

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518486
Decision Date:	2/27/2026	Hearing Date:	01/23/2026
Hearing Officer:	Casey Groff		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Kelly Rayen, R.N., Clinical Appeals Reviewer,
Optum



*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 Auth.; Personal Care Attendant Services
Decision Date:	2/27/2026	Hearing Date:	01/23/2026
MassHealth's Rep.:	Kelly Rayen, R.N.,	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Board of Hearings, Remote	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 12/4/25, MassHealth informed the Appellant that it denied her request for personal care attendant (PCA) services. *See* 130 CMR 450.204.(A)(1) and Exhibit 1. The Appellant filed this appeal in a timely manner on 12/15/25. *See* 130 CMR 610.015(B); Exhibit 2. Denial of a request for PCA services is a valid basis for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization of PCA services on the basis that (1) she did not require physical assistance with at least two activities of daily living, and (2) that a comparable, less costly service was available.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 422.403(C)(3) and 130 CMR 450(A)(2), in denying the Appellant's request for PCA services on the basis that she did not require physical assistance with at least two activities of daily living, and that comparable, less

costly services were available.

Summary of Evidence

At the hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Through testimony and documentary submissions, the MassHealth representative presented the following evidence: The Appellant is a ■-year-old female with a primary diagnosis of ovarian cancer, currently in remission. See Exh. 4, p. 12, 16. Her documented past medical history includes hypertension, diabetes with neuropathy in the bilateral feet, bilateral knee arthritis, asthma, ovarian cyst, depression, stage II chronic kidney disease, hematuria, and sciatica. *Id.* On 11/19/25, the Appellant's personal care management (PCM) agency, ■, submitted an initial prior authorization (PA) request to MassHealth seeking 16 hours per week of personal care attendant (PCA) services for a period of one year. *Id.* at 15, 48.

On 12/4/25, MassHealth denied the Appellant's PA request because (1) the clinical documentation submitted failed to show that the Appellant required physical assistance with two or more activities of daily living (ADLs) as required under 130 CMR 422.403(C); and (2) the services requested were not medically necessary as defined under 130 CMR 450.204(A)(2) because less costly alternative medical services were available to meet the Appellant's needs. See Exh. 1.

The PA request was made pursuant to an occupational therapy (OT) assessment and nursing evaluation conducted by the PCM agency. See Exh. 4. Based on the PCM evaluation, PCA time was requested for assistance with the ADLs of mobility/transfers, bathing/grooming, and dressing, as well as time for instrumental activities of daily living (IADLs), including meal preparation, laundry, housekeeping, and shopping. No time was requested for assistance with eating, toileting, passive range-of-motion exercises, or medication administration.

The parties reviewed the clinical documentation submitted in support of each requested ADL category.

Mobility/Transfers

With respect to mobility, the PCM agency requested time for assistance for general mobility and transfer tasks six times per day, as well as two additional mobility episodes for assistance with stairs. *Id.* at 19-20. Comments in support of this request noted that the Appellant is unsteady and has severe edema of the bilateral lower extremities, especially around her feet and ankles, making it difficult to flex her foot and ambulate. *Id.* It was noted that the Appellant lives alone on the third floor of a single level apartment with no elevator access to her front door. *Id.* at 16. Additionally, the OT assessment documented that the Appellant ambulates with a cane, and that she was independent with room-to-room mobility, and transfers in and out of

bed and on and off the toilet. *Id.* at 10-13. The total mobility/transfer time requested was 4.90 hours per week. *Id.* at 47.

Bathing/Grooming

For bathing and grooming, the PCM agency requested assistance time for daily showering and related transfers, as well as assistance with nail care, hair care, and lotion application to her backside and lower extremities. *Id.* at 22-25. In support thereof, it was noted that the Appellant has chronic pain throughout her body, limited range of motion in her ankle, knees, and shoulder, and that she was a fall risk. *Id.* Bathing was requested at 1.75 hours per week and grooming tasks at .67 hours per week. *Id.* at 47.

According to the functional assessment, the occupational therapist found that the Appellant required minimal assistance with bathing and grooming tasks, and identified potential adaptive equipment to increase independence including a shower chair, grab bars, a hand-held shower and long-handled bathing devices. *Id.* at 12. Documentation indicates that the OT recommended the use of such equipment as the Appellant did not appear to currently have them in place. *Id.* at 12.

Dressing/Undressing

The PCM agency requested time for assistance with lower body dressing and undressing due to chronic sciatica pain in the lower back, difficulty bending to reach socks and shoes, and risk of falling. It was also noted that the Appellant was able to dress her upper body/extremities. *Id.* at 26. The total time for all dressing and undressing tasks was requested at .93 hours per week. *Id.* at 47.

No other ADL assistance was requested. The remainder of the PA request was based on assistance time for IADLs including meal preparation (5.25 hours per week), laundry (1 hour per week), housekeeping (30 minutes per week), and shopping at 1 hour per week. *Id.* at 47.

Following receipt of the PA request, MassHealth determined that the documentation was incomplete and deferred the matter to the PCM agency for additional information. *Id.* at 54. Specifically, MassHealth requested clarification regarding the Appellant's reported inability to bend, as well as supporting documentation for the time requested for ADL assistance, and any adaptive equipment present in the home. *Id.* at 54.

In response, the evaluating OT from the PCM agency reported that the Appellant's limitations were attributable to osteoarthritis, limited active range of motion in the right shoulder, chronic back pain, generalized weakness, and low endurance. *Id.* at 58. The OT noted that the Appellant had difficulty bending to reach her feet and rising from low surfaces due to reduced strength. *Id.* The OT further confirmed that other than a cane, which the Appellant used for mobility, no

other adaptive equipment was present at the time of assessment; and that a shower bench and raised toilet seat had been recommended to assist with transfers. *Id.*

The MassHealth representative testified that the documentation did not establish that the Appellant required hands-on physical assistance with two or more ADLs as defined under 130 CMR 422.410. The representative noted that the OT documented independence with mobility and transfers, that the need for stair assistance was *outside* the home, and that the assistance described for bathing and dressing could potentially be addressed through adaptive equipment and occupational therapy services. MassHealth submitted pictures of the recommended adaptive equipment, including the shower chair, dressing aids (also referred to as a “hip kit”), and examples of elevated toilet seats – all of which are designed to increase independence in performing ADLs. *Id.* at 62-69. MassHealth also noted that the Appellant had no record of any recent participation in occupational or physical therapy, and that such rehabilitative services include teaching the member how to use necessary assistive devices, as well as other ways of performing ADLs to accommodate physical limitations. The MassHealth representative testified that such services are less costly to MassHealth and are suitable for addressing the Appellant’s functional limitations. MassHealth testified that given the Appellant’s age and room for improvement with other available services, she did not meet the clinical eligibility requirements for PCA services. Lastly, it was noted that all PCA prior authorization denials are subject to physician review; and that in this case, the physician reviewer concurred with the denial determination.

In response, the Appellant testified that she experiences significant pain related to arthritis, sciatica, and neuropathy in her feet. She stated that it is “hard to do a lot of things” by herself and that dressing takes a long time due to pain. She testified that she has difficulty bending and is unable to reach her feet. She reported difficulty rising from seated positions, including from the toilet and from bed, and stated that she has fallen while getting out of bed. She further testified that she must hold onto the wall when entering the shower and has nearly fallen on multiple occasions.

The Appellant testified that she lives on the third floor of a multi-unit complex and has difficulty climbing stairs, particularly when carrying groceries. She testified that she sometimes forgets to take medications, although she has obtained a medication planner to assist with organization. She indicated that she is scheduled for knee surgery in April and though her ovarian cancer is currently in remission, she continues to be followed by her oncology provider. She testified that she has been reluctant to engage in in-home services, including physical or occupational therapy, due to concerns about illness exposure.

Findings of Fact

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

1. The Appellant is a ■-year-old female who resides alone in a third-floor apartment in a multi-unit building without elevator access; there are no stairs within the Appellant's living unit.
2. The Appellant has a primary diagnosis of ovarian cancer, currently in remission; and a documented medical history of hypertension, diabetes with neuropathy in the bilateral feet, bilateral knee arthritis, asthma, ovarian cyst, depression, stage II chronic kidney disease, hematuria, and sciatica.
3. The Appellant experiences chronic pain, unsteady gait, bilateral lower extremity edema, fatigue, and is a fall risk.
4. On 11/19/25, the Appellant's PCM agency submitted an initial PA request to MassHealth seeking 16 hours per week of PCA services for one year.
5. On 12/4/25, MassHealth denied the Appellant's PA request because (1) the documentation failed to show that the Appellant required physical assistance with two or more ADLs pursuant to 130 CMR 422.403(C); and (2) the services requested were not medically necessary as defined under 130 CMR 450.204(A)(2) because less costly alternative medical services were available to meet the Appellant's needs.
6. The PA request sought time for assistance with the ADLs of mobility/transfers, bathing/grooming, and dressing, as well as time for IADLs, including meal preparation, laundry, housekeeping, and shopping.
7. No PCA time was requested for eating, toileting, passive range-of-motion exercises, or medication administration.
8. Upon review of the PA request, MassHealth deferred the matter and sought clarification from the PCM agency regarding the Appellant's reported inability to bend, as well as supporting documentation for the requested ADL assistance time, and any adaptive equipment present in the home.
9. In response, the evaluating OT reported that the Appellant's limitations were attributable to osteoarthritis, limited active range of motion in the right shoulder, chronic back pain, generalized weakness, and low endurance; and that the Appellant had difficulty bending to reach her feet and rising from low surfaces due to reduced strength.
10. The OT functional status report documented that the Appellant ambulates independently with a cane and is independent with in-home mobility, bed transfer, and toilet transfers.

11. Appellant does not utilize any adaptive equipment or assistive devices other than a cane.
12. The evaluating OT recommended the use of a shower bench to facilitate bathtub transfers, grab bars, a hand-held shower and long-handled bathing devices.
13. The Appellant is independent with upper body dressing and is limited in her ability to perform dressing/undressing of the lower extremities due difficulties bending and reaching.
14. The Appellant does not currently use any dressing aids to facilitate lower body dressing/undressing.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:¹

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416 [prior authorization requirements].
- (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 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.

¹ PCA services are defined as "physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410." See 130 CMR 422.002.

(4) *The MassHealth agency has determined that the PCA services are medically necessary.*

See 130 CMR 422.403(C) (emphasis added).

Under MassHealth regulations, a service is considered “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.

See 130 CMR 450.204(A) (emphasis added).

MassHealth will reimburse only for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. “Activity time” is defined as “the actual amount of time spent by a PCA physically assisting the member with ADLs and [IADLs].” 130 CMR 422.402. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

The evidence indicates that the Appellant experiences chronic pain, unsteadiness, generalized weakness, and other symptoms as a result of her multiple documented diagnoses. Although her medical condition undoubtedly increases the time and effort required to complete certain tasks, the record does not demonstrate that it renders her unable to perform two or more activities of daily living without hands-on physical assistance as required under 130 CMR 422.403(C). Specifically, the OT functional assessment documented that the Appellant is independent with in-home mobility, bed transfers, and toilet transfers. Although the PCM evaluators noted the need for minimal assistance with bathing/grooming and lower extremity dressing, the identified limitations were primarily related to her capacity for reaching, positioning, and balancing. The evaluating OT recommended specific adaptive equipment – including a shower bench, raised toilet seat, grab bars, and dressing aids - that would facilitate safe transfers and increase the Appellant’s independence with ADLs. The evidence indicates that the Appellant has not trialed the proposed durable medical equipment (DME) products or engaged in in-person occupational or physical therapy to address her limitations. Additionally, no evidence was presented to suggest that such

services – which are covered by MassHealth – would otherwise be insufficient to meet the Appellant’s needs. Under 130 CMR 450.204(A)(2), a service is not medically necessary where there is a comparable, less costly intervention available to meet the members’ needs. As the rehabilitation and DME services remain available to the Appellant and are reasonably likely to mitigate her need for hands-on care, the Appellant did not meet the second prong of the medical necessity requirement above. Accordingly, MassHealth did not err in determining that the Appellant did not meet clinical eligibility criteria for coverage of PCA services. See 130 CMR 422.403(C); 130 CMR 450.204(A)(2).

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.

Casey Groff
Hearing Officer
Board of Hearings

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