

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517533
Decision Date:	2/26/2026	Hearing Date:	1/09/2026
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN, Optum

Interpreter:

N/A



*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, PCA Services
Decision Date:	2/26/2026	Hearing Date:	1/09/2026
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	[REDACTED]
Hearing Location:	Remote (Tel)	Aid Pending:	Yes

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 15, 2025, MassHealth denied the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record. (See 130 CMR 422.402(C)(3) and Exhibit 1) The Appellant filed this appeal in a timely manner on December 5, 2025. (see 130 CMR 610.015(B)) A decision denying assistance is valid grounds for appeal. (see 130 CMR 610.032)

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record. (See 130 CMR 422.402(C)(3) and Exhibit 1)

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.402(C)(3), in determining that the Appellant's request for PCA services did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record and that the Appellant's disability is not permanent or chronic in nature.

Summary of Evidence

The Appellant is a MassHealth member under the age of [REDACTED] who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 7) MassHealth received a prior authorization request for PCA services submitted by [REDACTED] the Appellant's Personal Care Management (PCM) Agency. (Testimony, Exhibit 1) The Appellant has a medical history of [REDACTED]

[REDACTED] (Exhibit 6, pg. 13) The Appellant's surgical history includes unspecified procedures for nerve-related issues, multiple brain surgeries for right aneurysm, as well as right shoulder reconstructive surgery. The Appellant reported no hospitalizations in the past year other than childbirth. The Appellant reported that her mother regularly assists with childcare, either staying overnight or bringing the family to her own residence. (Exhibit 6, pg. 13) The Appellant's mother serves as the Appellant's PCA. (Exhibit 6, pg. 27) Since initiating PCA services in 2022, the Appellant has given birth to two children and continues to report a need for assistance with ADL and IADL tasks. (Testimony, Exhibit 6, pg. 13) MassHealth denied the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record. (See 130 CMR 422.402(C)(3) and Exhibit 1)

MassHealth, represented by a nurse from Optum, testified that the request was denied because the Appellant's clinical record does not support that the Appellant requires hands-on physical assistance with at least 2 ADLs. (Testimony) The Appellant's submitted request indicated the need for physical assistance with the following ADLs:

- 1) ADL – Mobility, Transfers– 1 minute, 1 time a day, 7 days a week for a total of 7 minutes per week (Exhibit 6, pgs. 17-18)
- 2) ADL – Bathing– 15 minutes, 1 time a day, 7 days a week for a total of 105 minutes per week (Exhibit 6, pgs. 20-21)
- 3) ADL – Grooming, Hair Care– 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 22-23)
- 4) ADL – Grooming, Shaving– 5 minutes, 1 time a day, 1 days a week for a total of 5 minutes per week (Exhibit 6, pgs. 22-23)

- 5) ADL – Grooming, Other, Lotion– 3 minutes, 1 time a day, 7 days a week for a total of 21 minutes per week (Exhibit 6, pgs. 22-23)
- 6) ADL – Dressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25)
- 7) ADL – Undressing, 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes (Exhibit 6, pgs. 24-25)
- 8) ADL – Toileting, Bladder Care, daytime, 2 minutes, 4 times a day, 7 days a week for a total of 56 minutes per week (Exhibit 6, pgs. 26-27)
- 9) ADL – Toileting, Bladder Care, nighttime, 2 minutes, 2 episodes a night (Exhibit 6, pgs. 26-27)
- 10) ADL – Toileting, Bowel Care, daytime, 2 minutes, 1 time a day, 7 days a week for a total of 14 minutes per week (Exhibit 6, pgs. 26-27)

The Appellant's submitted request indicated the need for physical assist with multiple Instrumental Activities of Daily Living (IADLs):

- 1) IADL – Meal Preparation –10 minutes, 1 time a day, 7 days a week for breakfast, 20 minutes, 1 time a day, 7 days a week for lunch and 30 minutes, 1 time a day, 7 days a week for dinner for a total of 400 minutes per week (Exhibit 6, pg. 35)
- 2) IADL – Laundry – 45 minutes per week (Exhibit 6, pgs. 36)
- 3) IADL – Housekeeping – 45 minutes per week (Exhibit 6, pgs. 36)
- 4) IADL – Shopping – 45 minutes per week (Exhibit 6, pgs. 36)

Before IADLS may be addressed, as a threshold inquiry, MassHealth must determine that the Appellant requires help with 2 or more ADLs. (Testimony, 130 CMR 450.303, 130 CMR 422.403(C)(3)). MassHealth explained that MassHealth requires the use of less costly alternatives before medical necessity may be established. (Testimony, 130 CMR 450.204 (A)(2)) MassHealth explained that through the use of adaptive devices, occupational therapy, and potentially a home health aide, the Appellant would be able to improve her ability to independently manage her needs. (Testimony)

Regarding the first requested ADL, Mobility, Transfers – 1 minute, 1 time a day, 7 days a week for a total of 7 minutes per week (Exhibit 6, pgs. 17-18), within MassHealth's submission it is noted that during the evaluation, the nurse observed the Appellant demonstrate ambulation without assistive devices, transfers, upper and lower body range of motion as well as dressing activities. (Exhibit 6, pg. 13) Additionally, it is noted that the Appellant demonstrated modified independence with mobility, was observed ambulating without an assistive device and transferring both on and off surfaces of varying heights. (Exhibit 6, pg. 18) MassHealth indicated that an occupational therapist could assess the Appellant's residence for environmental aids for transfers on and off surfaces of various heights as a less costly alternative to PCA services. (Testimony)

Regarding the second requested ADL, Bathing – 15 minutes, 1 time a day, 7 days a week for a total of 105 minutes per week (Exhibit 6, pgs. 20-21), within MassHealth’s submission it is noted that during the evaluation, the nurse observed that the Appellant demonstrate mild range of motion limitations in her shoulders and lumbar spine and reported heightened sensitivity to touch along with abnormal sensations in her hands, arms, and legs due to fibromyalgia. A shower chair with backrest was observed in the home. (Exhibit 6, pg. 21) MassHealth explained that adaptive devices are a less costly alternative to PCA services. (Testimony, Exhibit 6, pg.63)

Regarding the third requested ADL, Grooming, Hair Care – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 22-23), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Grooming, Hair Care. (Testimony) MassHealth reiterated the Appellant’s in-person assessment and the observations of the reviewing nurse indicated upper body range of motion, albeit with difficulty. (Testimony) MassHealth stated that initially a deferral had been sent to obtain additional information from the Appellant’s PCM regarding range of motion limitations, but nothing was submitted in response to the deferral. (Testimony)

Regarding the fourth requested ADL, Grooming, Shaving – 5 minutes, 1 time a day, 1 days a week for a total of 5 minutes per week (Exhibit 6, pgs. 22-23), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Grooming, Shaving. (Testimony) MassHealth reiterated the Appellant’s in-person assessment and the observations of the reviewing nurse indicated upper body range of motion, albeit with difficulty. (Testimony) MassHealth stated that initially a deferral had been sent to obtain additional information from the Appellant’s PCM regarding range of motion limitations, but nothing was submitted in response to the deferral. (Testimony) MassHealth referenced the Appellant’s ability to lift her leg over her lap and don and doff socks. (Testimony, Exhibit 6, pg. 25)

Regarding the fifth requested ADL, Grooming, Other, Lotion– 3 minutes, 1 time a day, 7 days a week for a total of 21 minutes per week (Exhibit 6, pgs. 22-23), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Grooming, Lotion. (Testimony) It should be noted that the Appellant reported that she required physical assistance with applying “preferred lotions” to her lower body. (Exhibit 6, pg. 23) There are no lotions contained within the Appellant’s medication list. (Exhibit 6, pg. 45)

Regarding the sixth requested ADL, Dressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Dressing. (Testimony) It should be noted that the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and don/doff a sock with increased effort. (Exhibit 6, pg. 25) MassHealth referenced adaptive devices which could aid the appellant with this task, and reiterated the aid an occupational therapist may provide for

training regarding adaptive devices. (Testimony, Exhibit 6, pgs. 64-66)

Regarding the seventh requested ADL, Undressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Undressing. (Testimony) It should be noted that the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and both don and doff a sock with increased effort. (Exhibit 6, pg. 25) MassHealth referenced adaptive devices which could aid the appellant with this task, and reiterated the aid an occupational therapist may provide for training regarding adaptive devices. (Testimony, Exhibit 6, pgs. 64-66)

Regarding the eighth requested ADL, Toileting, Bladder Care, daytime, 2 minutes, 4 times a day, 7 days a week for a total of 56 minutes per week (Exhibit 6, pgs. 26-27), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Toileting, Bladder Care. (Testimony) It should be noted that at the assessment, the Appellant was observed to push up from a couch, to ambulate to the bathroom without an assistive device, as well as to transfer both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30) MassHealth reiterated the use of a commode as a less costly alternative to PCA services. (Testimony, Exhibit 6, pgs. 67-69)

Regarding the ninth requested ADL, Toileting, Bladder Care, nighttime, 2 minutes, 2 episodes a night (Exhibit 6, pgs. 26-27), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Toileting, Bladder Care. (Testimony) It should be noted that at the assessment, the Appellant was observed to push up from a couch, to ambulate to the bathroom without an assistive device, as well as to transfer both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30) MassHealth reiterated the use of a commode as a less costly alternative to PCA services. (Testimony, Exhibit 6, pgs. 67-69)

Regarding the tenth requested ADL, Toileting, Bowel Care, daytime, 2 minutes, 1 time a day, 7 days a week for a total of 14 minutes per week (Exhibit 6, pgs. 26-27), MassHealth testified that the Appellant’s clinical record does not support that the Appellant requires hands-on physical assistance with the ADL of Toileting, Bladder Care. (Testimony) It should be noted that at the assessment, the Appellant was observed to push up from a couch, to ambulate to the bathroom without an assistive device, as well as to transfer both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30) MassHealth reiterated the

use of a commode as a less costly alternative to PCA services. (Testimony, Exhibit 6, pgs. 67-69)

The Appellant submitted 2 letters: one of the Appellant's treating physicians from January of 2025 and one from a physician's assistant from December of 2025. (Exhibit 6, pgs. 58- 59, Exhibit 7) The letter from the physician describes the Appellant's ailments and is included in both Exhibit 6 and Exhibit 7. (Exhibit 6, pgs.58-59, Exhibit 7) The letter from the physician contains no information related to specific time for tasks, and the letter is silent as to the medical necessity of the request for PCA services. (Exhibit 6, pgs. 58-59, Exhibit 7, pgs. 2-3) The letter from the physician's assistant notes that the Appellant currently receives "33 hours of PCA hours/week and it is recommended to continue this to allow her have a better quality of life." (Exhibit 7, pg. 1) The letter from the physician's assistant contains no information related to specific time for tasks, and the letter is silent as to the medical necessity of the request for PCA services. (Exhibit 7, pg. 1)

The Appellant testified that she requires surgery on her hands and has difficulty utilizing her hands. (Testimony) The Appellant stressed her need for help with meal preparation and other IADLS. (Testimony) MassHealth explained that before IADLS may be addressed, one must demonstrate the need for help with 2 or more ADLS. (Testimony) The Appellant confirmed that she has not undergone recent occupational therapy, nor recent physical therapy. (Testimony) The Appellant stated that the reviewing nurse did not accurately report the in-person assessment. The Appellant stated that when she pushed off the couch, her mother/PCA aided her, despite what the submission by MassHealth indicated. (Testimony) The Appellant voiced various complaints regarding turnover of personnel at her PCM. (Testimony) The Appellant inquired as whether or not MassHealth had reviewed a recent submission from her care team. (Testimony) The letter from December 1, 2025 was read into the record and the Appellant indicated that she believed that was the letter she had wanted to be considered. (Testimony, Exhibit 7, pg. 1)

Findings of Fact

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

1. The Appellant is a MassHealth member under the age of [REDACTED] who seeks prior approval for PCA services. (Testimony, Exhibit 1, Exhibit 5).
2. The Appellant has a medical history of [REDACTED] (Exhibit 6, pg. 13)
3. The Appellant's surgical history includes unspecified procedure for nerve-related issues, multiple brain surgeries for right aneurysm, as well as right shoulder reconstructive surgery.

4. MassHealth denied the Appellant's prior authorization for personal care attendant (PCA) services because MassHealth determined that the Appellant's request for PCA services did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, (See 130 CMR 422.402(C)(3) and Exhibit 1).
5. Regarding the first requested ADL, Mobility, Transfers – 1 minute, 1 time a day, 7 days a week for a total of 7 minutes per week (Exhibit 6, pgs. 17-18), the assessing nurse observed the Appellant demonstrate ambulation without assistive devices, transfers, upper and lower body range of motion as well as dressing activities. (Exhibit 6, pg. 13) Additionally, the Appellant demonstrated modified independence with mobility, was observed ambulating without an assistive device and transferring both on and off surfaces of varying heights. (Exhibit 6, pg. 18)
6. Regarding the second requested ADL, Bathing – 15 minutes, 1 time a day, 7 days a week for a total of 105 minutes per week (Exhibit 6, pgs. 20-21), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. A shower chair with backrest was observed in the home. (Exhibit 6, pg. 21)
7. Regarding the third requested ADL, Grooming, Hair Care – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 22-23), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. (Exhibit 6, pg. 21)
8. Regarding the fourth requested ADL, Grooming, Shaving – 5 minutes, 1 time a day, 1 days a week for a total of 5 minutes per week (Exhibit 6, pgs. 22-23), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. (Exhibit 6, pg. 21) The Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and don/doff a sock with increased effort. (Exhibit 6, pg. 25)
9. Regarding the fifth requested ADL, Grooming, Other, Lotion– 3 minutes, 1 time a day, 7 days a week for a total of 21 minutes per week (Exhibit 6, pgs. 22-23), the Appellant reported that she required physical assistance with applying “preferred lotions” to her lower body. (Exhibit 6, pg. 23) There are no lotions contained within the Appellant's medication list. (Exhibit 6, pg. 45)
10. Regarding the sixth requested ADL, Dressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), during the assessment the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and don/doff a sock with increased effort. (Exhibit 6, pg. 25)

11. Regarding the seventh requested ADL, Undressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), during the assessment the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and both don and doff a sock with increased effort. (Exhibit 6, pg. 25)
12. Regarding the eighth requested ADL, Toileting, Bladder Care, daytime, 2 minutes, 4 times a day, 7 days a week for a total of 56 minutes per week (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30)
13. Regarding the ninth requested ADL, Toileting, Bladder Care, nighttime, 2 minutes, 2 episodes a night (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30)
14. Regarding the tenth requested ADL, Toileting, Bowel Care, daytime, 2 minutes, 1 time a day, 7 days a week for a total of 14 minutes per week (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted. (Exhibit 6, pg. 30)
15. The Appellant submitted 2 letters: one of the Appellant’s treating physicians from January of 2025 and one from a physician’s assistant from December of 2025. (Exhibit 6, pgs. 58- 59, Exhibit 7)
16. The letter from the physician describes the Appellant’s ailments but contains no information related to specific time for tasks, and the letter is silent as to the medical necessity of the request for PCA services. (Exhibit 6, pgs. 58-59, Exhibit 7, pgs. 2-3)
17. The letter from the physician’s assistant notes that the Appellant currently receives “33 hours of PCA hours/week and it is recommended to continue this to allow her have a better quality of life.” (Exhibit 7, pg. 1) The letter from the physician’s assistant contains no information related to specific time for tasks, and the letter is silent as to the medical necessity of the

request for PCA services. (Exhibit 7, pg. 1)

Analysis and Conclusions of Law

Personal Care Assistant services requested must meet medical necessity criteria as defined at 130 CMR 450.204, below:

(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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

In addition to being medically necessary as defined above, time requested for PCA services must comport with the following guidelines at 130 CMR 422.410:

(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 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.

Additionally, the Regulation cited by MassHealth at the Hearing is codified in 130 CMR 422.403(C):

422.403: Eligible Members

- (C) MassHealth covers PCA 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.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also 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).

Here, the Appellant has not met the burden, by a preponderance of evidence, to show that MassHealth's administrative determination is invalid. The Appellant submitted the required documentation for evaluation. (Exhibit 6). The Appellant underwent an assessment. (Exhibit 6)

Regarding the first requested ADL, Mobility, Transfers – 1 minute, 1 time a day, 7 days a week for a total of 7 minutes per week (Exhibit 6, pgs. 17-18), the assessing nurse observed the Appellant demonstrate ambulation without assistive devices, transfers, upper and lower body range of motion as well as dressing activities. (Exhibit 6, pg. 13) Additionally, the Appellant demonstrated modified independence with mobility, was observed ambulating without an assistive device and transferring both on and off surfaces of varying heights. (Exhibit 6, pg. 18) The Appellant's testimony that the assessing nurse did not observe the Appellant ambulate without aid or assistive devices is belied by the assessing nurse's submission. (Exhibit 6) I credit the submission of the assessing nurse. The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Mobility.

Regarding the second requested ADL, Bathing – 15 minutes, 1 time a day, 7 days a week for a total of 105 minutes per week (Exhibit 6, pgs. 20-21), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. A shower chair with backrest was observed in the home. (Exhibit 6, pg. 21) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Bathing. It should be noted that the Appellant has a shower chair within the home.

Regarding the third requested ADL, Grooming, Hair Care – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 22-23), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. (Exhibit 6, pg. 21) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant’s clinical record, as this determination applies to Grooming, Hair Care. At the assessment, the Appellant demonstrated upper and lower body range of motion. (Exhibit 6, pg. 13)

Regarding the fourth requested ADL, Grooming, Shaving – 5 minutes, 1 time a day, 1 days a week for a total of 5 minutes per week (Exhibit 6, pgs. 22-23), during the evaluation, the assessing nurse observed that the Appellant demonstrated mild range of motion limitations in her shoulders and lumbar spine. (Exhibit 6, pg. 21) The Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and don/doff a sock with increased effort. (Exhibit 6, pg. 25) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant’s clinical record, as this determination applies to Grooming, Shaving.

Regarding the fifth requested ADL, Grooming, Other, Lotion– 3 minutes, 1 time a day, 7 days a week for a total of 21 minutes per week (Exhibit 6, pgs. 22-23), the Appellant reported that she required physical assistance with applying “preferred lotions” to her lower body. (Exhibit 6, pg. 23) There are no lotions contained within the Appellant’s medication list. (Exhibit 6, pg. 45) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant’s clinical record, as this determination applies to Grooming, Other, Lotion.

Regarding the sixth requested ADL, Dressing – 5 minutes, 1 time a day, 7 days a week for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), during the assessment the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and don/doff a sock with increased effort. (Exhibit 6, pg. 25) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant’s clinical record, as this determination applies to Dressing.

Regarding the seventh requested ADL, Undressing – 5 minutes, 1 time a day, 7 days a week

for a total of 35 minutes per week (Exhibit 6, pgs. 24-25), during the assessment the Appellant demonstrated decreased shoulder range of motion, but was able to lift her legs over her lap and both don and doff a sock with increased effort. (Exhibit 6, pg. 25) The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Undressing.

Regarding the eighth requested ADL, Toileting, Bladder Care, daytime, 2 minutes, 4 times a day, 7 days a week for a total of 56 minutes per week (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted, despite requesting aid for Bladder Care. (Exhibit 6, pg. 30) The Appellant's testimony that the assessing nurse did not observe the Appellant ambulate without aid or assistive devices is belied by the assessing nurse's submission. (Exhibit 6) I credit the submission of the assessing nurse. The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Toileting, Bladder Care (daytime).

Regarding the ninth requested ADL, Toileting, Bladder Care, nighttime, 2 minutes, 2 episodes a night (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted despite requesting aid for Bladder Care. (Exhibit 6, pg. 30) The Appellant's testimony that the assessing nurse did not observe the Appellant ambulate without aid or assistive devices is belied by the assessing nurse's submission. (Exhibit 6) I credit the submission of the assessing nurse. The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Toileting, Bladder Care (nighttime).

Regarding the tenth requested ADL, Toileting, Bowel Care, daytime, 2 minutes, 1 time a day, 7 days a week for a total of 14 minutes per week (Exhibit 6, pgs. 26-27), at the assessment, the Appellant pushed up from a couch, ambulated to the bathroom without an assistive device, as well as transferred both on and off a comfort height toilet with moderate independence. The Appellant reported that a commode had been ordered and was pending delivery at the time of

assessment. (Exhibit 6, pgs. 26-27) No request for physical assistance with menses care has been submitted despite the request to Bowel Care. (Exhibit 6, pg. 30) The Appellant's testimony that the assessing nurse did not observe the Appellant ambulate without aid or assistive devices is belied by the assessing nurse's submission. (Exhibit 6) I credit the submission of the assessing nurse. The Appellant has not met the burden to demonstrate the invalidity of MassHealth determination that the documentation submitted as well as the in-person evaluation did not indicate that the Appellant requires physical assistance with two or more Activities of Daily Living (ADL) as documented within the Appellant's clinical record, as this determination applies to Toileting, Bowel Care.

Although the Appellant submitted 2 letters: one from the Appellant's treating physicians from January of 2025 and one from a physician's assistant from December of 2025, neither letter addressed the specificity of any time for tasks to support the Appellant's request for PCA services. (Exhibit 6, pgs. 58- 59, Exhibit 7) Additionally, neither letter addressed the medical necessity of the request for PCA services. Although the physician's assistant's letter indicates that PCA services may help with the Appellant's "quality of life," (Exhibit 7, pg. 1), the Appellant must demonstrate the medical necessity of the request for PCA services. Nothing submitted by the Appellant addresses MassHealth's testimony regarding less costly alternatives, as required by 130 CMR 450.204 (A)(2). Here, based upon the submission to MassHealth, the in-person assessment, as well as the letters the Appellant submitted, the Appellant has not met the burden, by a preponderance of evidence, to show the invalidity of MassHealth's administrative determination. This appeal is DENIED.

Order for MassHealth

End Aid Pending.

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.

Patrick Grogan
Hearing Officer
Board of Hearings

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