

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2517686
<b>Decision Date:</b>	2/20/2026	<b>Hearing Date:</b>	12/29/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Robin 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization Personal Care Attendant Services
<b>Decision Date:</b>	2/20/2026	<b>Hearing Date:</b>	12/29/2025
<b>MassHealth's Rep.:</b>	Robin Brown, OTR/L	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South	<b>Aid Pending:</b>	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 12, 2025, MassHealth denied the appellant's prior authorization (PA) request for Personal Care Attendant (PCA) services, finding that the clinical documentation submitted for review did not demonstrate that the appellant required physical assistance with two or more activities of daily living (ADLs), specifically mobility (including transfers); medications; bathing or grooming; dressing or undressing; passive range of motion exercises; eating; or toileting, as required under the MassHealth PCA regulations. (See 130 CMR 422.403(C)(3); Exhibit (Ex.) 1; Ex. 5, 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 a valid ground 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 she did not personally make the original determination but reviewed the documentation submitted by the PCM agency. (Testimony). MassHealth denied the appellant's request for continued PCA services following submission of a reevaluation conducted on September 30, 2025 by ██████ the Personal Care Management (PCM) agency. (Ex. 5, p. 10). The PCM agency submitted a prior authorization request on October 22, 2025 for PCA services for the period December 15, 2025 through December 14, 2026. (Ex. 5, pp. 2–4, 39). The request sought 919 day/evening minutes per week, or 15.5 hours per week, plus requested nighttime hours, for a combined total of 29.5 hours per week. (Ex. 5, p. 39). MassHealth issued a written denial on November 12, 2025 stating that the documentation did not support a finding that the appellant required physical assistance with at least two qualifying ADLs. (Ex. 5, pp. 3–4).

The PCM agency's assessment identified the appellant as under 65 years old with a primary diagnosis of arthropathy. (Testimony; Ex. 5, p. 11). Additional diagnoses included insulin-dependent diabetes with renal manifestation, hypertension, asthma, fibromyalgia, gout in the feet, depression, anxiety, PTSD, history of alcohol use, prior cerebrovascular accident, dizziness, ankle pain, and bilateral lower extremity weakness. (Testimony; Ex. 5, p. 11). The appellant resides in a fourth-floor walk-up apartment with her daughter and a roommate. (Testimony; Ex. 5, p. 12). The PCM agency documented independence with eating, passive range-of-motion exercises, medication administration, and insulin use. (Testimony; Ex. 5, pp. 12, 17, 28–29). The MassHealth representative testified that MassHealth relies on the functional findings documented in the PCM agency's assessment when applying the regulatory criteria. (Testimony).

The MassHealth representative testified that the PCM agency documented the appellant as independent with mobility without an ambulation device and independent with transfers. (Testimony; Ex. 5, pp. 15–16). No time was requested for general in-home mobility. (Ex. 5, pp. 15–16).

For bathing, the PCM agency requested 5 minutes per day, 7 days per week ( $5 \times 1 \times 7$ ), totaling 35 minutes per week, for assistance with shower transfers. (Testimony; Ex. 5, p. 18). The assessment documented the need for minimum assistance with transfers in and out of the shower due to ankle pain and impaired balance but independence with washing, including hair washing. (Testimony; Ex. 5, pp. 18–19). For grooming, the PCM agency requested 5 minutes per week for nail care and 5 minutes per day for lotion application ( $5 \times 1 \times 7$ ), totaling 40 minutes per week. (Testimony; Ex. 5, p. 20). The documentation reflected the need for moderate assistance with weekly nail care and daily lotion application. The PCM agency requested 10 minutes per day for

lower body dressing and 5 minutes per day for undressing ( $15 \times 1 \times 7$ ), totaling 105 minutes per week. (Testimony; Ex. 5, pp. 22–23). The need was attributed to arthritis pain, stiffness, and poor hand grasp affecting footwear and braces. (Testimony; Ex. 5, p. 23). The assessment noted independence with upper body dressing. (Ex. 5, p. 23).

The PCM agency requested 3 minutes, three times per day, for bladder care ( $3 \times 3 \times 7$ ) and 3 minutes once per day for bowel care ( $3 \times 1 \times 7$ ), totaling 84 minutes per week, plus 3 minutes per night for bladder care. (Testimony; Ex. 5, pp. 24–25). The assessment documented the need for minimum assistance with transfers on and off the toilet and independence with toileting hygiene. (Testimony; Ex. 5, p. 25).

The PCM agency requested 5 minutes per week for prefilling a medication box. (Testimony; Ex. 5, p. 26). The assessment documented independence with medication administration and insulin use. (Testimony; Ex. 5, p. 12).

The PCM agency documented independence with eating and passive range-of-motion exercises. (Testimony; Ex. 5, pp. 17, 28–29). No time was requested in these categories.

The PCM agency requested assistance with IADLs including meal preparation and cleanup, housekeeping, laundry, shopping, and medical transportation. (Ex. 5, pp. 30–37). The documentation attributed these requests to fatigue, joint pain, balance impairment, and difficulty bending. (Ex. 5, pp. 30–37).

The MassHealth representative identified durable medical equipment alternatives including a transfer tub bench, long-handled grooming aids, modified grips, dressing aids or a hip kit, and a raised toilet seat. (Testimony; Ex. 5, pp. 58–62). These items were identified as less costly alternatives that could address the documented functional limitations. (Testimony; Ex. 5, pp. 58–62).

MassHealth denied the prior authorization request on the grounds that the documentation did not establish that the appellant required physical assistance with at least two qualifying ADLs. (Testimony; Ex. 5, pp. 3–4). The MassHealth representative testified that certain requested time was denied because the assessment reflected independence or only minimal assistance and because durable medical equipment alternatives were available. (Testimony; Ex. 5, pp. 18–19, 58–62).

The appellant testified that she experiences severe ankle pain, nerve damage in her feet, and lower extremity weakness and that she cannot lift herself out of the tub without assistance. (Testimony). She testified that she has fallen while attempting to exit the tub and that she must soak her feet due to pain. (Testimony). She stated that her prior adaptive equipment was destroyed in a house fire and that she no longer possesses those items. (Testimony).

She testified that she cannot bend to reach her feet, has significant foot pain, and does not clip her

own nails. (Testimony). She further testified that lifting her arms for hair care is painful and that the evaluating nurse did not ask her to perform functional tasks during the assessment. (Testimony). She testified that she struggles with shoes, socks, and lower garments due to pain and limited mobility. (Testimony). She testified that she sometimes cannot lift herself from the toilet, uses the bathroom multiple times at night, and experiences incontinence episodes. (Testimony). She stated that the assessment did not accurately reflect the extent of her limitations. (Testimony).

## Findings of Fact

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

1. MassHealth denied the appellant's prior authorization request for PCA services by notice dated November 12, 2025, on the ground that the clinical documentation did not demonstrate that she required physical assistance with at least two qualifying ADLs. (Ex. 5, pp. 3–4).
2. On October 22, 2025, the PCM agency submitted a prior authorization request for PCA services for the period December 15, 2025 through December 14, 2026, seeking 919 day/evening minutes per week, or 15.5 hours per week, plus requested nighttime hours, totaling 29.5 hours per week. (Ex. 5, pp. 2–4, 39).
3. The appellant is under 65 years old and has a primary diagnosis of arthropathy, along with additional diagnoses including insulin-dependent diabetes with renal manifestation, hypertension, asthma, fibromyalgia, gout in the feet, depression, anxiety, PTSD, history of alcohol use, prior cerebrovascular accident, dizziness, ankle pain, and bilateral lower extremity weakness. (Testimony; Ex. 5, p. 11).
4. The appellant resides in a fourth-floor walk-up apartment with her daughter and a roommate. (Testimony; Ex. 5, p. 12).
5. The PCM agency documented that the appellant was independent with mobility and transfers, eating, passive range-of-motion exercises, medication administration, and insulin use. (Testimony; Ex. 5, pp. 12, 15–17, 28–29).
6. With respect to bathing and grooming, the PCM agency requested assistance totaling 75 minutes per week, consisting of 5 minutes per day for shower transfers and 5 minutes per week for nail care, plus 5 minutes per day for lotion application. The PCM agency assessment documented that the appellant needs minimum assistance with shower transfers and moderate assistance with nail care and lotion application while noting independence with washing, hair care, and oral care. (Testimony; Ex. 5, pp. 18–21).

7. With respect to dressing, the PCM agency requested 105 minutes per week for lower body dressing and undressing, and attributed the need for assistance to arthritis pain, stiffness, and poor hand grasp, while documenting independence with upper body dressing. (Testimony; Ex. 5, pp. 22–23).
8. With respect to toileting, the PCM agency requested 84 minutes per week plus 3 minutes per night for bladder care and documented minimum assistance is needed with transfers on and off the toilet, while noting the appellant is independent with toileting hygiene. (Testimony; Ex. 5, pp. 24–25).
9. The PCM agency requested 5 minutes per week for prefilling a medication box but documented that the appellant independently administers medications and insulin. (Testimony; Ex. 5, pp. 12, 26).
10. The PCM agency requested assistance with IADLs including meal preparation and cleanup, housekeeping, laundry, shopping, and medical transportation. (Ex. 5, pp. 30–37).
11. The MassHealth representative identified durable medical equipment alternatives including a transfer tub bench, long-handled grooming aids, modified grips, dressing aids or a hip kit, and a raised toilet seat as less costly alternatives to hands-on assistance. (Testimony; Ex. 5, pp. 58–62).
12. The appellant testified that she experiences severe ankle pain, nerve damage in her feet, and lower extremity weakness; that she has fallen exiting the tub; that she cannot bend to reach her feet; that she struggles with lower body dressing; and that she sometimes cannot lift herself from the toilet and experiences nighttime incontinence. (Testimony).

## **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); 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 multiple chronic medical conditions, including arthropathy and diabetes, along with other diagnoses affecting balance, strength, and endurance. These conditions are long-term and can affect daily functioning. The chronic disability requirement is therefore met. The central question is whether the record shows that she requires physical assistance with at least two qualifying ADLs.

With respect to mobility, the PCM assessment documents that the appellant is independent with ambulation and transfers. Although she testified to pain and prior falls, the written functional findings describe independence, and no time was requested for general in-home mobility. The regulation requires the need for physical assistance, not pain, weakness, or risk alone. Mobility therefore does not qualify as one of the required ADLs.

Bathing and grooming constitute one ADL category. The assessment reflects the need for minimum assistance with shower transfers and moderate assistance with nail care and lotion application, while also documenting independence with washing, hair care, and oral care. Although any task within this category counts toward a single ADL, the documentation characterizes the assistance as limited and partial. The record does not demonstrate that she requires ongoing physical assistance with bathing or grooming as a complete ADL category.

Dressing is a separate ADL. The assessment reflects that assistance is requested for lower body dressing due to pain, stiffness, and reduced hand grasp, while noting independence with upper body dressing. The appellant testified that she struggles with shoes and socks. The evidence shows difficulty and discomfort; however, the record does not establish that she requires ongoing hands-on physical assistance to complete dressing as a whole.

Toileting is another ADL category. The assessment documents the need for minimum assistance with transfers on and off the toilet and independence with hygiene. Although the appellant testified to occasional difficulty and nighttime incontinence, the written findings describe only the need for minimal assistance. The record does not demonstrate that she requires physical assistance with toileting as a complete ADL category.

With respect to medications, the assessment documents independence with medication administration and insulin use. The only time requested was five minutes per week to prefill a pill organizer. That request reflects the need for assistance with organization rather than hands-on assistance with administering medications. It does not rise to the level of requiring physical assistance within that ADL category.

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

Assistance was also requested for multiple IADLs, including meal preparation and cleanup, housekeeping, laundry, shopping, and transportation. However, IADLs may be authorized only if the member first demonstrates a need for physical assistance with at least two qualifying ADLs. Because that threshold requirement is not satisfied, the requested IADL assistance 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 options, including a transfer tub bench, grooming aids, dressing devices, and a raised toilet seat, as less costly alternatives that could address the documented limitations. The appellant testified that prior equipment was lost in a fire, but she did not demonstrate that such equipment would be ineffective now. Where comparable and less costly alternatives are available, the requested service does not satisfy the medical necessity standard.

Accordingly, although the appellant experiences chronic pain 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 meet the medical necessity criteria. The denial of the prior authorization request for PCA services 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

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