

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516960
Decision Date:	2/2/2026	Hearing Date:	12/18/2025
Hearing Officer:	Cynthia Kopka		

Appearances for Appellant:



Appearance for MassHealth:

Heather Adams, RN, 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 services
Decision Date:	2/2/2026	Hearing Date:	12/18/2025
MassHealth's Rep.:	Heather Adams	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy (virtual)	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

By notice dated November 12, 2025, MassHealth denied Appellant's request for prior authorization of personal care attendant (PCA) services. Exhibit 1. Appellant filed this timely appeal on November 14, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of prior authorization is a valid basis for appeal. 130 CMR 422.417(B) and 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization of PCA services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.412 and 450.204, in denying Appellant's prior authorization request for PCA services.

Summary of Evidence

A registered nurse and clinical appeals reviewer represented MassHealth at virtual hearing and submitted records in support. Exhibit 4. Appellant appeared at virtual hearing with a nurse representative and submitted documents for hearing. Exhibit 5. A summary of testimony and documents follows.

Appellant is in his early [REDACTED] with a primary diagnosis of rheumatoid arthritis and secondary diagnoses and medical history including osteoarthritis, chronic pain, history of spinal fusion, left rotator cuff repair, left foot surgery with toe amputation, bilateral wrist surgery for carpal tunnel syndrome, [REDACTED] neuropathy in hands and feet, and a history of falls. Appellant reported difficulty performing self-care due to degenerative joint issues in his right hip and anticipated a need for right hip replacement surgery. Exhibit 4 at 16. Appellant has a history of orthopedic surgeries and the PCMA noted that Appellant does not take medications, Exhibit 4 at 15, 56.

On November 5, 2025, Appellant's Personal Care Management Agency (PCMA), [REDACTED] submitted an initial evaluation for PCA services on Appellant's behalf, requesting 16.5 hours per week of PCA services. On November 12, 2025, MassHealth denied the request because the clinical record submitted did not support that Appellant requires physical assistance with two or more activities of daily living (ADLs). Exhibit 1. The MassHealth representative testified that the reviewer identified other less costly options that had not yet been considered. According to the occupational therapy (OT) assessment, Appellant would benefit from having grab bar and a shower chair, currently not in use. Exhibit 4 at 12. Without having trialed less costly options, MassHealth did not find that the request met medical necessity guidelines.

According to the assessments made by the OT and the evaluating RN, Appellant ambulates and transfers independently without a device and can manage stairs. *Id.* at 12, 20. Appellant was assessed as independent with mobility, transfers, toileting, eating, passive range of motion (PROM) exercises, and medications. *Id.* at 11. Under mobility, the PCMA wrote that Appellant is independent without assistive device, does not have any durable medical equipment (DME), uses furniture/walls to aid with mobility, lives on second floor with outdoor stairs. *Id.* at 20.

The ADLs identified by the PCMA for which Appellant requires assistance are bathing, grooming, and dressing. For bathing, the PCMA requested 20 minutes, 1 time per day, 7 days per week for physical assistance with bathing, including routine transfer. *Id.* at 22. The PCMA wrote that Appellant needs assistance with transfers in and out of the shower, assistance to wash, rinse, and dry his lower body and backside. Appellant has no DME, including grab bar in the shower. The shower is in a shared bathroom with other building residents. Appellant holds himself steady while PCA washes. Appellant has poor standing tolerance/endurance and chronic pain to all joints, impaired range of motion to hip, shoulder, and ankle, and neuropathy of hands and feet. *Id.* at 23. The MassHealth representative testified that Appellant would benefit from working with an OT and acquiring adaptive equipment (such as a shower chair, grab bars, and long-handled brushes) to maximize function with bathing.

For grooming, the PCMA requested assistance with toenail care for 5 minutes one time per week and skin care for 3 minutes daily for lower body lotion due to inability to bend/reach. *Id.* at 25. For dressing, the PCMA requested 10 minutes daily for dressing and 7 minutes daily for undressing. Appellant listed as needing physical assistance with both upper and lower body dressing. *Id.* at 26. The PCMA wrote that PCA needs to assist donning and doffing garments, assist with fasteners, and assistance with socks and footwear due to Appellant's inability to bend/reach/twist, poor balance, neuropathy, chronic pain to all joints. *Id.* The MassHealth representative identified less costly alternatives that can assist Appellant with the identified ADLs, including a tub transfer bench, dressing aids (a hip kit), raised toilet seats, and a toilet aid. *Id.* at 59-67.

Appellant testified that he had hip replacement surgery in the week prior to the hearing date and was currently in rehabilitation for at least another week. Appellant testified that his recovery is anticipated to last a year. Appellant testified that prior to surgery, he could not do anything on his own. Appellant argued that he clearly meets the ADL criteria. Appellant argued that he needed assistance with cleaning himself and dressing. Appellant also could not perform any home tasks independently such as cooking, laundry, shopping, or picking up prescriptions. Appellant argued that he had an occupational therapist, physical therapist, and nurse all come in to his house for a month to do all the paperwork needed. Appellant could not believe he was denied.

Appellant disagreed with the assessment done by his PCMA. Appellant denied being independent with mobility, transfers, and toileting. Appellant argued that he requires assistance getting out of bed, help with steep stairs in the home, help with medications, and even assistance with the toilet. Appellant's toilet was too low and he did not have a commode at the time of evaluation.

The MassHealth representative testified that with Appellant being post-op at the time of hearing, Appellant's PCP can order ongoing physical therapy (PT), OT, and a home health aide (HHA). The HHA would help with the transition from hospitalization to home care. Appellant asked the difference between an HHA and a PCA. The MassHealth representative testified that an HHA is appropriate for rehabilitation and can perform both hands-on care and home tasks while Appellant is recovering from surgery. The goal of surgery is for Appellant's functioning to improve. Alternatively, PCA care is more appropriate for chronic conditions that can be evaluated on a yearly basis. The need for HHA is evaluated more frequently. The MassHealth representative testified that Appellant can be reevaluated for PCA services once he has received his post-surgery PT, OT and HHA care and once he obtains recommended DME. The MassHealth representative testified that the PCMA notes were specific to the pain Appellant was experiencing in his right hip.

Appellant argued that if the appeal is denied, the person who has provided care for three months gets nothing. Appellant testified that he was assessed for 16.5 hours of care per week and it means nothing. Appellant testified that the PCA has helped him by getting out of bed, help with the stairs, getting his medications ready, cleaning him up in the shower, getting dressed, and with toilet hygiene. Appellant's toilet is too low and he does not have a commode. Appellant testified that he cannot put on his bottom clothes, socks, or shoes. Appellant testified that he has tried using a shoe

horn. Appellant expressed dissatisfaction with the evaluation, as the evaluating nurse spoke to Appellant but did not ask for physical demonstrations.

Appellant provided medical records in support of his position. Exhibit 5. The records provided were predominantly historical emergency department records. Included in the records is a pre-surgery home safety OT evaluation dated [REDACTED] 2025. Exhibit 5 at 56-60. According to the clinical impression, Appellant is limited with mobility and stairs due to pain. Appellant's neighbor or friends help him with the stairs. *Id.* at 56. Appellant lives in a rooming house with a common shared bathroom. The OT recommended that prior to Appellant's return home, he receive DME including a shower air with handles, bedside commode, walker, walker tray, reacher, sock aid, and long sponge. *Id.* at 57. The OT trained Appellant on shower transfers, toilet transfers, and bed mobility. *Id.* The OT lists Appellant's prior functional level as independent with ADLs and IADLs and his current functional level as requiring assistance with lower body dressing and IADLs. *Id.* at 60. Earlier in 2025, Appellant had surgery on his left foot. *Id.* at 73-103.

Findings of Fact

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

1. Appellant is in his early [REDACTED] with a primary diagnosis of rheumatoid arthritis and secondary diagnoses and medical history including osteoarthritis, chronic pain, history of spinal fusion, left rotator cuff repair, left foot surgery with toe amputation, bilateral wrist surgery for carpal tunnel syndrome, [REDACTED] neuropathy in hands and feet, and a history of falls. Appellant reported difficulty performing self-care due to degenerative joint issues in his right hip and anticipated a need for right hip replacement surgery. Exhibit 4 at 15, 16, 56.
2. On November 5, 2025, the PCMA submitted an initial evaluation for PCA services on Appellant's behalf, requesting 16.5 hours per week of PCA services.
3. On November 12, 2025, MassHealth denied the request because the clinical record submitted did not support that Appellant requires physical assistance with two or more ADLs. Exhibit 1.
4. Appellant filed a timely appeal on November 14, 2025. Exhibit 2.
5. For assistance with bathing, the PCMA requested 20 minutes, 1 time per day, 7 days per week for physical assistance with bathing, including routine transfer due to poor standing tolerance/endurance and chronic pain to all joints, impaired range of motion to hip, shoulder, and ankle, and neuropathy of hands and feet. Exhibit 4 at 22-23.
6. Appellant does not have grab bars, shower chair, transfer bench, or long-handled sponge.

7. For grooming, the PCMA requested assistance with toenail care for 5 minutes one time per week and skin care for 3 minutes daily for lower body lotion due to inability to bend/reach. *Id.* at 25.
8. For assistance with dressing, the PCMA requested 10 minutes daily for dressing and 7 minutes daily for undressing. Appellant listed as needing physical assistance with both upper and lower body dressing. The PCMA wrote that PCA needs to assist donning and doffing garments, assist with fasteners, and assistance with socks and footwear due to Appellant's inability to bend/reach/twist, poor balance, neuropathy, chronic pain to all joints. *Id.* at 26.
9. The MassHealth representative identified less costly alternatives that can assist Appellant with the identified ADLs, including a tub transfer bench, dressing aids (a hip kit), raised toilet seats, and a toilet aid. *Id.* at 59-67.
10. Appellant does not have long-handled adaptive equipment for independent dressing, such as a hip kit identified by MassHealth. *Id.* at 61-63.

Analysis and Conclusions of Law

Pursuant to 130 CMR 422.403(C), MassHealth will pay for PCA services for members appropriately cared for at home when the following conditions are met (emphasis added):

- (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.

Pursuant to 130 CMR 450.204(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, or 517.007.

(emphasis added). MassHealth covers assistance with the following tasks under the PCA program:

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.

Here, MassHealth denied Appellant's request because it determined Appellant does not require assistance with two or more ADLs. Though time for assistance was requested for bathing, grooming, and dressing/undressing, MassHealth determined that based on the evaluation, there was not sufficient information to determine whether Appellant could complete ADLs with DME, which would be a less costly alternative than PCA services. Therefore, Appellant's request for PCA assistance with at least two ADLs does not meet medical necessity requirements under 130 CMR 450.204(A).

Appellant may reapply for PCA services as part of his post-operative surgical transition if he does not have success with OT, PT, and using DME. However, Appellant has not met his burden of demonstrating that MassHealth's denial was made in error. This appeal is 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

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