

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Corrected Appeal Decision:	Dismissed in part; Denied in part	Appeal Number:	2517295
Corrected Decision Date:	1/28/2026	Hearing Date:	12/30/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	N/A

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

CORRECTED APPEAL DECISION

Corrected Appeal Decision:	Dismissed in part; Denied in part	Issue:	Prior Authorization – Personal Care Attendant (PCA) Services
Corrected Decision Date:	1/28/2026	Hearing Date:	12/30/2025
MassHealth's Rep.:	Heather Adams, RN, Optum	Appellant's Rep.:	Pro se with adult daughter
Hearing Location:	Springfield MassHealth Enrollment Center	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 11/07/2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services from a requested 48 hours and 30 minutes (36:30) of day/evening hours per week to 45:30 day/evening hours per for the dates of service from 11/07/2025 to 11/06/2026 (130 CMR 422.410; Exhibit 1). The appellant filed this appeal in a timely manner on 11/21/2025 (130 CMR 610.015(B); Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.410 and 450.204, in modifying appellant's prior authorization request for personal care attendant services.

Summary of Evidence

The appellant's daughter appeared on his behalf in person at the fair hearing. The hearing officer reached out to the appellant by telephone; he verified that he wanted his adult daughter to represent him in the proceedings. He did not stay on the call. MassHealth was represented by a registered nurse who works for Optum, the MassHealth contractor that makes the personal care attendant (PCA) decisions. Exhibits 1 – 4 were admitted to the hearing record.

The MassHealth representative testified that on 11/04/2025, a prior authorization request (PA) for PCA services was received on appellant's behalf from his PCA provider, [REDACTED] ("provider," or "PCM"), and is an initial request for the dates of service of 11/07/2025 to 11/06/2026. In the PA request for PCA services (Exhibit 4), the provider requested 48:30 day/evening hours per week. The appellant is an adult man who lives in the community. He has a diagnosis of [REDACTED] [REDACTED]

According to the documentation included with the PA request, the appellant has the following conditions that affect his ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs):

Active range of motion (AROM) deficits; flaccidity; muscle atrophy; pain; decreased strength; Impaired sitting balance; Impaired mobility / weight bearing; gross motor coordination deficits; Fine motor coordination deficits; Sensory loss; endurance / stamina.

[The appellant] lives in elevator accessible apartment. His daughter stays with him around the clock to complete all IADLs and transfers and assist with self-care. He is alert and oriented to place, month, situation, president and 911 for emergencies, but did not know the date or day of week. He has severe generalized weakness and poor activity tolerance. He has right wrist drop, no functional use of right hand, bilateral foot drop, limited left fine motor skills, 0-90 bilateral shoulder AROM, and mild decreased PROM of R hand and both hips. He is unable to sit unsupported and unable to stand or propel wheelchair. He requires Hoyer lift for all transfers and all self-care is performed by caregivers at bed level. He requires min assist to roll and mod/max assist to reposition in bed. He is incontinent of bowel and currently has a foley catheter. He is able to swallow oral meds but needs assist to place them in his mouth. He is able to self-feed after setup with adapted utensils. He currently does not have any skin breakdown but is

at risk. He currently does not have any VNA services but would benefit from them. Occupational therapy eval completed in person with daughter also present.

(Exhibit 4, p. 13).

The Optum representative testified that on 11/07/2025, MassHealth modified the PCA request to 45:30 day/evening hours per week. Modifications were made to the request in the activities of daily living (ADL) task of grooming – nail care, shaving, eating and medication administration assistance.

Grooming – Nail Care

The appellant's PCA provider requested 10 minutes, 1 time per week (10 X 1 X 1) for assistance with nail care. MassHealth modified the request to 5 X 1 X 1; however, after hearing the testimony of the appellant's daughter, MassHealth restored all time requested in this area (10 X 1 X 1).

Grooming – Shaving

The appellant's PCA provider requested 10 X 1 X 3 for assistance with shaving. MassHealth modified the request to 5 X 1 X 3; however, after hearing the testimony of the appellant's daughter, MassHealth restored all time requested in this area (10 X 1 X 3).

Feeding

The appellant's PCA provider requested 12 X 3 X 7 for assistance with feeding. The provider noted that the appellant "presents with minimal assistance with eating and drinking. He can self-feed with adapted utensils, but he spills food or drops utensils after some attempts and will eventually need assistance to feed" (Exhibit 4, p. 27).

MassHealth modified the request for assistance with eating to 5 X 3 X 7. The MassHealth representative testified that the time was modified because the appellant can assist with the task. The time that can be approved for this task does not include the time waiting to feed the appellant. It includes only the "hands-on" time.

The appellant's daughter responded that she has to "slow down" the appellant from eating too quickly. He "spills his drinks" and "drops food." She helps feed him with "hand over hand" assistance putting a cup or a utensil up to the appellant's mouth. She testified that it takes 5 X 3 X 7 to assist the appellant with feeding.

Assistance with Medication Administration

The appellant's PCA provider requested 3 X 3 X 7 for assistance with administration of his medications. The provider noted that the appellant

presents with dependence on medication administration and management. Due to a weak grasp and FMC deficits, the consumer cannot grasp or hold objects properly to open bottles. The correct dose is dispensed directly into the mouth with a beverage of choice.

(Exhibit 4, p. 30.)

MassHealth modified the request for assistance with medication administration to 3 X 2 X 7. The MassHealth representative testified that the time requested is longer than ordinarily required by someone with the appellant's abilities. Additionally, she testified that the time for assistance applying lotion was included with the request for assistance with grooming. The time for applying lotion was approved in full. The time requested in this area is for the "hands on" assistance.

The appellant's daughter testified that she "has to get his medications from the pharmacy, load [the medications] daily and administer over 10 medications in the morning and evening. She testified that she "gives him medications in a container, helps him maneuver them into his mouth" and gives him a drink.

After hearing testimony from the appellant's daughter, MassHealth restored the time requested for medication administration assistance time to 3 X 3 X 7, to include time for application of topical pain medication, as appellant's daughter testified that in addition to assistance with oral medications, appellant also needed assist with application of topical pain ointment, up to three times daily.

Findings of Fact

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

1. On 11/04/2025, a prior authorization request (PA) for PCA services was received on appellant's behalf from his PCA provider, [REDACTED] ("provider," or "PCM"), and is an initial request for the dates of service of 11/07/2025 to 11/06/2026 (Testimony; Exhibit 4).
2. The appellant is an adult man who lives in the community who has a diagnosis of [REDACTED] [REDACTED] (Testimony; Exhibit 4).
3. In the PA request for PCA services, the provider requested 48:30 day/evening hours per week (Testimony; Exhibit 4).
4. According to the documentation included with the PA request, the appellant has the following conditions that affect his ability to perform activities of daily living (ADLs) and

instrumental activities of daily living (IADLs):

Active range of motion (AROM) deficits; flaccidity; muscle atrophy; pain; decreased strength; Impaired sitting balance; Impaired mobility / weight bearing; gross motor coordination deficits; Fine motor coordination deficits; Sensory loss; endurance / stamina.

[The appellant] lives in elevator accessible apartment. His daughter stays with him around the clock to complete all IADLs and transfers and assist with self-care. He is alert and oriented to place, month, situation, president and 911 for emergencies, but did not know the date or day of week. He has severe generalized weakness and poor activity tolerance. He has right wrist drop, no functional use of right hand, bilateral foot drop, limited left fine motor skills, 0-90 bilateral shoulder AROM, and mild decreased PROM of R hand and both hips. He is unable to sit unsupported and unable to stand or propel wheelchair. He requires Hoyer lift for all transfers and all self-care is performed by caregivers at bed level. He requires min assist to roll and mod/max assist to reposition in bed. He is incontinent of bowel and currently has a foley catheter. He is able to swallow oral meds but needs assist to place them in his mouth. He is able to self-feed after setup with adapted utensils. He currently does not have any skin breakdown but is at risk. He currently does not have any VNA services but would benefit from them. Occupational therapy eval completed in person with daughter also present.

(Exhibit 4, p. 13.)

5. On 11/07/2025, MassHealth modified the PCA request to 45:30 day/evening hours per week. Modifications were made to the request in the activities of daily living (ADL) task of grooming – nail care, shaving, eating and medication administration assistance. (Testimony; Exhibits 1 and 4).
6. The appellant filed his timely request for a fair hearing with the Board of Hearings on 11/21/2025. A fair hearing was held on 12/30/2025 (Exhibits 2 and 3).
7. The appellant's PCA provider requested 10 minutes, 1 time per week (10 X 1 X 1) for assistance with grooming - nail care.
8. MassHealth initially modified the request to 5 X 1 X 1; however, after hearing the testimony of the appellant's daughter, MassHealth restored all time requested in this area (10 X 1 X 1) (Testimony; Exhibit 4).
9. The appellant's PCA provider requested 10 X 1 X 3 for assistance with grooming - shaving.

10. MassHealth modified the request to 5 X 1 X 3; however, after hearing the testimony of the appellant's daughter, MassHealth restored all time requested in this area (10 X 1 X 3) (Testimony; Exhibit 4).
11. The appellant's PCA provider requested 12 X 3 X 7 for assistance with feeding. The provider noted that the appellant "presents with minimal assistance with eating and drinking. He can self-feed with adapted utensils, but he spills food or drops utensils after some attempts and will eventually need assistance to feed" (Exhibit 4, p. 27).
12. MassHealth modified the request for assistance with eating to 5 X 3 X 7. The MassHealth representative testified that the time was modified because the appellant can assist with the task. The time that can be approved for this task does not include the time waiting to feed the appellant. It includes only the "hands-on" time. (Testimony; Exhibit 4).
13. The appellant's representative responded that 5 X 3 X 7 of weekly PCA time would be adequate for assistance with feeding (Testimony).
14. The appellant's PCA provider requested 3 X 3 X 7 for assistance with administration of his medications. The provider noted that the appellant

presents with dependence on medication administration and management. Due to a weak grasp and FMC deficits, the consumer cannot grasp or hold objects properly to open bottles. The correct dose is dispensed directly into the mouth with a beverage of choice.

(Testimony; Exhibit 4, p. 30).
15. MassHealth originally modified the request for assistance with medication administration to 3 X 2 X 7 (Testimony; Exhibit 4, p. 44).
- 16. After hearing the daughter's testimony, MassHealth restored all time requested for medication administration (3 X 3 X 7).**

Analysis and Conclusions of Law

Regulations at 130 CMR 450.204 described medical necessity, as follows:

The MassHealth agency 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 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).

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

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

(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.

To qualify for services under the PCA program, the member must meet the conditions defined at 130 CMR 422.403, below:

(C) 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 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/grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and
 - (g) toileting
- (4) The MassHealth agency has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

The type of PCA services available are described in 130 CMR 422.410 below:

- (A) Activities of Daily Living (ADLs). 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/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.

(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 personal care 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 personal care 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.

(Emphasis added.)

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

MassHealth modified the appellant's request for PCA time in the areas of grooming – nail care; grooming – shaving; feeding; and medication administration.

At the fair hearing, after hearing the appellant daughter's testimony, MassHealth restored all time in the areas of grooming – nail care and grooming – shaving. This portion of the appeal is therefore dismissed.

Feeding

The appellant's PCA provider requested 12 X 3 X 7 for assistance with feeding. The provider noted that the appellant "presents with minimal assistance with eating and drinking. He can self-feed with adapted utensils, but he spills food or drops utensils after some attempts and will eventually need assistance to feed." MassHealth modified the request to 5 X 3 X 7.

At the fair hearing, the appellant's daughter explained that much of time that is spent with feeding is to assist the appellant to "slow down," and to bring the food/drink to his mouth. At the fair hearing, the daughter agreed that 5 X 3 X 7 would meet the appellant's needs for assistance with feeding. This portion of the appeal is therefore denied.

Medication Administration

The appellant's PCA provider requested 3 X 3 X 7 for assistance with administration of his medications. The provider noted that the appellant

presents with dependence on medication administration and management. Due to a weak grasp and FMC deficits, the consumer cannot grasp or hold objects properly to open bottles. The correct dose is dispensed directly into the mouth with a beverage of choice.

MassHealth initially modified the request for assistance with medication administration to 3 X 2 X 7, based on the documentation included with the PA that indicates the PCA appellant "gives him medications in a container, helps him maneuver them into his mouth" and gives him a drink. However, after hearing the daughter's testimony, MassHealth restored all time as requested for assistance with medication administration (3 X 3 X 7). Accordingly, this portion of the appeal is dismissed.

For the foregoing reasons, this appeal is dismissed in part; denied in part.

Amended Order for MassHealth

Restore all time, as requested, in the areas of grooming – nail care (10 X 1 X 1); grooming – shaving (10 X 1 X 3); and **medication administration (3 X 3 X 7)**. For all other modifications, none.

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, Division of Medical Assistance, at the address on the first page of this decision.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

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