

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2502987
Decision Date:	4/29/2025	Hearing Date:	03/28/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:



Appearance for MassHealth:

Via telephone:

Kelly Rayen, RN

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 in part; Denied in part; Dismissed in part	Issue:	Prior Authorization – PCA
Decision Date:	4/29/2025	Hearing Date:	03/28/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	Father
Hearing Location:	Quincy Harbor South	Aid Pending:	Yes

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 February 13, 2025, MassHealth modified the appellant's prior authorization request for personal care attendant (PCA) services (Exhibit 1). The appellant filed this appeal in a timely manner on February 20, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Modification and/or denial of PCA hours is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in modifying the appellant's prior authorization request for PCA services.

Summary of Evidence

The MassHealth representative appeared via telephone and identified herself as a registered nurse and clinical appeals reviewer. The appellant is a minor who was represented at hearing via telephone by his father, who was assisted by a [REDACTED] interpreter.

The MassHealth representative testified that the documents submitted show that the appellant has a primary diagnosis of autism. Relevant medical history shows cognitive deficits, poor fine motor skills, and poor safety awareness. On February 11, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services requesting 32 hours per week for 40.14 school weeks and 33 hours and 30 minutes per week for 12 vacation weeks for dates of services of April 27, 2025 through April 26, 2026. MassHealth modified the request to 28 hours and 15 minutes per week during school weeks and 30 hours and 30 minutes per week during vacation weeks.

MassHealth made modifications to the following activities of daily living (ADLs) and instrumental activities of daily living (IADLs): grooming – hair care; grooming – shaving; eating; other healthcare needs – feeding a snack; and laundry. At hearing, parties were able to resolve the disputes related to shaving and eating.¹

Grooming – Hair

The appellant requested 5 minutes, 1 time per day, 7 days per week for hair care for both school and vacation weeks. MassHealth modified the request to 2 minutes, 1 time per day, 7 days per week.

The MassHealth representative explained that hair care includes the time it takes for the PCA to perform the tasks of combing and brushing the appellant's hair and 5 minutes per day is longer than ordinarily required to complete the task. It does not include time for coaching and redirecting. The appellant also had 2 minutes per day last year for haircare.

The appellant's father explained that the appellant does not stand in one spot. He jumps around and is constantly moving and walking. His hair is a normal length for a boy, not too long. As the appellant is growing, he is stronger and moves around more.

Other Healthcare Needs – Feeding a Snack

The appellant requested 5 minutes, 1 time per day, 5 days per week and 5 minutes, 2 times per day, 2 days per week during school weeks and 5 minutes, 2 times per day, 7 days per week during

¹ MassHealth fully restored the time as requested for shaving (10 minutes, 1 time per day, 7 days per week) and eating (15 minutes, 3 times per day, 7 days per week).

vacation weeks for feeding a snack.

The MassHealth representative testified that the time was denied because the clinical record shows that the appellant has sufficient functional ability to feed himself a snack without assistance. Additionally, the documentation submitted supports that the time is for supervising, cueing, and stand-by assistance which is not covered by the PCA program.

The appellant's father testified that the appellant has the strength to feed himself, but he won't. He will engage in other activities instead and someone has to actually feed him so he will eat the snack. If left to himself, he will eat one bite and then be done. Someone watches him and helps him to eat. He has an aversion to the smell of some foods and when he smells it, he won't eat it. Someone needs to watch him to make sure he does not smell his food, because then he won't eat it.

Laundry

The appellant requested 30 minutes per week for PCA assistance with laundry for both school and vacation weeks. MassHealth denied the request and did not approve any time.

The MassHealth representative explained that the appellant lives with his parents who are responsible for providing non-reimbursable assistance with IADLs, such as laundry.

The appellant's father explained that the appellant creates an excessive amount of laundry and his clothes have to get washed separately from the rest of the family. They do two loads of laundry per day for the appellant. He does not use tissues or napkins but instead wipes stuff on his clothes. Additionally, he frequently has accidents (both bladder and bowel) in his underwear. As such, the appellant goes through multiple clothing changes every day. Due to accidents, his bed sheets need to be changed five to six days per week. The appellant lives with his mother, father, brother and sister. Both parents work outside of the home seven days per week because they own their own business. They try to do as much of the laundry and care for the appellant themselves, but they need some assistance.

Findings of Fact

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

1. The appellant is a minor MassHealth member with a primary diagnosis of autism (Testimony and Exhibit 5).
2. On February 11, 2025, MassHealth received a prior authorization request for PCA services requesting 32 hours week for 40.14 school weeks and 33 hours and 30 minutes per week for

12 vacation weeks for dates of services of April 27, 2025 through April 26, 2026 (Testimony and Exhibit 5).

3. On February 13, 2025, MassHealth modified the request to 28 hours and 15 minutes per week for 40.14 school weeks and 30 hours and 30 minutes per week for 12 vacation weeks (Testimony and Exhibit 1).
4. The appellant filed this appeal in a timely manner on February 20, 2025 (Exhibit 2).
5. At hearing, the parties were able to resolve disputes related to PCA assistance with grooming – shaving and eating (Testimony).
6. The appellant seeks time for PCA assistance with grooming – hair care as follows: 5 minutes, 1 time per day, 7 days per week (Testimony and Exhibit 5).
7. MassHealth modified the request to 2 minutes, 1 time per day, 7 days per week (Testimony and Exhibits 1 and 5).
8. The appellant seeks time for PCA assistance with other healthcare needs – feeding a snack as follows: 5 minutes, 1 time per day, 5 days per week and 5 minutes, 2 times per day, 2 days per week during school weeks and 5 minutes, 2 times per day, 7 days per week during vacation weeks (Testimony and Exhibit 5).
9. MassHealth denied the request and did not approve any time because the clinical record shows that the appellant has sufficient functional ability to feed himself a snack without assistance (Testimony and Exhibits 1 and 5).
10. The appellant seeks time for PCA assistance with laundry as follows: 30 minutes per week (Testimony and Exhibit 5).
11. MassHealth denied the request because the appellant lives with his parents (Testimony and Exhibits 1 and 5).

Analysis and Conclusions of Law

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 personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.

(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 personal care 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 or grooming;
- (d) dressing or undressing;
- (e) range-of-motion exercises;
- (f) eating; and
- (g) toileting.

(4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

See 130 CMR 422.403(C).

The requested services must also be medically necessary for the prior authorization to be approved. 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 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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider or identified by the Division 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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make

those records, including medical records, available to the Division upon request.
(See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

- (C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

See 130 CMR 450.204

Pursuant to 130 CMR 422.410(A), activities of daily living include the following:

- (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 basic care such as bathing, personal hygiene, and grooming skills;
- (4) dressing or undressing: 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 and bladder needs.

Pursuant to 130 CMR 422.410(B), 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 personal care services; and
 - (c) other special needs approved by the Division as being instrumental to the health care of the member.

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;**
- (D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility;
- (E) PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- (F) services provided by family members, as defined in 130 CMR 422.402; or**
- (G) surrogates, as defined in 130 CMR 422.402.**

See 130 CMR 422.412 (emphasis added).

MassHealth will consider individual circumstances in determining the number of hours of PCA services that a member needs, but “[w]hen 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.” See 130 CMR 422.410(C) (emphasis added). Family members include spouses, parents, or any legally responsible relative. See 130 CMR 422.402.

As to the request for PCA assistance with grooming – hair care and eating, the appeal is dismissed because parties were able to resolve the disputes at hearing.

Regarding the appellant’s request for PCA assistance with grooming – hair care, the appeal is denied. The appellant has not demonstrated that PCA assistance with hair care takes longer than the time approved. The appellant does not have long hair. Hair care involves time for brushing and combing. While the appellant moves around a lot during haircare, time for redirecting, cueing, prompting, supervision, guiding, or coaching is not included in the PCA program. For this reason, the appellant has not shown that additional PCA assistance with grooming – haircare is medically necessary.

Regarding the appellant’s request for PCA assistance with other healthcare needs – feeding a snack, the appeal is denied. As the appellant’s father testified, the appellant can physically feed himself a snack, but needs to be prompted and reminded to eat. Time for cueing, prompting,

supervision, guiding, or coaching are not included under the PCA program. For this reason, the appellant has not shown that PCA assistance with other healthcare needs – feeding a snack is medically necessary.

As to the appellant's request for PCA assistance with laundry, the appeal is approved. MassHealth did not approve any time for PCA assistance with laundry because the appellant lives with a responsible family member and laundry, as an IADL, is the legal guardian's responsibility. The regulation requires family members to provide "**routine** laundry" and "household management" assistance. The appellant's need for laundry services related to his medical condition far exceeds the laundry services anticipated through "household management" or "routine laundry." The appellant's father testified credibly that the appellant's medical condition results in an excessive amount of laundry being generated daily, including multiple clothing changes per day and bed linens five to six times per week. Because of his urinary and bowel incontinence, the appellant's laundry must be done separately from the rest of the household. This results in two loads of laundry every day for the appellant alone. MassHealth considers individual circumstances in determining the number of hours of PCA services. Not only does the appellant have excessive laundry needs, but the appellant's parents both work outside of the home seven days per week. Therefore, the appellant's medical condition results in the need for laundry assistance in excess of the routine laundry assistance that would be expected for regular household maintenance. For these reasons, the appellant is approved for 30 minutes per week for PCA assistance with laundry, as requested.

For these reasons, the appeal is approved in part, denied in part, and dismissed in part.

Order for MassHealth

Approve 30 minutes per week for laundry and implement the agreements made at hearing for grooming – shaving (10 minutes, 1 time per day, 7 days per week) and eating (15 minutes, 3 times per day, 7 days per week).

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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