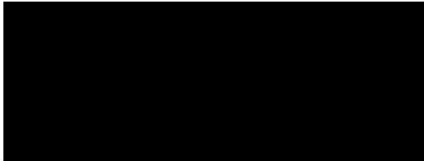


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; denied in part	Appeal Number:	2518553
Decision Date:	2/13/2026	Hearing Date:	1/23/2026
Hearing Officer:	Cynthia Kopka		

Appearances for Appellant:




Appearances for Respondent:

Cassandra Horne, Appeals and Grievances
Manager, Commonwealth Care Alliance (CCA)
Jeremiah Mancuso, Clinical RN Appeals and
Grievances Manager, CCA



*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:	Approved in part; denied in part	Issue:	Managed care – denial of internal appeal, PCA
Decision Date:	2/13/2026	Hearing Date:	1/23/2026
Respondent’s Reps.:	Cassandra Horne, Jeremiah Mancuso	Appellant’s Rep.:	
Hearing Location:	Quincy (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

By notice dated November 18, 2025, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO), denied Appellant's Level I appeal, upholding a partial denial of Appellant’s request for personal care attendant (PCA) service hours. Exhibit 1. Appellant filed this appeal in a timely manner on December 16, 2025. Exhibit 2. 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 508.010, 130 CMR 610.032(B).

Action Taken by Respondent

CCA partially denied Appellant’s request for PCA service hours.

Issue

The appeal issue is whether Appellant is eligible for more PCA service hours than approved by CCA.

Summary of Evidence

CCA's was represented at remote hearing by an appeals and grievances supervisor and nurse review manager, who provided written materials in support. Exhibit 4. Appellant appeared by phone with her daughter/PCA. A summary of testimony and written materials follows.

Appellant has been enrolled in CCA's OneCare program since January 1, 2022. The request on appeal was for personal care attendant (PCA) services. On September 22, 2025, CCA received Appellant's request for 55 hours of PCA services per week. Exhibit 4 at 17. On September 25, 2025, CCA issued a partial approval, reducing Appellant's hours to 46.5 PCA hours weekly effective October 12, 2025. CCA mailed written notice to Appellant of the reduction on September 25, 2025. *Id.* at 21. On October 27, 2025, Appellant filed a Level I appeal. *Id.* at 99. On November 17, 2025, a medical director denied the appeal, agreeing with the reduction to 46.5 weekly PCA hours. *Id.* at 100. CCA mailed written notice of the Level I determination on November 18, 2025. Exhibit 1, Exhibit 4 at 102. Appellant was not eligible for aid pending protecting the prior level of benefits.

Appellant is in her [REDACTED] with diagnoses and medical history including diabetes, amputation of above knee lower left extremity, chronic kidney disease stage 3, and incontinence. *Id.* at 4-5. Appellant is wheelchair bound and no longer uses her prosthesis. CCA's reduction of hours stemmed from an adjustment to two activities of daily living (ADLs) and one instrumental activity of daily living (IADL): bathing/PM wash, bladder care, and laundry, respectively.

Regarding bathing/PM wash, Appellant requested 10 minutes, 1 time per day, 7 days per week. Exhibit 4 at 56. CCA denied this request. The CCA nurse manager testified that it was not clear why a PM wash was medically necessary given the significant amount of time allowed for assistance with Appellant's daily shower and bladder and bowel care. The notes provided by the evaluator did not define why the PM wash was needed. The notes indicate that Appellant requires maximum assistance for all of the bathing task due to diaphoresis and incontinence, poor balance, limited range of motion, limited ability to bend and reach, pain from osteoarthritis and fibromyalgia, activity intolerance, hand cramping and stiffness, shortness of breath, and fatigue. *Id.* at 57.

Appellant's representative testified that Appellant requires a PM wash because she has been experiencing frequent urinary tract infections (UTIs). Appellant is wheelchair bound and does not use her prosthesis any longer. Appellant is incontinent and wears briefs. Each night, Appellant's PCA transfers Appellant into the shower on her shower chair and fully washes Appellant.

Regarding bladder care, the CCA representative noted that the time requested was divided up unusually. Overall, 700 minutes per week were requested, and 420 minutes per week were approved by CCA. The CCA representative explained that Appellant requested 10 minutes, 8 times per day, 7 days per week for maximum assistance with bladder care: transfers, clothing, hygiene, and change of absorbent product. Appellant also requested 5 minutes, 4 times per day, 7 days per week for a change of clothing secondary to incontinence. The CCA representative testified that it was not made clear in the notes why two seemingly similar tasks would require different amounts

of time for assistance. Ultimately, CCA approved 5 minutes, 8 times per day, 7 days per week for the bladder care and 5 minutes, 4 times per day, 7 days per week for the clothing change.

Appellant and her PCA testified that Appellant experiences frequent leaks and overflow of her briefs. When Appellant requires both a change of the brief and a clothing change, the whole task takes 10 minutes. Appellant estimated that this occurs 4 or 5 times per day. In a circumstance where there is no leak and no need for a clothing change, Appellant estimated that the task takes 6 minutes. Appellant estimated that this occurs approximately 7 times per day.

For laundry, Appellant requested 90 minutes per week. The CCA representative testified that in the prior year, 90 minutes had been approved. However, 90 minutes is typically the maximum amount of time MassHealth allows when the laundry machines are not located on premises. CCA's notes indicated that Appellant has laundry machines in her home. CCA also noted that Appellant has the functional capacity to participate in sorting and folding while seated. Accordingly, CCA approved 60 minutes per week for laundry assistance.

Appellant testified that she no longer has laundry machines in her apartment. Appellant's PCA takes the laundry to her own home and washes it there. Appellant estimated that she generates 4 to 5 loads of laundry per week, given her incontinence and need for frequent clothing and bedding changes. Appellant acknowledged that she can participate by sorting and folding while seated.

Findings of Fact

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

1. Appellant has been enrolled in CCA's OneCare program since January 1, 2022.
2. On September 22, 2025, CCA received Appellant's request for 55 hours of PCA services per week. Exhibit 4 at 17.
3. On September 25, 2025, CCA issued a partial approval, reducing Appellant's hours to 46.5 PCA hours weekly effective October 12, 2025. *Id.* at 21.
4. On October 27, 2026, Appellant filed a Level I appeal.
5. On November 18, 2025, CCA notified Appellant that it denied the Level I appeal Exhibit 1.
6. Appellant filed this appeal in a timely manner on December 16, 2025. Exhibit 2.
7. Appellant is in her [REDACTED] with diagnoses and medical history including diabetes, amputation of above knee lower left extremity, chronic kidney disease stage 3, and incontinence.

Appellant is wheelchair bound and no longer uses her prosthesis. *Id.* at 4-5.

8. In the area of bathing/PM wash, Appellant requested 10 minutes, 1 time per day, 7 days per week. Exhibit 4 at 56.
9. CCA denied this request.
10. Notes indicate that Appellant requires maximum assistance for all of the bathing task due to diaphoresis and incontinence, poor balance, limited range of motion, limited ability to bend and reach, pain from osteoarthritis and fibromyalgia, activity intolerance, hand cramping and stiffness, shortness of breath, and fatigue. *Id.* at 57.
11. Appellant's PCA testified that she transfers Appellant into the shower each night for a quick wash due to incontinence and recurrent UTIs.
12. In the area of bladder care, Appellant requested 10 minutes, 8 times per day, 7 days per week for maximum assistance with bladder care: transfers, clothing, hygiene, and change of absorbent product. Appellant also requested 5 minutes, 4 times per day, 7 days per week for a change of clothing secondary to incontinence, for a total of 700 minutes per week. *Id.* at 61.
13. CCA approved 5 minutes, 8 times per day, 7 days per week for the bladder care and 5 minutes, 4 times per day, 7 days per week for the clothing change, for a total of 420 minutes per week.
14. Appellant and her PCA estimated that a toileting episode without a leak or need for a clothing change takes 6 minutes and occurs 4 to 5 times per day.
15. For laundry, Appellant requested 90 minutes per week.
16. CCA approved 60 minutes per week for laundry assistance.
17. Appellant does not have laundry in the home. Her PCA takes the laundry to her own home to wash the laundry.
18. Appellant testified that she generates 4 to 5 loads of laundry per week given her incontinence and need for frequent clothing and bedding changes.
19. Appellant acknowledged that she can participate by sorting and folding while seated.

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.004, must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth-contracted MCO available for their coverage type. 130 CMR 450.117(A) and 130 CMR 508.002. MassHealth managed care options include an integrated care organization (ICO) for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. Members who participate in an ICO obtain all covered services through the ICO. 130 CMR 450.117(K).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): *MassHealth Standard* or MassHealth CommonHealth as defined in 130 CMR 450.105(E): *MassHealth CommonHealth*;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*; and
- (d) live in a designated service area of an ICO.

130 CMR 508.007.

The ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral-health, and long-term services and supports. 130 CMR 508.007(C). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010.

CCA's One Care Plan is a MassHealth ICO. CCA requires prior authorization for PCA services. Pursuant to 130 CMR 422.403(C), MassHealth will pay for PCA services for members appropriately cared for at home when 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.

Pursuant to 130 CMR 450.204(A), a service is medically necessary if it is:

(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.

MassHealth covers assistance with the following tasks under the PCA program:

422.410: Activities of Daily Living and Instrumental Activities of Daily Living

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL:

(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 or grooming: physically assisting a member with bathing, personal hygiene, or grooming;

(4) dressing: 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 or 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.

Here, it is undisputed that Appellant qualifies for PCA services. The issue in dispute is the amount of time for PCA services that is medically necessary to assist Appellant with bathing/PM wash, bladder care, and laundry.

Regarding PM wash, this appeal is approved. Appellant and her PCA testified credibly that Appellant requires a PM wash each night to address cleanliness after frequent incontinence and due to recurrent UTIs. Therefore, Appellant has established the medical necessity for a PM wash 10 minutes daily.

Regarding bladder care, this appeal is approved in part to allow 6 minutes, 8 times per day, 7 days per week for assistance with toileting. This is consistent with Appellant's testimony that a toileting episode without the need for a clothing change takes 6 minutes to address. CCA's approval of 5 minutes, 4 times per day, 7 days per week allows for the additional time needed to address those episodes in which a leak and clothing change is needed.

Finally, for laundry, this appeal is approved in part to allow 75 minutes per week. Appellant no longer has washing machines in her home and her PCA washes laundry off-site. However, Appellant is able to participate with some of the folding and sorting, which is why the full 90 minutes is not approved.

Order for Respondent

Restore PCA services for the following tasks, effective October 12, 2025:

- Bathing/PM wash: 10 minutes, 1 time per day, 7 days per week;
- Toileting (bladder care): 6 minutes, 8 times per day, 7 days per week and 5 minutes, 4 times per day, 7 days per week (476 minutes total); and
- Laundry: 75 minutes weekly.

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.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, or if you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108