

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2519031
Decision Date:	2/4/2026	Hearing Date:	01/26/2026
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:

Pro se

Appearances for Commonwealth Care Alliance:

Cassandra Horne, Appeals & Grievances Manager, Commonwealth Care Alliance (CCA);
Jeremiah Mancuso, R.N., Clinical R.N. Manager, Appeals & Grievances, CCA

Interpreter:



*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	Issue:	SCO – Denial of Internal Appeal; Prior Authorization; Personal Care Attendant (PCA) Services - Termination
Decision Date:	2/4/2026	Hearing Date:	01/26/2026
CCA's Reps.:	Cassandra Horne; Jeremiah Mancuso	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South 1 (Telephonic)	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 an internal appeal determination notice dated November 3, 2025, Commonwealth Care Alliance (CCA), a MassHealth-contracted Senior Care Organization (SCO), notified the appellant that it had terminated her personal care attendant (PCA) services because she was not compliant with the Electronic Visit Verification (EVV) system when submitting time sheets for her PCAs. *See* Exhibit 1. The appellant filed this external appeal of a final decision of a SCO in a timely manner on December 24, 2025. *See* 130 C.M.R. 610.018; Exhibit 2. The Board of Hearings scheduled a hearing for January 26, 2026. *See* Exhibit 3. A decision of an SCO to “deny or provide limited authorization of a requested service, including the type or level of service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit” is valid grounds for appeal. *See* 130 C.M.R. 610.032(B).

Action Taken by the Senior Care Organization

Through an internal level 1 appeal, CCA upheld its termination of the appellant's prior authorization (PA) request for personal care attendant (PCA) services because the appellant was not compliant with the Electronic Visit Verification (EVV) system when submitting time sheets for her PCAs.

Issue

The appeal issue is whether CCA, in its capacity as a SCO and managed care contractor for MassHealth, was correct in terminating the appellant's PCA services for failure to comply with the EVV system to submit time sheets for her PCA.

Summary of Evidence

All parties appeared at hearing via telephone. CCA was represented by a manager from its Appeals & Grievances (Appeals Manager) department and by a clinical R.N. manager (R.N. Manager) from its Appeals & Grievances department. Documents from CCA are incorporated into the hearing record as Exhibit 5. The appellant appeared *pro se* and was assisted by a Spanish interpreter secured by the Board of Hearings.

The appellant is a single, [REDACTED] year old adult and she resides alone in an apartment in the community. The appellant is a MassHealth member currently enrolled in CCA's Senior Care Options (SCO) Program. She is "bedbound" and when she ambulates, it is solely by wheelchair. The appellant does not speak or read English fluently and requires a Spanish interpreter to communicate. Exhibit 5 at 41. The appellant's medical history includes [REDACTED]

[REDACTED] *Id.* at 6-7. The appellant has been enrolled with CCA since 2020; she has received PCA services continuously since that time¹. Testimony and Exhibit 5 at 38. CCA approved the appellant for 38 hours and 30 minutes of PCA services per week for the service period 8/14/2025-8/13/2026.

The Appeals Manager began CCA's testimony. The reason for the appeal is that on October 7, 2025, CCA was informed by the appellant's Personal Care Management (PCM) agency that the appellant is non-compliant in reporting her PCA's time worked via the electronic visit verification (EVV) system, and that as a result, her PCA services were being terminated; on that same day, CCA notified the appellant that her PCA services were being terminated. Testimony

¹ CCA's submission indicates that the appellant has received PCA services continuously since 2014. See Exhibit 5 at 38.

and Exhibit 5.² CCA then received a level one appeal request from the appellant on October 8, 2025; this request was made verbally. Testimony. The level one appeal request was reviewed by a CCA Medical Director on October 30, 2025; it was denied on the same day. The reason for the denial of the level one appeal is the same reason for the initial termination on October 7, 2025: the appellant was not using the EVV system to report her PCA's hours worked as required by regulation. The level one denial notice on appeal was issued to the appellant on November 3, 2025.

To supplement its testimony, CCA submitted written documentation regarding the appellant's alleged EVV system non-compliance. See Exhibit 5 at 1-5. CCA submitted 117 total pages of documentation as part of its prehearing submission; there is no documentation within these files of any communications between the PCM agency and the appellant, such as call logs or copies of written communications between the appellant and the PCM agency. This file includes a CCA case summary of the rationale for the internal level one appeal denial, and this summary contains a timeline of communications regarding the appellant's non-compliance with the EVV system that were logged between the PCM agency and CCA. This document was signed by an R.N. Appeals & Grievances reviewer for CCA. *Id.* There are only three (3) communications from the PCM agency that are referenced in the case summary which discuss the appellant's non-compliance with the EVV system. The case summary states:

On 07/09/2025 The SCO team received a message stating "Please follow up with the member to inquire why member is not utilizing Electronic Visit Verification for PCA services. Member's PCA services are being terminated as the member is not utilizing EVV as required by MassHealth" This SCO RN spoke with [appellant] who stated she does not have a smart phone to utilize the EVV system. Needs assistance in obtaining an EVV device to enroll in the program. Also stated neither herself nor her PCA read or communicate in the English language therefore will need assistance enrolling in the EVV system. This SCO RN sent email to [PCM agency] EVV to request assistance with this matter.

Id. at 2.

The CCA case summary goes on to document one additional communication from the PCM agency regarding the appellant before October 2025: "On 07/21/2025 Message received from [the PCM agency] EVV 'A skills trainer has been assigned to this Consumer for assistance.'" *Id.* The last communication entry from the PCM agency to CCA regarding the appellant's non-compliance with the EVV system states:

On 10/07/2025 SCO team received message stating 'Member's PCA services are

² EVV is defined at 130 C.M.R. 422.401 as the method or system designated or approved by EOHHS to electronically verify service delivery in the form and format as required by the MassHealth agency.

being terminated effective 11/6/25 as the member is not utilizing EVV as required by MassHealth. Please work with member to coordinate other services to meet the member's needs.' This SCO RN outreached [appellant] to inform her, her PCA services has been suspended due to non-compliance of EVV system. Informed [appellant] the suspension will begin as of 11/06/2025. Advise her to outreach [the PCM agency] EVV 1-877-479-7577, Option #9 –to request assistance with process. PCA was also present with [appellant] during call and was also advised to assist in calling The PCM agency EVV. [Appellant] verbalized understanding.

Id.

The appellant responded to the Appeals Manager's testimony. She stated:

[My PCA] that is working here had worked with me for three years. Then I received a letter that the home services were denied. I asked why. He told me that the person was not doing the work on the phone. They told me that they were going to give me a tablet to do it because I do not have a smartphone. I had the same phone for, like, 20 years. I never received any tablet. Well, they denied the services. She worked here for a month, but she was not paid. And I asked her to leave because I was not going to be able to pay her.

Testimony.

The Hearing Officer confirmed that it was the appellant's testimony that she had never received a tablet from her PCM agency to report her PCA's hours worked via the EVV system. The appellant then stated that she had never received skills training or training materials in Spanish from her PCM agency, and she is unable to communicate in English. Testimony.

The R.N. Manager then offered testimony on behalf of CCA. He testified that MassHealth regulations mandate that PCA services must be verified via the EVV system. The PCA or the member must record the PCA's hours via the EVV system, unless they have an approved exemption. Testimony. The reason that CCA issued the termination notice to the appellant is because the appellant's PCM agency, Tempus, Inc., notified CCA that the appellant has not been compliant with the EVV system since April 2025. He testified, "It is the responsibility of Tempus to complete a home visit with [the appellant] to educate them on using the EVV system. Once [the EVV training] is completed, Tempus is then supposed to send a new prior authorization request to CCA with proof of that home visit so PCA services can be reinstated." Testimony. Determining compliance with the EVV system is outside of the scope of CCA's authority. He stated, "CCA does not hold any responsibility over this portion of the PCA program. We only determine how many [PCA] hours are medically necessary." Testimony.

The Hearing Officer then inquired about the status of the appellant's skills training sessions with the PCM agency. There is no documentation in CCA's prehearing submission that indicates that the PCM agency has been compliant with their obligation to provide the appellant with a tablet or that the PCM agency had provided in-person skills training to the appellant to use a tablet to report her PCA's hours worked via the EVV system. See Exhibit 5. The R.N. Manager answered, stating, "On October 7, 2025, the member's care team reached out to her and her PCA to explain that they had to outreach Tempus. We gave them the number." Testimony. This is documented in Exhibit 5 on page 2. He continued his testimony, "[CCA provided] instructions [to the appellant] about what needs to be done and how. It's certainly not a non-complex thing, but yes, we have no evidence that Tempus has done anything." Testimony. Unfortunately, CCA must stand on its determination today³.

The appellant responded to this discussion. She stated that she was promised a tablet to enable her to use the EVV system and she never received it. The appellant does not own a smartphone or have access to the internet. The PCM agency failed to provide her with the necessary technology to comply with the EVV system and did not communicate with her in Spanish. The appellant has been without a PCA since early November 2025, at least 60 days as of the day of the hearing. She stated, "I have to say is that it was a surprise for me. I have five years that I've been using a wheelchair...I have burned myself several times trying to use the stove because I've been trying to do it myself. And the person that has been helping me out now is my neighbor." Testimony.

Findings of Fact

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

1. The appellant is over the age of [REDACTED] and lives alone in the community. Testimony, Exhibit 5.
2. The appellant's medical diagnoses include [REDACTED]
[REDACTED]
[REDACTED] She ambulates solely by wheelchair. Testimony, Exhibit 5.
3. The appellant was deemed clinically eligible for PCA services. Testimony, Exhibit 5.
4. As of August 13, 2025, CCA approved the appellant for 38 hours, 30 minutes of day/evening PCA services per week. Testimony, Exhibit 5.

³ The R.N. Manager noted that when the appellant filed the Level One appeal, CCA placed a "continuation" on the appellant's current PCA service period that ended on November 5, 2025. The appellant was authorized to receive 38.5 hours per week from 8/14/2025-8/13/2026. This means that once a decision in this appeal is issued, CCA will be able to re-activate her continued service period to reinstate the appellant's PCA services. Testimony.

5. On October 7, 2025, CCA informed the appellant that her PCA services were being terminated for non-compliance with the EVV system. The appellant verbally requested a level one appeal of this decision on October 8, 2025. Testimony.
6. The appellant underwent the CCA internal appeal process, which resulted in a termination notice being issued on November 3, 2025. Exhibits 1, 5.
7. The appellant filed a timely appeal of the November 3, 2025 termination notice with the Board of Hearings on December 24, 2025. Exhibit 2.
8. The PCM agency did not document any in person skills training meetings with the appellant since April 2025. Testimony; Exhibit 5.
9. Prior to terminating the appellant's PCA services, the PCM agency did not document any skills training episodes with the appellant, and the PCM agency did not provide any evidence that the appellant received a tablet computer to utilize the EVV system. The PCM agency only reported three instances of EVV non-compliance by the appellant to CCA between April 2025 and October 2025. Testimony; Exhibit 5 at 1-2.
10. The appellant has been enrolled with CCA and receiving PCA services since 2020, and the appellant never had a problem with reporting her PCA's hours worked until April 2025. Testimony; Exhibit 5.
11. The appellant asserted that her PCM agency does not communicate with her in Spanish, she never received telephonic or in-person EVV training from her PCM agency, and she never received a tablet computer from her PCM agency to report her PCA's hours via the EVV system. Testimony.
12. The appellant is not diagnosed with any cognitive deficits. Exhibit 5.
13. The appellant has not had a PCA since November 5, 2025. Testimony.

Analysis and Conclusions of Law

MassHealth has contracted with individual private insurance companies, referred to as managed care organizations (MCOs), to deliver care to relevant members under the regulations. See 130 C.M.R. 508.000. One such type of MCO is a senior care organization (SCO), designed to manage the care of certain MassHealth members over the age of 65. Massachusetts law defines an SCO as "a comprehensive network of medical, health care, and social service providers that integrates all components of care, either directly or through subcontracts." M.G.L. ch. 118E § 9D(a). Further, "SCOs will be responsible for providing enrollees with the full continuum of Medicare and

MassHealth covered services.” The MassHealth regulations establish the member selection process for SCOs at 130 C.M.R. 508.008.

An SCO has specific statutory and regulatory requirements by which it must abide regarding the scope of its coverage and its internal appeal process. “[T]he amount, duration, and scope of Medicaid-covered services shall be at a minimum no more restrictive than the scope of services provided under MassHealth standard coverage.” M.G.L. ch. 118E § 9D(d). In essence, the SCO must provide everything under the MassHealth regulations and may have services or coverage that range beyond the scope of those provided by MassHealth.

MassHealth regulations apply to SCOs and provide that “[m]embers are entitled to a fair hearing under 130 C.M.R. 610.00: MassHealth Fair Hearing Rules to appeal...a determination by...one of the...SCOs...if the member has exhausted all remedies available through the contractor’s internal appeals process.” 130 C.M.R. 508.010(B). This obligates an SCO to follow the fair hearing rules when defending decisions before the Board of Hearings.

Typically, “[a]ll medical services to members enrolled in an MCO...are subject to the prior authorization and referral requirements of the MCO.” 130 C.M.R. 508.004(2). In this case, the CCA representatives testified, and their submitted documentation confirmed, that they rely upon the MassHealth guidelines in reviewing prior authorization requests for PCA services. See Exhibit 5 at 54-65. MassHealth will authorize coverage of PCA services when:

- (1) The PCA services are authorized for the member in accordance with 130 C.M.R. 422.416.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform [Activities of Daily Living (ADLs)] and [Instrumental Activities of Daily Living (IADLs)] without physical assistance.⁴
- (3) The member, as determined by the PCM agency, requires physical assistance with two or more of the ADLs as defined in 130 C.M.R. 422.410(A).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

130 C.M.R. 422.403(C).

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. See 130 C.M.R. 420.410(A)(1). MassHealth regulations about PCA services are found at 130 C.M.R. 422.000 *et seq.* Regulation 130 C.M.R. 422.402 defines a PCA as a person who is hired by the

⁴ ADLs include assistance with mobility, medications, bathing or grooming, dressing or undressing, passive range of motion, and toileting, while IADLs include household services (such as laundry, shopping, and housekeeping), meal preparation and clean-up, transportation, and other special needs codified in the regulations. 130 C.M.R. 422.410(A) and (B).

member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living (ADLs) and instrumental activities of daily living (IADLs) as described in 130 C.M.R. 422.410.

Pursuant to 130 C.M.R. 450.204(A), MassHealth will not pay a provider for services that are not medically necessary; and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary. A service is "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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth pursuant to a prior authorization request, to be available to the member through sources described in 130 C.M.R. 450.317(C), 503.007, or 517.007.

Here, CCA terminated the appellant's PCA services, despite a finding that the appellant is clinically eligible for PCA services. Between April 2025 and October 2025, on only three occasions, the appellant's PCM agency reported to CCA that the appellant was not compliant with the electronic visit verification (EVV) system to report her PCA's hours worked. As a result of the final October 2025 report from the PCM agency, CCA ended the appellant's PCA services effective November 5, 2025.

It is not clear from the record that the appellant is unable or unwilling to use the EVV system for reporting PCA hours as required by MassHealth; the written record documents zero instances of skills training, either in person or telephonic, between the PCM agency and the appellant. I strongly credit the appellant's testimony that she attempted to interact with her PCM agency and requested assistance and training in reporting her PCA's hours via the EVV system. I strongly credit the appellant's testimony that she did not receive any skills training regarding how to use the EVV system from her PCM agency; that she did not receive communications from her PCM agency in her preferred language; and that she never received a tablet computer from her PCM agency to report her PCA's hours worked.

Furthermore, the evidence shows that despite her age and her physical and medical limitations, the appellant was able to successfully manage the PCA program since her enrollment with CCA for over four years without issue until April 2025. Additionally, there is no documentation of successful skills training ever being performed by the PCM agency with the appellant. There is

nothing in the record beyond the two-page summary of CCA's level one internal appeal, which only reflects the PCM agency's side of the interactions, and which only documents a total of three communications between the PCM agency and CCA, to support the CCA decision to terminate PCA services. The rest of the submitted written record is limited to the appellant's medical record and the PCA time for task guidelines and medical necessity guidelines.

In short, there is little evidence that the appellant is unable or unwilling to perform the PCA management task of utilizing the EVV system for reporting PCA hours, as asserted by the PCM agency. Rather, the evidence shows that the PCM agency has not fulfilled its obligations to the appellant; it did not provide any training in the EVV system or assistance to the appellant. The legal basis on which the appellant's medically necessary PCA services were terminated was quite thin, and as of the date of the hearing, the appellant had been without her medically necessary PCA services for over sixty days.

I conclude that currently, the appellant is capable of managing the EVV system for reporting her PCA's time worked. The PCM agency must provide meaningful assistance to the appellant in how to use the EVV system successfully, including providing a tablet, skills training, and training materials in Spanish to the appellant. CCA's decision to terminate the appellant's PCA services effective November 5, 2025 was incorrect.

This appeal is APPROVED.

Order for Senior Care Organization

Rescind notice of November 3, 2025. Send notice to the appellant apprising her that she will receive 38 hours and 30 minutes per week of PCA services, effective November 6, 2025.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

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