

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517013
Decision Date:	02/06/2026	Hearing Date:	12/18/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:
Nelisette Rodriguez, RN



*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 – Adult Foster Care
Decision Date:	02/06/2026	Hearing Date:	12/18/2025
MassHealth’s Rep.:	Nelisette Rodriguez, RN	Appellant’s Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center, 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 Level 2 adult foster care services (Exhibit 1). The appellant filed this appeal in a timely manner on November 17, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s request for Level 2 adult foster care.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 408.416, in determining that the appellant did not meet the medical necessity and clinical criteria for adult foster care services.

Summary of Evidence

The appellant appeared telephonically. MassHealth was represented telephonically by a registered nurse reviewer from Optum, the agent of MassHealth that makes the prior authorization determinations for AFC. The MassHealth representative testified as follows: the appellant is an adult between the ages of 21 and 65 with a past medical history significant for migraines, acute right shoulder pain, hand weakness, and she reports lupus and depression. Ex. 5 at 10. On October 20, 2025, MassHealth received a prior authorization request for Level 2 adult foster care (AFC) services. *Id.* at 11. On October 28, 2025, MassHealth denied the request because the appellant did not meet the clinical eligibility criteria for AFC as outlined by MassHealth regulations and the Guidelines for Medical Necessity Determination for Adult Foster Care, (hereinafter, “the Guidelines”). *Id.* at 4. The clinical documentation submitted on the appellant’s behalf did not demonstrate that the appellant needs the requested services. *Id.*

MassHealth testified that the AFC Primary Care Provider (PCP) Order Form states that the appellant needs hands-on, physical assistance with the following activities of daily living (ADLs): bathing, dressing, transferring, and eating. *Id.* at 13. The prior authorization request determination was deferred to obtain additional clinical documentation to support the services requested. In response, the requesting PCP provided visit notes which show that the appellant is alert and oriented times three, has migraines, and acute right shoulder pain. *Id.* at 16-32. An orthopedic consult was requested and x-rays and MRI were ordered, but no results were indicated at this time. *Id.* The examination indicated that the appellant has range of motion 90 degrees with five out of five hand strength. *Id.* The appellant was prescribed meloxicam and baclofen as needed. *Id.* The PHQ score was zero and her annual disability screening showed there were no issues with hearing, seeing, concentrating, remembering, making decisions, walking, climbing stairs, dressing, bathing, doing errands, visiting the doctor, and shopping. *Id.* No official diagnosis of lupus was indicated based on the documentation provided. *Id.* The appellant’s diagnosis is acute and it does not support medical necessity for AFC services. According to the Guidelines, under Section (B)(3) for non-coverage, “clinical documentation, including assessments and plan of care to support the need for or continuation of AFC, is missing, insufficient, and/or inconsistent.” *Id.* at 46-47.

The appellant testified that she is starting physical therapy for her neck in a couple of days. She has an appointment at the beginning of January to schedule shoulder surgery and she will need the assistance after her surgery. She won’t be able to do anything for herself after the surgery and the recovery takes three to six months. She has been out of work for two months due to her medical issues. She can’t work for extended periods of time (more than 30 minutes). She can’t put on her pants or dress herself. She already had surgery for carpal tunnel syndrome which was not successful.

MassHealth responded that the carpal tunnel syndrome was not addressed in the records provided. *Id.* at 16-32. Per the documentation provided, her diagnosis, including her shoulder pain, is acute and not something that will be long-term. *Id.* When MassHealth asked for additional information to support the request for AFC services, documentation did not show the need for a long-term, chronic condition. *Id.* There were no MRI or x-ray results to support the need for AFC services. *Id.* MassHealth suggested that home health aide (HHA) and visiting nurses would be a better fit post-surgery than AFC services. If the condition is chronic and her care needs long-term, then AFC or personal care attendant (PCA) might be a good fit, but at the moment, the documentation provided does not support that.

Findings of Fact

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

1. The appellant is an adult between the ages of 21 and 65 with a past medical history significant for migraines, acute right shoulder pain, hand weakness, and she reports lupus and depression
2. On October 20, 2025, MassHealth received a prior authorization request for Level 2 AFC services.
3. On October 28, 2025, MassHealth denied the request because the appellant did not meet the clinical eligibility criteria for AFC as outlined by MassHealth regulations and the Guidelines for Medical Necessity Determination for Adult Foster Care Section.
4. On November 17, 2025, the appellant timely appealed the denial.
5. The appellant expects to have shoulder surgery soon, but, at the time of hearing, there was no date set and no MRI or x-rays to support it.
6. Per documentation provided by her PCP, her annual disability screening showed there were no issues with hearing, seeing, concentrating, remembering, making decisions, walking, climbing stairs, dressing, bathing, doing errands, visiting the doctor, and shopping.

Analysis and Conclusions of Law

MassHealth's Adult Foster Care (AFC) program is a community-based program, which allows members to receive personal care assistance and homemaking services in their home from a qualified live-in caregiver. AFC services are designed to meet the member's need for assistance with ADLs and instrumental activities of daily living (IADLs). The AFC provider must ensure the delivery of direct care to the member by a qualified AFC caregiver under the supervision of a

registered nurse and a qualified AFC care manager. See 130 CMR 408.415. Direct care includes 24-hour supervision, daily assistance with ADLs and IADLs, and other personal care as needed. *Id.*

MassHealth regulation 130 CMR 408.416 sets forth the following clinical eligibility criteria for members to qualify for AFC services:

- (A) AFC must be ordered by the member's PCP.
- (B) The member has a medical or mental condition that requires daily hands-on (physical) assistance or cueing and supervision throughout the entire activity in order for the member to successfully complete at least one of the following activities:
 - (1) Bathing - a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area plus personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up;
 - (2) Dressing - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers;
 - (3) Toileting - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;
 - (4) Transferring - member must be assisted or lifted to another position;
 - (5) Mobility (ambulation) - member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
 - (6) Eating - if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal.

If all clinical eligibility criteria and program conditions are met, MassHealth will pay for AFC services at one of the following two established pay-rates:

(1) Level I Service Payment. The MassHealth agency will pay the level I service payment rate if a member requires hands-on (physical) assistance with one or two of the activities described in 130 CMR 408.416 or requires cueing and supervision throughout one or more of the activities listed in 130 CMR 408.416 in order for the member to complete the activity.

(2) Level II Service Payment. The MassHealth agency will pay the level II service payment rate for members who require

(a) hands-on (physical) assistance with **at least three of the activities** described in 130 CMR 408.416; or

(b) hands-on (physical) assistance with **at least two of the activities** described in 130 CMR 408.416 **and management of behaviors** that require frequent caregiver intervention as

described in 130 CMR 408.419(D)(2)(b)1. through 5.:

1. wandering: moving with no rational purpose, seemingly oblivious to needs or safety;
2. verbally abusive behavioral symptoms: threatening, screaming, or cursing at others;
3. physically abusive behavioral symptoms: hitting, shoving, or scratching;
4. socially inappropriate or disruptive behavioral symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, or causing general disruption; or
5. resisting care.

(130 CMR 408.419(D)(1), (2)) (Emphasis added).

In addition to regulatory requirements, MassHealth has promulgated “Guidelines for Medical Necessity Determination for Adult Foster Care” (“the Guidelines”). Among other things, these Guidelines set forth the clinical requirements for each ADL, described in the regulation above, in greater detail. Additionally, the Guidelines list the required documentation that must be submitted with the prior authorization request form, including the MassHealth Designated Clinical Assessment Form, PCP order, and “clinical documentation, evaluations, or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or mental health condition(s) identified by the member's PCP that require active monitoring, treatment, or intervention and ongoing observation and assessment by a nurse, without which the member's quality of life will likely not be maintained; and that describe the member's condition and support the member's need for AFC.” See Ex. 5, p. 48-49, § IV(A). **MassHealth will not cover AFC services if clinical documentation is missing insufficient and/or inconsistent.** See Ex. 5, p. 47, § II(B)(3) (emphasis added).

MassHealth denied the appellant’s request for Level 2 AFC services because the clinical documentation submitted did not demonstrate the need for the requested services and the appellant did not meet the clinical eligibility criteria pursuant to MassHealth regulations 130 CMR 408.416 and 130 CMR 450.204 and the Guidelines. The documentation submitted by the appellant’s provider is insufficient to support medical necessity for AFC services. The appellant testified that she is unable to put on her pants and fully dress herself; however, her testimony and documentation did not support that she needed daily hands-on, physical assistance or cueing and supervision throughout the entire activity for at least three ADLs, nor does she require any management of behaviors that require frequent caregiver intervention. While it is understandable that she may require some help post-surgery, that was not sufficiently documented to support medical necessity of AFC services.

For these reasons, the MassHealth determination is correct and the 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.

Alexandra Shube
Hearing Officer
Board of Hearings

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