 4, p. 1). Assuming Appellant's PCA clocks in after midnight to assist Appellant to the bathroom and clocks out 6 minutes later, the PCA is paid a minimum of 2 hours because the shift begins and ends between midnight and 6:00 a.m. (See Exhibit 6, p. 19). The PCA is not paid for 6 minutes as CCA seems to posit. Assuming Appellant utilizes the additional bladder care time allotted by CCA under day/evening hours once per night, 14 PCA hours would be necessary, while only 126 minutes (18 minutes per day x 7 days per week) would be approved. MassHealth regulation 130 CMR 422.420(A)(5) states that a MassHealth member must employ PCAs for no more than the number of PCA hours authorized by the MassHealth agency in accordance with 130 CMR 422.416(E), and only to provide physical assistance with ADLs and IADLs as described in the PCA evaluation submitted by the PCM agency and authorized by the MassHealth agency. CCA's approval of 126 additional day/evening minutes per week in place of 14 nighttime hours would result in Appellant overutilizing PCA hours at night. The examples throughout the presentation show that the changes in flexibility to how PCA time can be utilized are intended to benefit the PCA consumer, not to give the SCO more flexibility to limit a consumer's PCA hours with incremental increases in day/evening hours to avoid authorizing medically necessary PCA hours between midnight and 6:00 a.m. Appellant has carried the burden of proof in showing that 14 additional PCA hours are medically necessary between midnight and 6:00 a.m. Therefore, 14 additional PCA hours are APPROVED.

Next, CCA modified PCA time requested for shopping from 60 minutes per week to 45 minutes per week because Appellant lives with a spouse who also receives PCA services 12 hours per week which includes 45 minutes for shopping. CCA is correct that PCA time for shopping and other Instrumental Activities of Daily Living (IADLs) are required to be shared under MassHealth regulations when a member is living with one or more other members who are authorized for MassHealth PCA services. Appellant stated that her husband and his PCA go shopping on different days than her and her PCA, and she is diabetic and needs to buy different food items for her diet; however, the

combined PCA time for Appellant and her husband's shopping needs is 90 minutes, which Appellant has not shown to be insufficient time for both PCAs to complete the shopping for both household members. Similarly, for housekeeping, CCA modified 45 minutes requested to 30 minutes, which combined with her husband's 45 minutes, provides 75 shared minutes for housekeeping. The evidence and testimony support the CCA position that Appellant can assist with some light aspects of housekeeping as she is able to go shopping with her PCA and change bedding if necessary. The modifications to PCA time requested for IADLs is upheld.

The appeal is APPROVED in that 14 additional PCA hours are approved for assistance at night.

The appeal is DENIED in that modifications to PCA time requested for assistance with shopping and housekeeping are upheld.

Order for Commonwealth Care Alliance

Approve 14 additional PCA hours retroactive to the beginning of the prior authorization period on October 1, 2025.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108