

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Approved in part; Remanded	Appeal Number:	2519222
Decision Date:	02/19/2026	Hearing Date:	01/28/2026
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Kelly Rayen, R.N., Clinical Appeal 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:	Dismissed in part; Approved in part; Remanded	Issue:	Prior Authorization; Personal Care Attendant (PCA) Services
Decision Date:	02/19/2026	Hearing Date:	01/28/2026
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	Pro se
Hearing Location:	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 December 16, 2025, MassHealth denied the appellant's prior authorization request for personal care attendant (PCA) services because the clinical record did not support that the appellant requires hands-on assist with at least two or more Activities of Daily Living (ADL). See 130 CMR 450.204; 130 CMR 422.403; and Exhibit 1. The appellant filed a timely appeal on December 29, 2025. See 130 CMR 610.015(B) and Exhibit 2. A decision regarding the scope or amount of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 610.032(A)(3).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for personal care services.

Issue

Whether MassHealth erred in denying the appellant's request for personal care services. See 130 CMR 422.403 and 130 CMR 450.204.

Summary of Evidence

All parties participated telephonically. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The MassHealth representative testified that the documentation submitted shows that the appellant is in her [REDACTED] with a primary diagnosis of [REDACTED]. The appellant has a history of [REDACTED]. She uses a cane and a walker. She is currently using a wheelchair post second knee surgery. See generally Exhibit 6.

On December 11, 2025, the appellant's personal care management (PCM) agency, Northeast Independent Living Program, submitted a prior authorization request for PCA services requesting 21 hours and 45 minutes per week for one year. This submission was supported by the evaluating nurse's submission, Exhibit 6, pp. 20-30, the Occupational Therapy Functional Status Report, *id.* at 10-14, and the appellant's submission. See Exhibit 5.

The MassHealth representative stated that the submitted records indicate that the appellant is independent with mobility activities using a cane, repositioning, and passive range of motion. See Exhibit 6, pp. 20-21. She does not require assistance with grooming, eating, or taking medication. These findings demonstrate that the appellant has sufficient functional ability and some use of her hands and arms to complete essential tasks. Additionally, with the use of adaptive equipment and occupational therapy services, the appellant is capable of performing ADLs independently. MassHealth's reviewers are obligated to look for less costly options to meet the member's needs. This reviewer was able to identify other less costly options to assist the appellant. See Exhibit 6, pp. 81-87. On December 16, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs.

The appellant confirmed that she has never participated in occupational therapy but stated that she currently has the following adaptive equipment: wheelchair, walker, cane, shower chair, elevated toilet seat, and a reacher. The appellant provided a letter from her physician stating that "she is permanently disabled because of her diabetic neuropathy and severe osteoarthritis of knees and shoulders...[she is] wheelchair bound...needs help for ADLs like bathing, show[er]ing and transferring to and from bathroom, grooming, dressing, medication management and IADLs..." See Exhibit 5.

The following ADLs and IADLs were in dispute during the hearing:

Mobility Transfers:

The appellant requested 2 minutes, once per day, 7 days per week. The MassHealth representative stated that the appellant is independent with mobility. She stated that the appellant can work with an occupational therapist who can recommend a bed transfer rail and train the appellant how to utilize the same independently.

The appellant testified that due to her diabetes and cancer treatment, she is experiencing neuropathy in her upper body and her feet. She added that she suffered from a right shoulder injury in [REDACTED] which required surgery in [REDACTED]. As a result, she developed [REDACTED] in her shoulder and is unable to bear weight utilizing her right arm. The appellant confirmed bilateral knee replacement surgeries, with the most recent procedure performed in [REDACTED]. Since the surgery, she has experienced at least two falls while transferring from her bed to the bathroom. She stated that due to neuropathy in both her feet and weakness in her knees, she is unable to bear weight and is currently relying on a wheelchair for mobility. See Exhibit 5. She requires hands-on assistance getting out of bed. See Exhibit 6, pp. 20-21.

Bathing:

The appellant requested 25 minutes, once per day, 7 days per week inclusive of hair washing and bathing transfer. The MassHealth representative stated that the appellant requires minimal assistance with transferring to shower, washing hair, and washing her lower body. She added that the appellant is independent with grooming which tells the reviewer that she has the functional ability to do these tasks utilizing adaptive equipment such as a shower transfer chair and a long-handle bathing brush. See Exhibit 6, pp. 23-24.

The appellant stated that a shower transfer chair would not be beneficial in her case because she has a shower stall and not a tub. She added that she utilizes a shower chair but needs help getting placed on and off the chair due to the size of her shower stall, her knees and bilateral neuropathy in her feet and shoulder. She stated that she can assist with washing her upper body and may be able to reach her feet with a long-handle bathing brush. She explained that she is unable to reach her lower body due to her size and requires hands-on assistance with her lower body.

Dressing and Undressing:

The appellant requested 7 minutes, once per day, 7 days per week for dressing and 5 minutes, once per day, 7 days per week for undressing. The MassHealth representative stated that the appellant requires moderate assistance with these tasks. She added that the comments indicate that the appellant can assist with the dressing and undressing of her upper body but requires physical assistance with putting on pants, donning socks and footwear. The MassHealth representative stated that the appellant can work with an occupational therapist and use adaptive equipment such as a "hip kit" to help with her lower dressing needs. See Exhibit 6, pp. 27-28.

The appellant reiterated that she is unable to bear weight on her knees and cannot feel her feet due to bilateral neuropathy. She is also obese and is unable to reach her lower extremities. As such, she is unable to pull her pants up and don her socks and footwear independently. She added that she cannot extend her right arm past her shoulder in order to put on a bra.

Toileting (bladder care and bowel care)

The appellant requested 2 minutes, 5 times per day, 7 days per week for bladder care and 2 minutes, once per day, 7 days per week (day) and 2 minutes, once per night, 2 nights per week (night) for bowel care. The MassHealth representative reiterated her testimony and added that the appellant is independent with hygiene. She stated that the appellant can utilize an elevated toilet seat and an occupational therapist could teach her how to get on and off the seat while getting her pants on and off. Exhibit 6, pp. 30-31.

The appellant testified that she suffers from irritable bowel syndrome (IBS). She stated that her cancer treatment had exacerbated her condition. She added that she has frequent flareups and that she has bowel movements during the night due to her illness and flareups. She reiterated her previous testimony regarding her inability to bear weight on her knees. She stated that either her son or her husband assists with taking off her pants and underwear while she tries to hold herself up utilizing her walker. As such, she requires hands-on assistance with bladder and bowel care.

IADLS: meal preparation, and medical transportation

The appellant requested 20 minutes per day, 5 days per week for lunch preparation and 5 minutes per week for transportation to medical appointments. This time was not approved because MassHealth had determined that the appellant did not require hands-on assistance with at least two or more ADLs. She added that the appellant lives with her spouse and her spouse would be responsible for her IADLs.

The appellant agreed that she does not require assistance with her medical transportation as her spouse is able to provide that. She added that her spouse works five days a week and she is unable to access her kitchen due to steps. As such, she requires assistance retrieving her meal or preparing the same five days per week while her spouse is at work.

Findings of Fact

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

1. The appellant is in her [REDACTED] with primary diagnosis of [REDACTED] (Testimony and Exhibit 6).

2. The appellant has a history of [REDACTED] (2019). Id.
3. The appellant uses a wheelchair, walker, and a cane to ambulate. (Testimony).
4. On December 11, 2025, MassHealth received a prior authorization request for PCA services requesting 21 hours and 45 minutes per week for one year. (Testimony).
5. MassHealth reviewer was able to identify other less costly options to assist the appellant. (Testimony).
6. On December 16, 2025, MassHealth denied the prior authorization request as the agency determined that the appellant did not require assistance with 2 or more ADLs. (Testimony and Exhibit 1).
7. The appellant filed a timely appeal on December 29, 2025. (Exhibit 2).
8. The appellant requested PCA service hours with the following ADLs: mobility (transfers – 2x1x7) ¹, bathing (25x1x7), dressing (7x1x7), undressing (5x1x7), toileting (bladder care – 2x5x7, bowel care (day) – 2x1x7, bowel care (night) – 2x1x2). (Testimony and Exhibit 6).
9. The appellant also requested PCA service hours for IADLs, namely: meal preparation (20x1x5) and medical transportation (5 times per week). (Exhibit 6).
10. The appellant has not participated in occupational therapy. (Testimony).
11. The appellant has the following adaptive equipment: walker, cane, shower chair, elevated toilet seat, and a reacher. (Testimony).
12. Due to diabetes and cancer treatment, the appellant has neuropathy in her upper body and her feet. (Testimony and Exhibit 5).
13. The appellant has osteoarthritis in her right shoulder due to past injury resulting in surgery. (Testimony and Exhibit 5).
14. The appellant has had bilateral knee replacement surgeries. Id.
15. The appellant has experienced at least two falls while transferring from her bed to the bathroom. (Testimony and Exhibit 6).

¹ The notation (AxBxC) refers to A minutes per session, B times per day, C days per week.

16. The appellant is unable to bear her weight due to neuropathy in both her feet and weakness in her knees. (Testimony).
17. The appellant is currently relying on a wheelchair for mobility. (Testimony and Exhibit 5).
18. The appellant requires assistance getting placed on and off the shower chair due to the size of her shower stall, her knees, and bilateral neuropathy in her feet and shoulder. (Testimony).
19. The appellant is unable to reach her lower body due to her size and requires hands-on assistance with her lower body bathing. (Testimony).
20. Dressing and undressing are grouped together and considered to be one ADL. (MassHealth regulations).
21. The appellant requires hands-on assistance with dressing and undressing her lower body due to her obesity and bilateral neuropathy. (Testimony).
22. Bladder care and bowel care are grouped together and considered to be one ADL. (MassHealth regulations).
23. The appellant suffers from irritable bowel syndrome (IBS) which has been exacerbated by her cancer treatment. (Testimony).
24. The appellant requires hands-on assistance with bladder and bowel care due to her inability to bear weight and her size. (Testimony).
25. The appellant is unable to access her kitchen due to stairs while her spouse is at work five days per week. (Testimony).

Analysis and Conclusions of Law

Regulations concerning personal care attendant (PCA) services are found at 130 CMR 422.000, et seq. PCA is defined as a person who is hired by the member or surrogate to provide PCA services. See 130 CMR 422.402. PCA services are physical assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), as described in 130 CMR 422.410. Id.

MassHealth covers personal care 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.

See 130 CMR 422.403(C).

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 CMR 450.317(C), 503.007, or 517.007. See 130 CMR 450.204(A).

The regulation concerning ADLs in 130 CMR 422.410 is as follows:

(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, MassHealth denied the appellant's request for PCA services because it determined that the appellant does not require assistance with 2 or more ADLs. See 130 CMR 422.403(C)(3); Exhibit 1; Exhibit 6.

The record and the appellant's testimony indicate that the appellant is using a few pieces of the adaptive equipment as suggested by the MassHealth representative but without any progress. The appellant credibly testified that due to her diabetes and cancer treatment, she is experiencing permanent neuropathy in her upper body and her feet. She explained that after suffering from a right shoulder injury in [REDACTED] which required surgery in [REDACTED] she developed osteoarthritis in her shoulder and is unable to bear weight utilizing her right arm. Additionally, the appellant has had bilateral knee replacement surgeries, with the most recent procedure performed in [REDACTED]. Since the surgery, she has experienced at least two falls while transferring from her bed to the bathroom. The appellant, who is obese and suffers from neuropathy in both her feet and weakness in her knees, is unable to bear weight and is currently relying on a wheelchair for mobility. The appellant's position is further corroborated by a letter from her treating physician substantiating the severity and permanence of her diagnosed conditions and their functional impact. See Exhibit 5.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983). The appellant has met this burden based on both documentary evidence and testimony. As such, I find that the appellant requires hands-on assistance with the requested ADLs. Accordingly, this portion of the appeal is APPROVED and REMANDED to MassHealth to determine the medically necessary number of hours of PCA assistance for these ADLs.

At the hearing, the appellant agreed that she does not need assistance with medical transportation which is an IADL. As such, this portion of the appeal is DISMISSED in accordance with 130 CMR 610.035(A)(8).

Regarding the remaining IADL, the appellant testified that she is unable to navigate the steps to her kitchen to retrieve her lunch when her spouse is at work, five days per week. When a member resides with a family member, that family member is generally responsible for the performance of most IADLs. See 130 CMR 422.410(C)(1). However, the regulations further require the agency to consider the member's individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs. See 130 CMR 422.410(C)(3). The appellant's spouse works full-time and is not home five days per week. During those times, the appellant is unable to navigate the steps to her kitchen to meal prep or retrieve her lunch. As such, I find that the appellant requires hands-on assistance with this task. Accordingly, this portion of the appeal is APPROVED and REMANDED to MassHealth to determine the medically necessary number of hours of PCA assistance for this IADL.

Order for MassHealth

Rescind December 16, 2026, notice of denial. Redetermine PCA service hours for the requested ADLs and IADL.

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, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

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