

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517091
<b>Decision Date:</b>	2/11/2026	<b>Hearing Date:</b>	12/09/2025
<b>Hearing Officer:</b>	Christopher Jones		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kelly Rayen, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization; PCA
<b>Decision Date:</b>	2/11/2026	<b>Hearing Date:</b>	12/09/2025
<b>MassHealth's Rep.:</b>	Kelly Rayen, Rn	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	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 November 14, 2025, MassHealth denied the appellant's request for personal care attendant services, allowing less time than was requested. (Exhibit 1; 130 CMR 403(C)(3).) The appellant filed this timely appeal on November 18, 2025. (Exhibit 2; 130 CMR 610.015(B).) Limitations of assistance are valid grounds for appeal. (130 CMR 610.032.)

## Action Taken by MassHealth

MassHealth denied the appellant's request for personal care attendant services because it determined that the appellant does not require assistance with at least two activities of daily living.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.403(C)(3), in determining that the appellant's medical conditions did not cause her to require assistance with at least two activities of daily living.

## Summary of Evidence

On or around November 5, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted an initial evaluation for personal care attendant (PCA) services.

(Exhibit 5, p. 2.) The appellant is under the age of 65 and her past medical history is significant for a laminectomy in her lumbar spine about 15 years ago and a history of depression. The appellant suffered a fall last year that triggered chronic pain in her back and neck. (Exhibit 5, p. 8.) The nurse evaluator who visited the appellant observed that she was independent with transferring from sitting to standing on and off her bed and toilet, and she ambulated independently throughout her home with a straight cane. The appellant refused to attempt upper extremity range of motion movements, but she had a good grasp with both hands. The request for services also suggested getting the appellant a reaching device and a long-handled brush. (Exhibit 5, p. 8.)

The prior authorization request sought 14 hours and 15 minutes per week of assistance. The specific activities of daily living (“ADLs”) with which the appellant required assistance were bathing, grooming, dressing, and medication assistance. The appellant also requested assistance with Instrumental ADLs (IADLs), or chore services.

For bathing, the request sought 30 minutes per day for minimal assistance “for safe transfer” and to “assist shampoo, three times weekly due to cervical spinal pain.” (Exhibit 5, pp. 8, 18.) For grooming, the request sought 3 minutes per day for hair care and 10 minutes, twice per week for shaving assistance. (Exhibit 5, p. 20.) The need for shaving assistance was “due to pain upon bending,” and the hair care was needed because the appellant was “unable to lift arms above neck ... .” (Exhibit 5, pp. 8, 20.) For dressing, the request sought 8 minutes per day with dressing and 7 minutes per day with undressing. (Exhibit 5, p. 22.) The appellant was described as needing minimal assistance with dressing was requested for “lower body clothing alignment” and to put on footwear. (Exhibit 5, p. 8.) Finally, 10 minutes per week was requested to fill the appellant’s medication planner. (Exhibit 5, p. 26.)

MassHealth’s representative noted that the PCA regulations include 7 categories of ADLs: (1) mobility; (2) assistance with medications or other health-related needs; (3) **bathing or grooming**; (4) dressing; (5) passive range-of-motion exercises; (6) eating; and (7) toileting. MassHealth argued that using special equipment and continuing to attend physical and occupational therapy would keep the appellant independent with many of the tasks for which PCA assistance was requested.

Regarding dressing, MassHealth’s representative identified various dressing aids that would assist the appellant with aligning pants before she pulled them up and with pulling on socks without having to bend over. (Exhibit 5, pp. 65-67.) MassHealth also noted that the evaluation documented the appellant as independent with medications despite requesting time in the category. (Exhibit 5, pp. 6, 47.)

MassHealth’s representative identified a shower chair that spanned the tub wall, and she argued that this would allow the appellant to independently sit down outside the shower and safely slide into the shower. (See Exhibit 5, p. 64.) MassHealth’s representative conceded that there was no equipment that would physically assist the appellant with hair care or washing her hair, but because bathing and grooming were the same ADL under the regulation, this was only assistance with 1 ADL. MassHealth’s representative opined that the use of equipment to preserve the

appellant's independence would be more conservative and less costly to MassHealth than providing a daily PCA to assist the appellant with these tasks.

The appellant argued that she struggles to accomplish all of her ADLs and she has a hard time doing everything. The appellant particularly emphasized that she needed help with shopping and laundry because she cannot lift heavy objects. Going through the requested tasks, the appellant testified that she is currently able to get into the shower by herself and she already has a shower chair. However, she is unstable and it would be good to have someone to make sure she was safe getting in and out. She also testified that she has someone come over twice a week to wash her hair because she cannot, but she needs to pay for this.

Regarding dressing, the appellant testified that she can get dressed independently in loose clothing but it is a struggle. She doubted the usefulness of the identified assistive devices. MassHealth's representative noted that the request for services said the appellant was going to occupational and physical therapy. The therapists are familiar with these devices and would be able to train the appellant in how to use them effectively. The appellant responded that she does not attend therapies, but rather a pain clinic. The appellant has recently undergone an MRI, and her medical care team is contemplating surgery or other courses of treatment.

The appellant confirmed that she is independent with taking her medications, but she needs someone to do her shopping with her to carry things. The appellant acknowledged that she drives independently, but she said she usually goes to the pharmacy in her grocery store to get all the shopping out of the way at the same time.

The appellant submitted some medical records as an exhibit. The appellant's primary care provider wrote letters stating that the appellant "is completely and permanently disabled," and that it "is medically necessary that the patient receive a personal care attendant minimum of four hours per day seven days a week." (Exhibit 6, pp. 1-2.) Also submitted were orders for imaging, but not interpretations of those images, and documentation of a couple of her prescriptions. (Exhibit 6.)

## **Findings of Fact**

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

- 1) The appellant is under the age of 65, and she suffers from chronic pain in her back and neck. (Exhibit 5, p. 8.)
- 2) On or around November 5, 2025, [REDACTED] submitted an initial evaluation for PCA services, requesting 14 hours and 15 minutes per week. (Exhibit 5, p. 2.)
- 3) MassHealth issued a notice on November 14, 2025, denying the prior authorization request because the appellant did not require physical assistance with at least 2 ADLs. (Exhibit 1.)

- 4) The appellant requested 30 minutes per day for PCA assistance with bathing. The prior authorization request identified the appellant as requiring minimal assistance with a “safe transfer” into the tub and assistance with washing hair 3 times per week. (Exhibit 5, pp. 8, 18.)
  - a. The appellant requires assistance with washing her hair. (Testimony by the appellant and MassHealth’s representative.)
  - b. The appellant can get into her tub independently, but she would feel safer having someone on hand in case she falls. (Testimony by the appellant.)
- 5) The appellant requires 3 minutes per day for hair care, 10 minutes, twice per week for shaving assistance. (Exhibit 5, p. 20; testimony by the appellant and MassHealth’s representative.)
- 6) The prior authorization request sought 8 minutes per day with dressing and 7 minutes per day with undressing to provide minimal assistance with “lower body clothing alignment” and assistance with footwear. (Exhibit 5, pp. 8, 22.)
  - a. The appellant can get dressed independently if she wears loose clothing and slip-on footwear. (Testimony by the appellant.)
  - b. The appellant could use dressing aids to further maintain her independence with lower body dressing and undressing. (Testimony by MassHealth’s representative; Exhibit 5, pp. 65-67.)
- 7) The prior authorization request sought 10 minutes per week to prefill the appellant’s medication planner. (Exhibit 5, p. 26.)
  - a. The appellant does not require assistance with taking her medications. (Testimony by the appellant; Exhibit 5, pp. 6, 47)
  - b. The appellant would like assistance with picking up her medications at the same time as she does her shopping. (Testimony by the appellant.)

## **Analysis and Conclusions of Law**

MassHealth generally covers PCA services provided to eligible MassHealth members with a permanent or chronic disability that impairs their functional ability to perform ADLs and IADLs, but who can be appropriately cared for in the home. MassHealth will only approve these services when they are medically necessary, and the member requires assistance with at least two ADLs. (See 130 CMR 422.403(C).)

A service is “medically necessary” if 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 is “more conservative or less costly” than other available options. (130 CMR 450.204(A).)

ADLs include:

- (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.

(130 CMR 422.410(A) (emphasis added).)

Though the PCA evaluation form that MassHealth created divides bathing and grooming into separate categories, MassHealth’s representative is correct that they are the same ADL for the purposes of the regulations. MassHealth’s representative conceded that the appellant requires assistance with washing her hair, daily hair care, and shaving her legs, but all of these forms of assistance fall within the ADL category of “bathing or grooming.” Therefore, the appellant must require physical assistance with a second ADL in order to qualify for PCA services. (130 CMR 422.403(C)(3).)

The appellant conceded that she does not require physical assistance “to take medications prescribed by a physician that otherwise would be self administered.” The appellant is independent with her medications. Rather she is looking for assistance with shopping. Shopping is a “household service” that falls under the category of IADLs in MassHealth’s regulations. (130 CMR 422.410(B).) Therefore, this cannot be the appellant’s second ADL that qualifies her for PCA services.

The appellant also remains independent with dressing at this time. The appellant acknowledges that she can dress independently, wearing loose clothing and slip-on footwear. The appellant is skeptical of the utility of the assistive devices for dressing her lower body, but she did not identify any barriers to trying to use these devices that warrants dismissing them out-of-hand. Therefore, this appeal must be DENIED. "Bathing or grooming" is the only ADL with which the appellant currently requires physical assistance.

## **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.

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Christopher Jones  
Hearing Officer  
Board of Hearings

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