

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Dismissed in Part; Denied in Part	Appeal Number:	2516704
Decision Date:	1/30/2026	Hearing Date:	12/04/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:

Pro se

Appearances for CCA:

Cassandra Horne - Operations Manager for the Appeals and Grievances Department
Jeremiah Mancuso, RN - Clinical Appeals and Grievances Manager

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:	Managed Care Organization – Denial of Internal Appeal
Decision Date:	1/30/2026	Hearing Date:	12/04/2025
CCA's Reps.:	Cassandra Horne - Operations Manager for the Appeals and Grievances Department Jeremiah Mancuso, RN - Clinical Appeals and Grievances Manager	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Telephonic	Aid Pending:	Yes

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 11/4/25, the MassHealth Integrated Care Organization (ICO) Commonwealth Care Alliance (CCA) denied the appellant's level 1 appeal for personal care attendant (PCA) services because CCA determined that the services are not medically necessary. (130 CMR 420.425, 130 CMR 420.428, and Exhibit 1). The appellant filed this appeal in a timely manner on 11/13/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is a valid ground for appeal. (130 CMR 610.032).

Action Taken by CCA

CCA denied the appellant's level 1 appeal for personal care attendant (PCA) services.

Issue

The appeal issue is whether CCA was correct, pursuant to 422.410, 422.412, and 450.204, in determining that the requested PCA services are not medically necessary.

Summary of Evidence

The appellant is under the age of 65, with primary diagnoses of fibromyalgia, and has undergone L4-L5 lumbar microdiscectomy surgery. A telephonic assessment dated 10/17/25, conducted by the appellant's Personal Care Management (PCM) agency, states the appellant is independent with eating; requires supervision with bed mobility and transfers; requires limited assistance with ambulation, dressing the upper body, toileting, and personal hygiene; and requires extensive assistance with dressing the lower body and bathing. (Exhibit 5).

The CCA representative testified that a Prior Authorization Adjustment Request for personal care attendant (PCA) hours was submitted on 9/23/25 by [REDACTED], the appellant's PCM agency, requesting 38.75 hours per week, an increase from 36.25 hours per week. (Exhibit 5).

The CCA representative testified that CCA modified this request on 9/30/25 to 23 hours beginning on 10/11/25. The CCA representative testified that there were eight modifications to the PA adjustment request, which include hair washing, medication assistance, nighttime hours, bladder care, bladder care transfers, dressing, meal preparation and cleanup (lunch), and meal preparation and cleanup (dinner). (Exhibit 5).

On 10/7/25, CCA received a Level 1 appeal. The appellant's benefits were protected during the appeal process. The appeal was reviewed by the CCA medical director, and a Level 1 appeal denial was issued on 11/4/25 with a modification start date of 11/18/25, ending 11/30/26.

At the hearing, the CCA representative approved the requested time for hair washing (5 minutes, 1 time a day, 3 days a week) and medication assistance (4 minutes, twice a day, 7 days a week). The appeal of these two issues is **dismissed**.

The CCA representative testified that CCA modified the request for night hours to zero because night hours are no longer a specific category.¹ The CCA representative testified that the two

¹ MassHealth no longer allots time specifically for night hours and allows members to use their approved PCA hours at any time of the day.

additional episodes per day were added for both bladder care (2 minutes, 10 times a day, 7 days a week) and toileting transfers (2 minutes, 8 times a day, 7 days a week). The appellant can incorporate these two additional episodes into every 24-hour period in lieu of night hours. The appellant did not dispute these modifications. The appeal of these three issues is **dismissed**.

The CCA representative testified that CCA modified the request for dressing. The CCA representative testified that the time requested for dressing was 15 minutes once a day, seven days a week, and CCA modified it to 10 minutes, once a day, 7 days per week. The CCA representative testified that this time was modified because the time that was requested for dressing is longer than ordinarily required for someone with the appellant's documented physical needs. The appellant's physician's note dated 8/22/25 reports that the appellant complains of shoulder and neck pain but does not report any issues with bilateral arms/hands. The appellant should be able to participate in some tasks, according to CCA. The appellant can eat and brush teeth independently.

The appellant testified that the PCA does everything for her because of the appellant's pain.

The CCA representative testified that CCA modified the request for meal preparation and cleanup. The CCA representative testified that the time requested for meal prep (lunch) was 25 minutes once a day, seven days a week, and meal prep (dinner) was 40 minutes once a day, seven days a week. CCA modified it to (lunch) 20 minutes, once a day, 7 days per week, and (dinner) 30 minutes, once a day, 7 days a week. The CCA representative testified that this was modified because the time that was requested for meal prep and cleanup is longer than ordinarily required for someone with her documented physical needs, and the appellant lives with an adult family member. Additionally, the CCA representative testified that the appellant could assist with meal prep while seated.

The appellant testified that the PCA prepares all the meals at one time.

Findings of Fact

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

1. The appellant is under the age of 65, with primary diagnoses of fibromyalgia and is post-L4-L5 lumbar microdiscectomy surgery.
2. A telephonic assessment by the PCM agency dated 10/17/25 states the appellant is independent with eating; requires supervision with bed mobility and transfers; requires limited assistance with ambulation, dressing the upper body, toileting, and personal hygiene; and requires extensive assistance with dressing the lower body and bathing.

3. A Prior Authorization Adjustment Request for PCA hours was submitted to CCA on 9/23/25 by Stavros, the appellant's PCM agency, requesting 38.75 hours per week, an increase from 36.25 hours per week.
4. CCA modified this request by notice dated 9/30/25 to 23 hours per week beginning on 10/11/25.
5. On 10/7/25, CCA received a Level 1 appeal of this decision. The appellant's benefits were protected during the appeal process.
6. The appeal was reviewed by the CCA medical director, and a Level 1 appeal denial was issued on 11/4/25 with a reduction start date of 11/18/25, ending 11/30/26.
7. CCA made eight modifications to the PA adjustment request, which included hair washing, medication assistance, nighttime hours, bladder care, bladder care transfers, dressing, meal preparation (lunch), and meal preparation (dinner).
8. At the hearing, CCA approved the requested time for hair washing (5 minutes, 1 time a day, 3 days a week) and medication assistance (4 minutes, twice a day, 7 days a week). The appeal of these issues is **dismissed**.
9. CCA modified the request for night hours to zero because night hours are no longer a category. CCA approved two additional episodes per day for both bladder care (2 minutes, 10 times a day, 7 days a week) and toileting transfers (2 minutes, 8 times a day, 7 days a week). The appellant can incorporate these two additional episodes into every 24-hour period in lieu of night hours. The appellant did not dispute these modifications. The appeal of these issues is **dismissed**.
10. CCA modified the request for dressing. The time requested for dressing was 15 minutes once a day, seven days a week, and CCA modified it to 10 minutes, once a day, 7 days per week. CCA modified the request because the time requested for dressing is longer than ordinarily required for someone with the appellant's documented physical needs.
11. The appellant's physician's note dated 8/22/25 reports that the appellant complains of shoulder and neck pain but does not report any issues with bilateral arms/hands. The appellant should be able to participate in some tasks. The appellant can eat and brush teeth independently.
12. CCA modified the request for meal preparation and cleanup. The time requested for meal prep (lunch) was 25 minutes once a day, seven days a week, and meal prep (dinner) was 40 minutes once a day, seven days a week. CCA modified it to (lunch) 20 minutes, once a

day, 7 days per week, and (dinner) 30 minutes, once a day, 7 days a week.

13. CCA modified this request because the time requested for meal prep is longer than ordinarily required for someone with the appellant's documented physical needs, and the appellant lives with an adult family member. The appellant can assist with meal prep while seated.

14. The PCA prepares all the meals at one time.

Analysis and Conclusions of Law

To be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all the following criteria and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): MassHealth Standard or MassHealth CommonHealth as defined in 130 CMR 450.105(E): MassHealth CommonHealth;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: Definition of Terms; and
- (d) live in a designated service area of an ICO. (130 CMR 508.007(A)(1)).

The appellant meets the requirements to enroll in an ICO. (130 CMR 508.007).²

When a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. (130 CMR 508.007(C)). Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports. (130 CMR 508.007(C)).

CCA is responsible for providing enrolled members with the full continuum of Medicare- and MassHealth-covered services. (130 CMR 450.105). As an ICO, CCA can provide more to

² An ICO is defined at 130 CMR 501.001 as "an organization with a comprehensive network of medical, behavioral health care, and long-term services and supports providers that integrates all components of care, either directly or through subcontracts, and has contracted with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) and been designated as an ICO to provide services to dual eligible individuals under M.G.L. c. 118E. ICOs are responsible for providing enrollees with the full continuum of Medicare- and MassHealth-covered services."

members than MassHealth allows, but not less.

MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when all the following conditions are met:

- (1) The personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (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 personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - a. mobility, including transfers;
 - b. medications,
 - c. bathing or grooming;
 - d. dressing or undressing;
 - e. range-of-motion exercises;
 - f. eating; and
 - g. toileting.
- (4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

(130 CMR 422.403(C))

MassHealth will pay for PCA services provided to MassHealth members who can be appropriately cared for in the home. (130 CMR 422.401 *et seq.*). The member must require physical assistance. The personal care agency determines the extent of the personal care services provided by a paid PCA. (130 CMR 422.403). Personal care services consist of physical assistance with activities of daily living (ADLs). (130 CMR 422.410(A)).

120 CMR 422.410: Activities of Daily Living and Instrumental Activities of Daily Living

- (A) Activities of Daily Living. Activities of daily living include the following:
- (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 basic care such as

- bathing, personal hygiene, and grooming skills;
- (4) dressing or undressing: 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 and 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 personal care services; and
 - c. other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

The requested services must also be medically necessary for prior authorization to be approved. (130 CMR 450.204). MassHealth will not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent 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 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.

Regulations at 130 CMR 422.412 describe non-covered PCA services, as follows:

MassHealth does not cover any of the following as part of the PCA program or the transitional living program. (130 CMR 422.412).

- (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;
- (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; or
- (G) surrogates, as defined in 130 CMR 422.402.
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

Per 130 CMR 503.007, MassHealth is the payer of last resort and only pays for health care and related services when no other source of payment is available, except as otherwise required by federal law.

- (A) Health Insurance. Every applicant and member must obtain and maintain available health insurance in accordance with 130 CMR 505.000: Health Care Reform: MassHealth: Coverage Types. Failure to do so may result in loss or denial of eligibility unless the applicant or member is
 - (1) receiving MassHealth Standard or MassHealth CommonHealth; and
 - (2) younger than 21 years old or pregnant.
- (B) Use of Benefits. The MassHealth agency does not pay for any health care and related services that are available
 - (1) through the member's health insurance, if any; or
 - (2) at no cost to the member, including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.

The CCA representative testified that there were eight modifications. The CCA representative approved the requested time for hair washing (5 minutes, once a day, 3 days a week) and

medication assistance (4 minutes, twice a day, 7 days a week). The appeal of these two issues is **DISMISSED**.

The CCA representative testified that CCA modified the request for night hours to zero because night hours are no longer a specific category. The CCA representative testified that the two additional episodes per day were added for both bladder care (2 minutes, 10 times a day, 7 days a week) and toileting transfers (2 minutes, 8 times a day, 7 days a week). The appellant can incorporate these two additional episodes into every 24-hour period in lieu of night hours. The appellant did not dispute these modifications. The appeal of these three issues is **DISMISSED**.

The time requested for dressing was 15 minutes once a day, seven days a week, and CCA modified it to 10 minutes, once a day, 7 days per week. CCA modified the time that was requested for dressing because it is longer than ordinarily required for someone with the appellant's documented physical needs. The appellant's physician's note dated 8/22/25 reports that the appellant complains of shoulder and neck pain but does not report any issues with bilateral arms/hands. The appellant can eat and brush teeth independently; thus, she should be able to participate in dressing. The appellant did not offer any evidence that she is unable to participate in dressing. For this reason, the appeal of the modification to the request for dressing is **DENIED**.

The time requested for meal preparation and cleanup for lunch was 25 minutes once a day, seven days a week, and CCA modified it to 20 minutes, once a day, 7 days per week. The time requested for meal preparation and cleanup for dinner was 40 minutes once a day, seven days a week, and CCA modified it to 30 minutes, once a day, 7 days per week. CCA modified the time that was requested for meal prep because it is longer than ordinarily required for someone with the appellant's documented physical needs. Similar to assisting with her own dressing, the appellant can assist with meal prep in a seated position. Further, 130 CMR 422.412(F) states that the PCA program will not cover services provided by an adult family member. The appellant lives with a family member and did not offer any evidence that the other family member could not assist with meal preparation. For this reason, the appeal of the modification to the request for meal preparation and cleanup for lunch and dinner is **DENIED**.

Order for CCA

None, other than the implementation of the time approved by CCA at the hearing.

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.

Christine Therrien
Hearing Officer
Board of Hearings

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