

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517648
Decision Date:	02/13/2026	Hearing Date:	12/29/2025
Hearing Officer:	Scott Bernard		

Appearance for Appellant:
Pro se via telephone

Appearance for MassHealth:
Robin E. Brown OTR/L *via telephone*



*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 – Personal Care Attendant Services
Decision Date:	02/13/2026	Hearing Date:	12/29/2025
MassHealth’s Rep.:	Robin E. Brown OTR/L	Appellant’s Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South	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 November 20, 2025, MassHealth denied the appellant’s prior authorization (PA) request for Personal Care Attendant (PCA) services because the appellant’s clinical record indicated that she did not require physical assistance with two or more activities of daily living (ADLs): mobility (including transfers); assistance with medications or other health-related needs; bathing or grooming; dressing or undressing; passive range of motion exercises; eating; or toileting. (See 130 CMR 422.403(C)(3); Exhibit (Ex.) 1; Ex. 6, pp. 3-5). The appellant filed this appeal in a timely manner on November 25, 2025. (See 130 CMR 610.015(B); Ex. 2). Denial of a PA request for PCA services is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s PA request for PCA services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.403(C)(3), in determining that the appellant’s PA request for PCA services should be denied.

Summary of Evidence

MassHealth was represented by a clinical appeals reviewer who is a licensed occupational therapist. The appellant appeared and testified on her own behalf. The hearing was conducted by telephone.

The MassHealth representative testified that the appellant is under the age of 65 with a primary diagnosis of [REDACTED]

[REDACTED] (Testimony; Ex. 6, pp. 2, 14–16). The documentation describes [REDACTED]

[REDACTED] (Testimony; Ex. 6, pp. 14–16, 43–47). The appellant intermittently uses a cane and knee scooter for mobility within the home. (Testimony; Ex. 6, pp. 12–13, 45–48).

The [REDACTED] (PCM) agency, submitted the PA request on November 14, 2025 and sought 15 hours per week of PCA services for the period November 14, 2025 through November 13, 2026. (Testimony; Ex. 6, pp. 3, 40–54). MassHealth reviewed the request to determine whether the appellant required physical assistance with at least two qualifying ADLs and whether the services were medically necessary. (Testimony; Ex. 6, pp. 63–66).

With respect to ADLs for which time was requested, the PCM agency requested one-person physical assistance with bed transfers at 3 minutes, twice per day, seven days per week ($3 \times 2 \times 7$), totaling 42 minutes per week. (Testimony; Ex. 6, pp. 17–19). The assessment attributes the need for requested assistance to poor balance, [REDACTED] (Testimony; Ex. 6, pp. 17–19).

The PCM agency requested moderate assistance for showering at 15 minutes, once per day, seven days per week ($15 \times 1 \times 7$), totaling 105 minutes per week. (Testimony; Ex. 6, p. 22). The assessment cites poor balance, fatigue, joint pain, limited shoulder mobility, and fall history. (Testimony; Ex. 6, p. 22).

The PCM agency also selected moderate assistance for dressing and undressing and calculated a total of 154 minutes per week for upper- and lower-body dressing tasks. (Testimony; Ex. 6, pp. 26–27). The assessment references chronic shoulder pain, limited range of motion, back pain, lower extremity impairment, difficulty bending, and balance concerns. (Testimony; Ex. 6, pp. 26–27).

The PCM agency did not request time for hands-on assistance with walking or general in-home mobility beyond transfers. (Testimony; Ex. 6, pp. 17–19).

With respect to IADLs, the PCM agency requested moderate assistance for meal preparation and cleanup at 39 minutes, once per day, seven days per week ($39 \times 1 \times 7$), totaling 273 minutes per

week. (Testimony; Ex. 6, pp. 34–35). It also selected moderate assistance for laundry at 60 minutes, once per week (60 × 1 × 1), housekeeping at 45 minutes, once per week (45 × 1 × 1), and shopping at 60 minutes, once per week (60 × 1 × 1). (Testimony; Ex. 6, p. 37). Finally, the PCM agency requested moderate assistance for medical transportation, averaging 24 minutes per week. (Testimony; Ex. 6, p. 39). The assessment consistently cites fatigue, joint pain, impaired balance, and difficulty bending in support of these IADL assistance requests. (Testimony; Ex. 6, pp. 34–39).

The PCA Consumer Assessment states that the appellant resides in the community and can direct her care. (Testimony; Ex. 6, pp. 42–44). The assessment documents chronic pain, fatigue, balance impairment, and reduced range of motion while also reflecting independence in eating, toileting, and medication management. (Testimony; Ex. 6, pp. 49–52).

The MassHealth representative identified adaptive equipment that could address the appellant’s functional limitations, including a tub transfer bench, shower chair, grab bars, raised toilet seat, long-handled dressing aids, and a walker. (Testimony; Ex. 6, pp. 55–62). MassHealth considered these alternatives in evaluating whether comparable, less costly options were available. (Testimony; Ex. 6, pp. 55–62).

MassHealth denied the PA request on November 20, 2025 on the grounds that the clinical record did not establish a need for physical assistance with at least two qualifying ADLs and that comparable, less costly alternatives were available. (Testimony; Ex. 6, pp. 3–4).

The appellant testified that she experiences daily pain, stiffness, and fatigue that limit her functioning, particularly in the morning and during colder weather. (Testimony). She stated that she requires assistance with showering and dressing due to shoulder pain, limited range of motion, difficulty bending, and balance concerns. (Testimony). She further stated that using a cane and knee scooter does not render her independent, and that she remains largely confined to the first floor of her home. (Testimony).

She asserted that the PCM assessment understated her limitations and that adaptive equipment would not substitute for hands-on assistance with bathing and dressing. (Testimony). In response, the MassHealth representative reiterated that the documentation did not demonstrate a need for physical assistance with at least two qualifying ADLs. (Testimony).

Findings of Fact

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

1. The appellant is under the age of 65 and has [REDACTED] (Testimony; Ex. 6, pp. 2, 14–16).

2. The appellant experiences [REDACTED] [REDACTED] (Testimony; Ex. 6, pp. 14–16, 43–47).
3. The appellant intermittently uses a cane and knee scooter for mobility within the home. (Testimony; Ex. 6, pp. 12–13, 45–48).
4. On November 14, 2025, the PCM agency submitted a PA request for 15 hours per week of PCA services. (Testimony; Ex. 6, pp. 3, 40–54).
5. The PCM agency requested assistance with bed mobility and transfers but documented that the appellant was independent with general ambulation, and no time was requested for general walking. (Testimony; Ex. 6, pp. 17–19).
6. The PCM agency requested one-person physical assistance with bed transfers at 3 × 2 × 7, totaling 42 minutes per week.
7. The PCM agency requested moderate assistance with showering at 15 × 1 × 7, totaling 105 minutes per week. (Testimony; Ex. 6, p. 22).
8. The PCM agency selected moderate assistance for dressing and undressing and calculated a total of 154 minutes per week for those tasks. (Testimony; Ex. 6, pp. 26–27).
9. The PCM agency requested assistance with IADLs including meal preparation and cleanup, laundry, housekeeping, shopping, and medical transportation. (Testimony; Ex. 6, pp. 34–39).
10. The PCA Consumer Assessment reflects that the appellant resides in the community, can direct her care, and remains independent in eating, toileting, and medication management. (Testimony; Ex. 6, pp. 42–44, 49–52).
11. MassHealth identified adaptive equipment that could address the appellant’s functional limitations. (Testimony; Ex. 6, pp. 55–62).
12. On November 20, 2025, MassHealth denied the PA request on the grounds that the record did not establish a need for physical assistance with at least two qualifying ADLs and that comparable, less costly alternatives were available. (Testimony; Ex. 6, pp. 3–4).

Analysis and Conclusions of Law

MassHealth covers PCA services only when provided to eligible members who can be appropriately cared for in the home and when all regulatory criteria are satisfied (130 CMR 422.403(C)). To qualify, the member’s disability must be permanent or chronic in nature and must impair the member’s ability to perform ADLs and IADLs without physical assistance (130 CMR

422.403(C)(2)). The member must require physical assistance with at least two qualifying ADLs (130 CMR 422.403(C)(3)). ADLs are limited to mobility; assistance with medications or other health-related needs; bathing or grooming; dressing; passive range-of-motion exercises; eating; and toileting (130 CMR 422.410(A)). Any number of tasks within a single ADL category counts as one ADL (130 CMR 422.410(A)). Assistance with IADLs may be authorized only if the member first demonstrates a need for physical assistance with at least two qualifying ADLs (130 CMR 422.410(B); 130 CMR 422.403(C)(3)).

In addition, PCA services must satisfy the medical necessity standard. A service is medically necessary only if it is reasonably calculated to prevent or alleviate significant medical harm and if no comparable, more conservative, or less costly alternative is available (130 CMR 450.204(A)). Prior authorization determines only medical necessity and does not waive other eligibility requirements (130 CMR 450.303).

The appellant has chronic medical conditions that affect daily functioning. The record establishes that her conditions are long-term in nature. The chronic disability requirement is therefore met. The central question is whether the record demonstrates that she requires physical assistance with at least two qualifying ADLs.

With respect to mobility, the documentation reflects that the appellant is independent with ambulation and transfers. Although she reported discomfort and functional limitations, the assessment does not establish the need for hands-on physical assistance in this category. The regulation requires physical assistance, not pain or limitation alone. Mobility therefore does not qualify as one of the required ADLs.

Bathing and grooming constitute one ADL category. The assessment reflects limited assistance with specific tasks but also documents independence with significant components of bathing and personal care. While any number of tasks within a single category counts as one ADL, the overall record does not establish that the appellant is unable to perform bathing or grooming without physical assistance.

Dressing is a separate ADL category. The documentation reflects difficulty with certain dressing tasks but does not establish that the appellant requires ongoing hands-on physical assistance to complete dressing as a whole. The evidence reflects limitation and discomfort, but it does not demonstrate the degree of physical dependence required by the regulation.

Toileting is another qualifying ADL. The assessment reflects either independence or minimal assistance with toileting-related tasks. The evidence does not establish that the appellant requires physical assistance with toileting as a complete ADL category.

With respect to medications, the documentation reflects independence in medication administration and management. The record does not establish that the appellant requires physical assistance in this ADL category.

When the ADLs are considered collectively, the record does not demonstrate that the appellant requires physical assistance with at least two qualifying ADLs. Because the two-ADL threshold is not satisfied, eligibility for PCA services cannot be established.

Although assistance was requested for certain IADLs, IADLs may be authorized only if the member first demonstrates a need for physical assistance with at least two qualifying ADLs. Because that prerequisite is not met, the requested IADL services cannot independently support authorization.

Even if the ADL threshold had been satisfied, the requested services must also meet the medical necessity standard. The record identifies adaptive equipment such as a tub transfer bench, shower chair, grab bars, and dressing aids as potential alternatives to hands-on assistance. Where comparable alternatives are available, the requested PCA services do not meet the regulatory definition of medical necessity.

Accordingly, although the appellant experiences chronic health conditions and functional limitations, the record does not demonstrate that she requires physical assistance with at least two qualifying ADLs, nor does it establish that the requested PCA services satisfy the medical necessity standard. The denial of the prior authorization request was therefore consistent with the governing regulations.

For the above reasons, the appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Scott Bernard
Hearing Officer
Board of Hearings

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