

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2518008
<b>Decision Date:</b>	2/17/2026	<b>Hearing Date:</b>	January 20, 2026
<b>Hearing Officer:</b>	Stanley Kallianidis		

**Appellant Representative:**

Pro Se

**MassHealth Representative:**

Donna Burns, RN



*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>	2/17/2026	<b>Hearing Date:</b>	January 20, 2026
<b>MassHealth Rep.:</b>	Donna Burns, RN	<b>Appellant Rep.:</b>	Pro Se
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

The appellant received a notice dated November 25, 2025 informing him that MassHealth had modified his request for Personal Care Attendant (PCA) Services (Exhibit 1). The appellant filed an appeal of the action in a timely manner on December 8, 2025 (130 CMR 610.015(B); Exhibit 2). Reduction of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

The hearing notice was sent to the parties on December 24, 2025 (Exhibit 3).

## Action Taken by MassHealth

MassHealth reduced the appellant's prior authorization request for PCA services from 16.25 to 15.0 hours per week.

## Issue

Was MassHealth correct in modifying the appellant's prior authorization request?

## Summary of Evidence

A representative from MassHealth testified that an initial PCA evaluation was performed by a registered nurse with the appellant's provider agency, [REDACTED] on October 28, 2025. The representative referenced a prior authorization packet that was entered into evidence (Exhibit 4).

The MassHealth representative indicated that the appellant is an adult male diagnosed with anxiety, depression, GERD, hypertension, anemia, obesity, arthritis, back pain, dizziness, and decreased memory (Exhibit 4).

The MassHealth representative stated that it reduced the appellant's prior authorization request for PCA services from 16.25 to 15.0 hours per week due to a lack of medical necessity. The dates of service are November 25, 2025-November 24, 2026 (Exhibit 1).

The PCA modifications were in the areas of Medication Assistance and Equipment Maintenance. The appellant's request for 31 minutes weekly for assistance with his medications was denied in full. The reason for the denial was that, according to his PCA evaluation, the appellant requires minimal physical assistance with this task and also that he has a visiting nurse come by once per week to set up his medications. The request for 35 minutes for assistance with equipment maintenance was denied because there was no explanation given as to what equipment needed maintenance (Exhibit 4).

The appellant testified that he disagreed with the modification of his PCA hours from 16.25 hours to 15 hours weekly. He testified that he needed more time than his provider had requested due to his impairments. He also stated that he needed assistance with his medications due to his anxiety. The appellant, however, did not speak to the issue of the denial for equipment maintenance.

## Findings of Fact

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

1. A PCA evaluation was performed by a registered nurse with the appellant's provider agency, [REDACTED] on October 28, 2025 (Exhibit 4).
2. The appellant is an adult male diagnosed with anxiety, depression, GERD, hypertension, anemia, obesity, arthritis, back pain, dizziness, and decreased memory (Exhibit 4).
3. MassHealth reduced the appellant's prior authorization request for PCA services from 16.25 to 15.0 hours per week. The dates of service are November 25, 2025-November 24, 2026 (Exhibit 1).

4. The appellant's request for 31 minutes weekly for assistance with his medications was denied in full because he already has a visiting nurse come by once per week to set up his medications (Exhibit 4).
5. The appellant's request for 35 minutes for assistance with equipment maintenance was denied because there was no explanation given as to what equipment needed maintenance (Exhibit 4).

## **Analysis and Conclusions of Law**

Pursuant to 130 CMR 422.403(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.

130 CMR 422.411: Covered Services (A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency. (B) MassHealth covers transitional living program services provided by an organization in accordance with 130 CMR 422.431 through 422.441 and the MassHealth agency's proposal requirements.

130 CMR 422.412: Noncovered 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;

Pursuant to 130 CMR 450.204(A) A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent 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. See 130 CMR 450.204.

In this case, MassHealth reduced the appellant's prior authorization request for PCA services from 16.25 to 15.0 hours per week. The dates of service are November 25, 2025-November 24, 2026.

The appellant is an adult male diagnosed with anxiety, depression, GERD, hypertension, anemia, obesity, arthritis, back pain, dizziness, and decreased memory. The PCA modifications at issue were solely in the areas of Medication Assistance and Equipment Maintenance.

The appellant's request for 31 minutes weekly for assistance with his medications was denied in full. While the appellant stated that he needs assistance in this area due to his anxiety, I have found that the appellant has a visiting nurse come by once per week to set up his medications, and his anxiety is not a valid justification for needing physical assistance to take them. Also, because there was no explanation given as to what equipment of the appellant's needed maintenance, there is no basis for approving the requested 35 minutes for assistance with this task.

I conclude, therefore, that MassHealth was correct in modifying the appellant's PCA request in the areas of Medication Assistance and Equipment Maintenance.

The appeal is therefore 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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

MassHealth Prior Authorization Unit