

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2517157
<b>Decision Date:</b>	1/7/2026	<b>Hearing Date:</b>	12/22/2025
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Heather Adams, R.N., Clinical Appeal Reviewer,  
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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Prior Authorization; Personal Care Attendant (PCA) Services
<b>Decision Date:</b>	1/7/2026	<b>Hearing Date:</b>	12/22/2025
<b>MassHealth's Rep.:</b>	Heather Adams, R.N.	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<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 4, 2025, MassHealth denied the appellant's prior authorization request for personal care attendant (PCA) services because the clinical record did not support that the appellant requires hands-on assist with at least two or more Activities of Daily Living (ADL). See 130 CMR 450.204; 130 CMR 422.403; and Exhibit 1. The appellant filed a timely appeal on November 18, 2025. See 130 CMR 610.015(B) and Exhibit 2. A decision regarding the scope or amount of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

## Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for personal care services.

## Issue

Whether MassHealth was correct in denying the appellant's request for personal care services. See 130 CMR 422.403 and 130 CMR 450.204.

## Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant appeared pro se and verified his identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the documentation submitted shows that the appellant is in his [REDACTED] with a primary diagnosis of diabetes [REDACTED]. The appellant also suffers from [REDACTED], spinal stenosis affecting the hips, knees, shoulders, and a heart murmur. He uses a cane and a walker and ambulates independently. See generally Exhibit 6.

On October 29, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services requesting 17 hours and 15 minutes per week for one year. This submission was supported by the evaluating nurse's submission, Exhibit 6, pp. 19-28, the Occupational Therapy Functional Status Report, id. at 10-13, and the appellant's submission. See Exhibit 5.

The MassHealth representative stated that the agency initially deferred the prior authorization request to allow submission of additional documentation establishing medical necessity for PCA service hours. The agency responded that the appellant has not participated in physical therapy or occupational therapy and does not have adaptive equipment. See Exhibit 6, p. 62.

The MassHealth representative stated that the submitted occupational therapist functional status report indicates that the appellant can ambulate independently, and does not require assistance with grooming, toileting, eating, taking medication, or transfers. See Exhibit 6, p. 11. These findings demonstrate that the appellant has sufficient functional ability and effective use of his hands to complete essential tasks. Additionally, with the use of adaptive equipment and occupational therapy services, the appellant is capable of performing ADLs independently. MassHealth's reviewers are obligated to look for less costly options to meet the member's needs. This reviewer was able to identify other less costly options to assist the appellant. See Exhibit 6, pp. 66-73. On November 4, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs.

The appellant confirmed that he has never participated in occupational therapy and has not used many pieces of the adaptive equipment identified by the MassHealth representative. However, he stated that a few of the items have been ordered by his physician and he is currently awaiting their arrival. The appellant also confirmed that he is independent with his grooming and ambulation inside his home.

The appellant testified that he needs assistance with navigating the stairs outside his home in order to get to his doctor's appointments. He added that his friend is currently assisting with all his PCA needs, including transfers in and out of bed, bathing, and dressing and undressing. However, he expressed a willingness to participate in occupational therapy services in order to gain independence.

The MassHealth representative explained that after the appellant receives occupational therapy services with appropriate adaptive equipment training, he may be able to achieve independence with his ADLs. She added that the appellant may request a reevaluation for PCA services after proper medical evaluation and the use of prescribed adaptive equipment and occupational therapy.

MassHealth denied the request for PCA assistance with the following ADL and IADL tasks: mobility (transfers – 3x8x7)<sup>1</sup>, bathing (15x1x7), dressing (11x1x7), undressing (8x1x7), toileting (bowel care – 6x1x7), meal preparation (10x1x7, 15x1x7, 30x1x7, 5x1x7), laundry (45x1x1), housekeeping (45x1x1), and shopping (60x1x1). See Exhibit 6, pp. 19, 22, 26, 28, 36, and 37. According to the medical records, the appellant is independent with mobility, grooming, eating, and assistance with medication. He requires minimal assistance with transfers, and toileting and requires moderate assistance with bathing, dressing, and undressing (lower body only). *Id.* at 24, and 30. The occupational therapy evaluator recommended a raised toilet seat, U bed bar, shower chair, handheld shower head, and a long handle sponge to help with the ADLs. *Id.* at 12.

#### Mobility Transfers:

The MassHealth representative testified that the appellant is independent with mobility inside his home and requires minimal assistance with mobility transfers in and out of bed. See *id.* at 11, 19. She reiterated her testimony as set forth supra and recommended that occupational therapy assess the appellant's functional abilities and adaptive equipment needs for equipment such as a bed transfer bar to support his safe transfers.

The appellant agreed that he is able to ambulate independently inside his home but stated that he requires assistance navigating the stairs outside his home. He also added that he requires hands-on assistance to get in and out of bed. The MassHealth representative responded that assistance with transfers outside the home are not considered ADLs and are covered as part of his allowed transportation services.

#### Bathing:

The MassHealth representative testified that the appellant requires moderate assistance only with the washing of his lower body. See *id.* at 22-23. She reiterated her testimony as set forth supra and

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<sup>1</sup> The notation (AxBxC) refers to A minutes per session, B times per day, C days per week.

referenced the occupational therapy recommendation for the use of adaptive equipment, such as a shower chair, handheld shower head, and long-handled sponge. Id. at 12.

The appellant disagreed with the representative's testimony and stated that he has limited range of motion in his right arm. He agreed that he can do some washing tasks with his left arm. He also explained that his plumbing will not adapt to a handheld shower head. He acknowledged that he has never participated in occupational therapy and has not used additional adaptive equipment such as a long-handled brush.

#### Dressing and Undressing:

The MassHealth representative testified that the appellant requires moderate assistance with his lower body dressing/undressing. See id. at 26. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as dressing aids pictured in the record. Id. at 67-69.

The appellant disagreed with the representative's testimony and stated that his friend assists him with his dressing and undressing because he has a limited range of motion in his right arm. He agreed that he has not used any adaptive equipment in order to determine whether he is able to complete these tasks independently.

#### Toileting (bowel care):

The MassHealth representative testified that the appellant is independent with his bladder care but requires minimal assistance with his bowel care. See id. at 28. She reiterated her testimony as set forth supra and referenced the occupational therapy recommendation for the use of adaptive equipment, such as an elevated toilet seat and hygiene aid as pictured in the record. Id. at 70-73.

The appellant stated that a few pieces of the adaptive equipment have been ordered and he is currently awaiting their arrival. He acknowledged that he has not used any adaptive equipment.

In conclusion, the appellant expressed his willingness to work with an occupational therapist and to use the recommended adaptive equipment.

## **Findings of Fact**

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

1. The appellant is in his [REDACTED] with a primary diagnosis of diabetes [REDACTED] [REDACTED] (Testimony and Exhibit 6).

2. The appellant also suffers from [REDACTED] spinal stenosis affecting the hips, knees, shoulders, and a heart murmur (Testimony and Exhibit 6).
3. The appellant uses a cane and a walker and ambulates independently in his home. (Testimony).
4. On October 29, 2025, MassHealth received a prior authorization request for PCA services requesting 17 hours and 15 minutes per week for one year. (Testimony).
5. MassHealth initially deferred the prior authorization request to allow submission of additional documentation establishing medical necessity for PCA service hours. (Testimony).
6. The PCM agency responded that the appellant has not participated in physical therapy or occupational therapy and does not have adaptive equipment (Testimony and Exhibit 6).
7. The appellant can ambulate independently, and does not require assistance with grooming, toileting (bladder care), eating, or taking medication. (Testimony and Exhibit 6).
8. MassHealth reviewer was able to identify other less costly options to assist the appellant. (Testimony).
9. On November 4, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs. (Testimony and Exhibit 1).
10. The appellant filed a timely appeal on November 18, 2025. (Exhibit 2).
11. The appellant requested PCA service hours with the following ADLs: mobility (transfers – 3x8x7), bathing (15x1x7), dressing (11x1x7), undressing (8x1x7), toileting (bowel care – 6x1x7). (Exhibit 6).
12. The appellant also requested PCA service hours for IADLs, namely: meal preparation (10x1x7, 15x1x7, 30x1x7, 5x1x7), laundry (45x1x1), housekeeping (45x1x1), and shopping (60x1x1). (Exhibit 6).
13. The appellant has not participated in occupational therapy. (Testimony).
14. Presently, the appellant does not have any adaptive equipment other than a cane and a walker. (Testimony).

## **Analysis and Conclusions of Law**

Regulations concerning personal care attendant (PCA) services are found at 130 CMR 422.000, et seq. PCA is defined as a person who is hired by the member or surrogate to provide PCA services. See 130 CMR 422.402. PCA services are physical assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), as described in 130 CMR 422.410. Id.

MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when all of 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).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

See 130 CMR 422.403(C).

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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by 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. See 130 CMR 450.204(A).

The regulation concerning ADLs in 130 CMR 422.410 is as follows:

(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.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

Here, MassHealth deemed the appellant's PA request for PCA services not medically necessary for two reasons. One, there is a comparable medical service available that is less costly to the

MassHealth agency. See 130 CMR 450.204(A)(2). Two, the clinical records do not support the requested PCA services because the documentation indicated that the appellant is independent in multiple related tasks. Taken together, these factors demonstrate that the appellant does not require assistance with 2 or more ADLs. 130 CMR 422.403(C)(3); Exhibit 1; Exhibit 6.

The record and the appellant's own testimony indicate that he has not participated in occupational therapy and has not been evaluated or trained in the use of adaptive equipment beyond a cane and a walker. Without an occupational therapy assessment or trial of adaptive equipment, there is insufficient evidence to establish that PCA services are currently medically necessary. See 130 CMR 450.204(A)(2)(service is only medically necessary if there is no other less costly alternative to the MassHealth agency).

It should be noted that the appellant's therapist's submission does not provide persuasive evidence to support the need for PCA services. The submitted narrative indicates that the appellant suffers from mental health issues and would "need help with washing himself up and getting dressed in the morning." See Exhibit 5, p. 1. This narrative provides some basis for general supportive assistance, but it does not establish the level of impairment required to meet the threshold for medical necessity. PCA services are only medically necessary when they are 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. See 130 CMR 540.204(A)(1).

The appellant reports significant limitations, including the inability to transfer in and out of his bed, limitation in the range of motion in his right arm preventing him from washing himself, dressing, and undressing. However, both the medical records submitted and the appellant's testimony reflect that he can independently ambulate inside his home. At most, the appellant requires minimal assistance with transfers in and out of bed. This task can be accomplished by MassHealth's recommendation for occupational therapy to assess functional abilities and consider adaptive equipment, such as a bed transfer bar, which is specifically designed to promote independent and safe transfers. The availability of a bed transfer bar reasonably addresses the appellant's stated difficulty and supports the conclusion that his needs can be met through equipment and therapeutic intervention rather than hands-on personal assistance.

Regarding bathing, the evidence establishes that the appellant does not require hands-on assistance with bathing beyond limited support for washing his lower body. The MassHealth representative testified that the appellant requires only moderate assistance with lower body washing and specifically identified adaptive equipment that would enable him to perform this task more independently. While the appellant asserted that limited range of motion in his right arm prevents him from bathing independently, he simultaneously acknowledged that he is able to

perform some washing tasks using his left arm. This admission demonstrates retained functional ability that is inconsistent with a need for hands-on assistance. Importantly, the appellant has never participated in occupational therapy and has never attempted to use adaptive equipment that is commonly and effectively used by individuals with similar limitations.

As for dressing and undressing, the record reflects that the appellant only requires moderate assistance with lower body dressing and undressing. In contrast, the appellant asserted that his friend assists him with dressing and undressing due to limited range of motion in his right arm. However, he conceded that he has never used adaptive equipment to determine whether he could complete these tasks independently. This admission is significant, as it demonstrates that his reliance on another person is a matter of choice rather than medical necessity. The appellant's ability to engage in dressing tasks with assistance, combined with his failure to attempt readily available adaptive aids, does not support the finding that hands-on assistance is required. Instead, the evidence shows that his stated limitations are reasonably addressed through adaptive equipment, and that his claimed inability to dress independently does not reconcile with the medical records.

Lastly, regarding assistance with toileting (bowel care), it is important to note that the appellant is independent with bladder care and requires minimal assistance with bowel care. The MassHealth representative credibly testified that adaptive equipment, such as an elevated toilet seat and hygiene aid, would support independent toileting and minimize the need for assistance. The appellant acknowledged that some adaptive equipment has already been ordered, yet he also admitted that he has not used any of this equipment to date. As with other activities of daily living, his claim of needing assistance is therefore premature and unsupported by actual occupational therapy assessment utilizing the appropriate tools. Given his independence with bladder care and his failure to trial adaptive equipment designed to address bowel care needs, the appellant's assertion that he requires hands-on assistance is inconsistent with the evidence. The record instead supports the conclusion that minimal limitations remain and that these can be effectively managed through a less costly option such as adaptive equipment rather than personal care assistance. See 130 CMR 450.204(A)(2)(service is only medically necessary if there is no other less costly alternative to the MassHealth agency).

In summary, the appellant did not request time for assistance with grooming, toileting (bladder care), eating, or taking medication. See Exhibit 6, pp. 19, 22, 24, 26, and 30. These documented abilities coupled with the appellant's failure to trial adaptive equipment directly contradict the appellant's testimony of dependence and medical necessity for hands-on PCA service hours. As such, I find that based on lack of occupational therapy evaluation, the absence of adaptive equipment trials, and submitted records, PCA services are not medically necessary at this time. While I am sympathetic to the fact that the appellant is experiencing pain and discomfort while performing some ADLs, without additional evidence, discomfort alone will not rise to the level of

medical necessity.<sup>2</sup> See id.; Andrews v. Division of Medical Assistance, supra. Accordingly, the appellant's PA request for PCA services is hereby 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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

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

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<sup>2</sup>Nothing in this decision precludes the appellant from completing an occupational therapy evaluation using suggested adaptive equipment and submitting an updated PA request for PCA services.