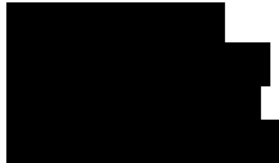


Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2505433
Decision Date:	8/11/2025	Hearing Date:	06/16/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN, Clinical Appeals reviewer
Heather Adams, RN, Optum (observing)



*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:	8/11/2025	Hearing Date:	06/16/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	Parent
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 3/19/25, MassHealth notified Appellant, a minor, that it modified his request for personal care attendant services. Appellant's mother filed a timely appeal on Appellant's behalf on 04/04/25. *See* 130 CMR 610.015(B) and Exhibit 2. Denial and/or modification of assistance is valid grounds for appeal. *See* 130 CMR 610.032. A hearing was initially scheduled for 5/12/25; however, at Appellant's request, the hearing was rescheduled and conducted on 6/16/25. *See* Exhs. 5-7.

Action Taken by MassHealth

MassHealth modified Appellant's request for personal care attendant services.

Issue

The appeal issue is whether MassHealth was correct in modifying Appellant's request for personal care attendant services.

Summary of Evidence

At hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Appellant, a minor, was represented by his mother. All parties appeared by telephone.

Through testimony and documentary evidence, the MassHealth R.N. representative presented the following information: Appellant is [REDACTED] and is enrolled as a consumer in MassHealth's personal care attendant (PCA) program. On 2/27/25, a registered nurse (R.N.) from [REDACTED] a personal care management (PCM) agency and otherwise referred to as Appellant's "provider," conducted a re-evaluation of Appellant to determine his level of need for continued PCA services. See Exh. 9, p. 7. According to the nursing evaluation, Appellant has diagnoses of spina bifida, mid-spine level; myelomeningocele (left shoulder) with paralysis from the umbilical down since birth; hydrocephalus; shunt removal at 11 months of age; inability to ambulate within normal limits; bilateral club feet; and neurogenic bladder and bowel. *Id.* at 7-9. The PA request noted that Appellant lives with his mother and father; that his father works long hours to support the family; and that Appellant is the oldest of four children in the home and, as of the evaluation date, the family was expecting another sibling due in [REDACTED] *Id.*

Based on the re-evaluation, [REDACTED] sent MassHealth a prior authorization (PA) request on 3/17/25 seeking continued PCA services for Appellant at 50 hours per week for 37.14 school weeks and 54 hours and 15 minutes per week for 15 vacation weeks for dates of service 4/27/25 through 4/26/26. See Exh. 1, p. 3; Exh. 9.

On 3/19/25, MassHealth notified Appellant that it modified his PA request to 20 hours and 15 minutes per week for 37.14 school weeks and 21 hours and 45 minutes per week for 15 vacation weeks. See Exh. 1. Specifically, MassHealth modified the times for the following individual activities of daily living (ADLs) and instrumental activities of daily living (IADLs): (1) wheelchair mobility; (2) repositioning; (3) bathing (quick wash); (4) grooming (other); (5) dressing; (6) undressing; (7) eating (daytime / vacation weeks); (8) eating (nighttime); (9) bladder care (daytime); (10) bowel care (daytime); (11) bladder care (nighttime) (12) bowel care (nighttime); (13) other healthcare needs (snacks) (school weeks); and (14) meal preparation - based on MassHealth regulations at 130 CMR §§ 422.410 (ADLs); 422.412 (non-covered services); and 450.204 (medical necessity). See Exh. 1.

At the hearing, the parties resolved two of the modifications. For grooming/other, Appellant requested 2x1x7 and 5x1x7 for a total of 7 minutes per day. See Exh. 9 at 17. MassHealth had initially authorized only 2 minutes total for grooming/other, but, at hearing, offered to increase it to 4 minutes total (4x1x7), which Appellant accepted.

In addition, MassHealth agreed to rescind its modification to bowel care (daytime) and authorized, in full, the time requested by Appellant at 15 minutes per day (15x1x7).

1. Mobility

Appellant's provider submitted a request for mobility assistance at 5 minutes, 4x per day, 5 days per week for school weeks (5x4x5) and 5 minutes, 4x per day, 7 days per week for vacation weeks (5x4x7). *Id.* at 12, 30. In support of this request, the PCM agency noted that Appellant can stand up briefly but is not able to move about or walk; he is developing tightness in his leg joints; he is cooperative; and he can maneuver in his wheelchair assisted by his PCA. *Id.* at 13.

MassHealth modified the request to 1 minute, 4x per day, 5 days per week (1x4x5) for school weeks and 1 minute, 4x per day, 7 days per week (1x4x7) for vacation weeks. The MassHealth representative explained that the requested time under mobility is solely for assistance to help Appellant propel his wheelchair from one room or location to another and should not take longer than one minute. The MassHealth representative testified that no time was requested for this task last year, and there is no documentation to indicate a decline in mobility function.

Appellant's mother testified that the last PA request was based on Appellant's initial PCA assessment and did not accurately reflect the level of need Appellant requires in carrying out his ADLs. She asserted that MassHealth should not compare last year's assessment with the current evaluation, which is much more thorough and was reviewed at length by her and the evaluating nurse. Appellant's mother testified that Appellant is able to drive his wheelchair room to room, but he can tend to fall out of his wheelchair due to poor posture and will lean his arm on the wheel the entire time he is pushing it. He does not always understand or follow directions to adjust himself. Appellant's mother testified that he requires PCA assistance with going to the bathroom and shower, and in and out of bed.

In response, MassHealth testified that assistance in/out of the shower, bathroom, or bed are considered "transfers," which fall within a separate subcategory of mobility, and which MassHealth approved as requested.

2. Repositioning

Appellant sought assistance with repositioning for school weeks at 3 minutes, 5x per day, 5 days per week (3x5x5) and 3 minutes, 4x per night (3x4), and, for vacation weeks, Appellant only sought nighttime repositioning at 3 minutes 4x per night (3x4). *Id.* at 13-14; 42. In support thereof, the PCM agency noted that Appellant requires assistance with adequate repositioning during the day/evening and is turned and repositioned during the night to ensure prevention of skin breakdown or pressure sites, noting that, as of the evaluation date, Appellant's skin was intact. *Id.* at 13

MassHealth denied the request for repositioning. The MassHealth representative testified that documentation showed Appellant had sufficient functional ability and strength to use his upper extremities to change his position without physical assistance. The representative noted that no time for repositioning was requested in the prior PA period, and, in absence of clinical documentation to support change in functional ability, there was no basis to authorize the time requested. The representative also noted that the requested assistance was limited to nights and school days, implying that Appellant is capable of repositioning during weekend and vacation days.

Appellant's mother testified that Appellant has been at risk for skin breakdown as a result of sitting in briefs all day and frequent incontinence. He has scoliosis which causes him to slouch while seated, and he often forgets to keep both feet on the wheelchair plate. The PCA will prompt him to "fix his legs," which Appellant may not follow, resulting in the PCA having to adjust him manually. She testified that when Appellant is in bed, he will not always reposition himself, so this is done multiple times during the night. She testified that contrary to last year's evaluation, Appellant has never been independent with repositioning.

3. Bathing Assistance

For school weeks, Appellant's PCM agency requested 25 minutes per day, 7 days per week (25x1x7) for showering activities including routine transfers, and 18 minutes per day, 7 days per week (18x1x7) for physical assistance with providing a quick wash / sponge bath and drying. *Id.* at 15. For vacation weeks, the PCM agency requested the same time for showering by requesting 15 minutes per day for quick wash (15x1x7). *Id.* at 45.

MassHealth approved the request for daily showering activities but modified the time for quick wash to 10 minutes per day for both school and vacation weeks. *Id.* The MassHealth representative testified that quick washing entails washing the face, hands, and any areas of concern before bed, and absent documentation of exceptional circumstances, 10 minutes should be sufficient to perform this task.

Appellant's mother testified that her son requires more than 10 minutes for a quick wash due to his frequent episodes of incontinence, use of absorbent products/pullups, and use of a catheter. The mother testified that Appellant takes laxative medication and has multiple bowel episodes per day; he is prone to skin breakdowns and has a history of developing ulcers if the affected areas are not adequately cleaned and dried. Therefore, she asserted, the quick wash must be thorough and not rushed.

4. Dressing, &

5. Undressing

Appellant requested dressing assistance at 30 minutes once per day (30x1x7) and 15 minutes once per day (15x1x7) for both school and vacation weeks. *Id.* at 19. MassHealth modified the request for dressing assistance to 15 minutes per day total (15x1x7).

Appellant requested undressing assistance at 15 minutes once daily (15x1x7) and 7 minutes once daily (7x1x7) for both school and vacation weeks. *Id.* MassHealth modified the request for undressing to 10 minutes per day total.

According to the evaluating PCM nurse, Appellant requires physical assistance with retrieving clothes; upper extremity (un)dressing, lower extremity (un)dressing, and donning/doffing footwear, prosthetics and orthotic braces. *Id.* The PCM nurse evaluator noted that Appellant will try but is unable to dress/undress himself; he has AFOs, KFOs, and special boots related to bilateral clubbed feet, which must be applied, secured and removed before bed, which is a time-consuming process. *Id.* at 19, 76. With respect to the second requests for dressing (15 minutes) and undressing (10 minutes), the evaluating nurse noted that Appellant requires an additional episode of lower body clothing changes due to daily incontinence. *Id.*

MassHealth testified that the times requested for dressing and undressing were modified because they were longer than ordinarily required for someone with Appellant's physical needs, and that the second dressing/undressing episode was not authorized because it is captured under the times requested for bladder and bowel care. MassHealth also noted that there was no documentation of upper extremity impairment to indicate why Appellant cannot dress the upper body.

Appellant's mother testified that dressing takes longer than normal due to multiple factors including the application of Appellant's AFOs, which go up to the area under his knee, KFO's that go to the thigh bone and orthotic braces – all of which are not easy to don or doff, and must be applied a certain way to fit correctly. Clothing will often catch on to the orthotics which further complicates the dressing/undressing process. Appellant is getting heavier and cannot lift his hips to assist with lower body dressing. Although he has the capacity to use his upper body, Appellant lacks the ability to meaningfully participate in any aspect of dressing as he will put on clothes backwards or not follow directions.

6. Eating Assistance (Vacation Weeks), &

7. Other Healthcare Needs (Snacks) (School Weeks)

For vacation weeks, Appellant's provider requested assistance with eating as follows: 5 minutes, 3x per day, 7 days per week (5x3x7) and 3 minutes, 2x per day, 7 days per week (3x2x7). *Id.* at 49.

In support of the request, the PCM agency noted that Appellant requires moderate physical assistance with eating, drinking, and use of utensils/adaptive devices. *Id.*

MassHealth modified the request for eating during vacation weeks to 5x3x7 total. *Id.* The MassHealth representative testified that there was no supporting documentation to explain or justify the need for the second request of 3x2x7. In response, Appellant's mother explained that she could not speak for the nurse's intent behind the second request but asserted that the times were reviewed thoroughly and it would not have been a mistake.

For school weeks, MassHealth approved Appellant's request for eating assistance at 5x1x5 for school days and 5x2x2 for weekends. *Id.* at 20. Under the separate ADL category of "other healthcare needs," the provider requested assistance with feeding Appellant snacks at 5 minutes, once per day, 5 days per week (5x1x5), and 5 minutes, 2x per day, 2 days per week (5x2x2). *Id.* at 25-26. MassHealth denied the requests for snack assistance under "other healthcare needs" noting that no time had been requested in the last PA period and absent new documentation to show change in condition or impairment of upper extremities, Appellant should have sufficient functional ability to bring food to his mouth for snacks.

During the hearing, Appellant's mother testified that Appellant cannot feed himself independently. Though he tries to feed himself, Appellant will miss his mouth, and food ends up on his clothes. She explained that eating is a messy process. Appellant's mother testified that the need for physical assistance with eating is not occasional but rather required during each meal *and* snack. Snacks may consist of items such as Jello, pudding, or ice cream.

8. Nighttime Eating (Nighttime)

Appellant's PCM agency requested 10 minutes per night for eating assistance during both school and vacation weeks. *Id.* at 20, 49. MassHealth denied this request, modifying it to 0x0. The MassHealth representative testified that there must be a medical basis to support a request for nighttime hours, which under the PCA program, are between the hours of midnight to 6am. There was no documentation to support why Appellant could not eat all meals during the hours of 6am to midnight. Appellant's mother testified that there are times when Appellant has an incontinence episode overnight and gets up before 6am to be changed. When this occurs, he often has breakfast or a meal within the designated nighttime hours.

9. Bladder Care (Daytime)

For day/evening hours during school weeks, Appellant requested bladder care assistance at 5 minutes, 3x per day, 5 days per week (5x3x5) for diaper/absorbent changes and 10 minutes, 3x

per day, 2 days per week for catheter changes (10x3x2). *Id.* at 21.¹ For day/evening hours during vacation weeks, Appellant requested 5 minutes, 4x per day, 7 days per week (5x4x7) for diaper changes and 10 minutes, 4x per day, 7 days per week (10x4x7) for assistance with catheter changes. *Id.* at 50. In support of the request, the provider documented that Appellant is incontinent of urine and stool; wears pullups that are changed multiple times throughout the day; requires catheter changes 5x per day; and requires A&D ointment applied to his perineum and inner thighs after every catheter and pullup change to prevent any skin rash or breakdown. *Id.* at 21-22.

MassHealth approved the request for absorbent changes at 5x3x5 for school weeks and 5x4x7 for vacation weeks but denied the request for catheter changes at 10x3x2 for school weeks and 10x4x7 for vacation weeks. The MassHealth representative testified that catheter changes on minors are considered complex medical care which may only be performed by a health care professional or by the parent / legal guardian of a minor PCA consumer and thus is not a recognized PCA service.

Appellant's mother testified that she, herself, performs the actual catheter changes, however, relies on a PCA to assist her in the process, namely, by retrieving the catheter supplies, opening and handing her the supplies as she (the mother) changes the catheter, clean up tasks after the change is complete, and ensuring Appellant is clean and dry. Appellant's mother testified that Appellant will frequently "dribble" during catheter changes and if urine gets on the new catheter, it is no longer sterile and must be replaced with a new catheter, which the PCA helps her retrieve while she is tending to Appellant. This is necessary as Appellant is prone to UTIs and placing a non-sterile catheter will result in an infection.

**10. Bladder Care (Nighttime), &
11. Bowel Care (Nighttime)**

Appellant's provider requested 15 minutes, 2x per night (15x2x7) to assist with bladder care and 15 minutes, once per night (15x1x7) to assist with bowel care. *Id.* at 21. MassHealth denied the request for all nighttime toileting assistance on the basis that it did not meet recognized standards of healthcare. MassHealth testified that there was no documentation to support why Appellant needs to be woken to change a diaper.

Appellant's mother testified that Appellant's need for nighttime bowel care is based on the same reasons that he requires daytime assistance. Specifically, Appellant has multiple bowel movements within 24 hours, only one of which is reflected in the request for daytime assistance. Despite the use of a diaper, episodes of bowel incontinence are not well contained,

¹ The parties noted that the requested weekly frequency of bladder care assistance during school weeks may have been a provider transcription error, as no time was requested for absorbent changes on the weekends and no time for catheter assistance was requested during the 5 school days.

and, because accidents occur approximately 3-4 times per week while Appellant is sleeping at night, he must be woken to be cleaned and changed.

During the hearing, the MassHealth representative offered to authorize 3 nights per week of bowel care assistance, however the parties never came to an agreed upon resolution.

With respect to the request for nighttime bladder care assistance, Appellant's mother testified that pursuant to doctor's orders, Appellant's catheter must be changed 5x per day, which must be split up at various times throughout every 24-hour period. Appellant's mother testified that one of these episodes is performed during the nighttime hours. During the nighttime catheter change, the PCA will assist as they do during the daytime and will also change Appellant's absorbent at that time.

12. Meal Preparation

Under the section of the PA request pertaining to IADLs, the provider answered "yes" in response to the question of whether there are IADLs that the parent/legal guardian is physically unable to conduct. *Id.* at 27; 56. Meal preparation, which was the only IADL requested, was requested at 45 minutes per day, consisting of 15 minutes for breakfast, 25 minutes for lunch, and 5 minutes for snacks. *Id.* at 29; 58; 76. The provider noted that the PCA prepares all meals, except for dinner, which the mother prepares. *Id.*

MassHealth denied the request citing PCA program regulations that prohibit PCAs from performing IADLs of minor consumers when there is a parent/legal guardian in the home who is capable of assuming these tasks, as they are considered parental responsibilities. The MassHealth representative testified that there was no documentation to explain why Appellant's mother was unable to prepare meals.

Appellant's mother testified that having the PCA assist with meal preparation is helpful as she is not always available to prepare all meals throughout the day, for example, when she is out grocery shopping, attending medical appointments, working, or tending to her other children, including a [REDACTED] and a [REDACTED]

Findings of Fact

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

1. Appellant is [REDACTED] and is enrolled as a consumer in MassHealth's PCA program.
2. Appellant has diagnoses of spina bifida, mid-spine level; myelomeningocele (left shoulder) with paralysis from the umbilical down since birth; hydrocephalus; shunt

removal at 11 months of age; inability to ambulate within normal limits; bilateral club feet; and neurogenic bladder and bowel.

3. On 3/17/25, [REDACTED] sent MassHealth a PA request seeking PCA services for Appellant at 50 hours per week for 37.14 school weeks and 54 hours and 15 minutes per week for 15 vacation weeks for dates of service 4/27/2025 through 4/26/2026.
4. On 3/19/2025, MassHealth notified Appellant that it modified his PA request to 20 hours and 15 minutes per week for school weeks and 21 hours and 45 minutes per week for vacation based on the individual modifications to the times requested for the following: (1) wheelchair mobility; (2) repositioning; (3) bathing (quick wash); (4) grooming (other); (5) dressing; (6) undressing; (7) eating (daytime / vacation weeks); (8) eating (nighttime); (9) bladder care (daytime); (10) bowel care (daytime); (11) bladder care (nighttime) (12) bowel care (nighttime); (13) other healthcare needs (snacks) (school weeks); and (14) meal preparation.
5. During the hearing, the parties resolved the modification to grooming (other) by agreeing to an authorized time of 4x1x7.
6. During the hearing, MassHealth agreed to rescind its modification to bowel care (daytime) and authorized, in full, the time requested by Appellant at 15 minutes per day (15x1x7).

Mobility

7. Appellant's provider submitted a request for mobility assistance at 5 minutes, 4x per day, 5 days per week for school weeks (5x4x5) and 5 minutes, 4x per day, 7 days per week for vacation weeks (5x4x7).
8. Appellant can stand up briefly but is not able to move about or walk; he is developing tightness in his leg joints; he is cooperative; and he can maneuver in his wheelchair assisted by his PCA.
9. MassHealth modified the request for mobility assistance to 1x4x5 for school weeks and 1x4x7 for vacation weeks.

Repositioning

10. Appellant sought assistance with repositioning for school weeks at 3x5x5 for day/evening hours and 3x4x7 for nighttime hours; and for vacation weeks, only sought nighttime repositioning at 3x4x7.
11. MassHealth denied the request for repositioning by modifying the time to 0x0 based on documentation showing that Appellant had sufficient upper body function to reposition himself independently.

Bathing

12. Appellant's PCM agency requested 18x1x7 for physical assistance with providing a quick wash / sponge bath and drying during school weeks, and 15x1x7 during vacation weeks.
13. Although MassHealth approved the requested time for assistance with daily showering activities, it modified Appellant's request for daily quick wash assistance to 10 minutes per day for both school and vacation weeks.

Eating (Vacation Weeks)

14. For vacation weeks, Appellant's provider requested assistance with eating as follows: 5 minutes, 3x per day, 7 days per week (5x3x7) *and* 3 minutes, 2x per day, 7 days per week (3x2x7).
15. Appellant requires moderate physical assistance with eating, drinking, and use of utensils/adaptive devices intermittently between 1 and 5 times per meal. *Id.*
16. MassHealth approved the request for assistance eating meals but denied Appellant's request for 3x2x7 based on insufficient documentation to support the request.

Other Healthcare Needs (Snacks) (School Weeks)

17. For school weeks, under the ADL category of "other healthcare needs," Appellant's provider requested assistance with feeding Appellant snacks at 5x1x5 and 5x2x2.
18. MassHealth denied the 2 snack related requests under "*other healthcare needs*" but did authorize assistance eating meals as requested under the "eating" ADL category.

Eating (Nighttime)

19. Appellant's PCM agency requested 10 minutes per night for eating assistance.

20. MassHealth denied the request for nighttime eating assistance, modifying it to 0x0.

Bladder Care (Daytime)

21. For day/evening hours during school weeks, Appellant requested assistance with catheter changes and 10 minutes, 3x per day, 2 days per week (10x3x2).

22. For day/evening hours during vacation weeks, Appellant requested 10 minutes, 4x per day, 7 days per week (10x4x7) for assistance with catheter changes.

23. Although MassHealth approved Appellant's request for bladder care assistance related to pullup/diaper changes, it denied Appellant's requests for catheter change assistance on the basis that it was not a covered PCA service.

24. Appellant has numerous episodes of incontinence per day; wears pullups; has a urinary catheter which is changed 5 times per day; and requires A&D ointment application following each catheter change or diaper change due to his history of, and current risk for, skin breakdown.

25. Appellant's mother performs each of the 5 daily catheter changes herself; however, requires another person to help with setup, retrieving items before and during the catheter change, and clean-up support once the change has been completed.

Bladder Care (Nighttime) / Bowel Care (Nighttime)

26. Appellant's provider requested 15 minutes, 2x per night (15x2x7) to assist with bladder care and 15 minutes, once per night (15x1x7) to assist with bowel care.

27. MassHealth denied the request for all overnight toileting assistance on the basis that it did not meet recognized standards of healthcare.

28. Appellant's mother, with the assistance of the PCA, performs one of the scheduled 5 daily catheter changes between the nighttime hours of midnight to 6:00am.

29. Appellant is on a laxative and experiences nighttime bowel incontinence episodes approximately 3 to 4 nights per week.

Meal Preparation

30. Appellant's provider requested 45 minutes per day of assistance with meal preparation, consisting of 15 minutes for breakfast, 25 minutes for lunch, and 5 minutes for snacks.
31. MassHealth denied the request for meal preparation assistance on the basis that it is a parental task and therefore not a covered PCA service.

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:² First, the services must be "prescribed by a physician or nurse practitioner who is responsible for the member's...care." 130 CMR 422.403(C)(1). Additionally, the "member's disability [must be] permanent or chronic in nature and impair the member's functional ability to perform [at least two] ADLs ... without physical assistance." See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth must determine that the requested services are medically necessary. See 130 CMR 422.403(4). 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 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).

Here, there is no dispute that Appellant meets all the pre-requisites to qualify for PCA services. This appeal addresses whether MassHealth allotted sufficient time for Appellant to receive medically necessary assistance with the modified ADLs and IADLs.

² 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.

Under program regulations, MassHealth will pay for a PCA to assist with the following ADLs:

- (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.

See 130 CMR 422.410.

In addition, MassHealth reimburses for PCA assistance with IADLs, which are tasks that are “instrumental to the care of the member’s health, such as *meal preparation and clean-up*, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.” See 130 CMR 422.402 (emphasis added); see also 130 CMR 422.410(B). When determining the amount of physical assistance necessary for an IADL, MassHealth requires the PCM agency to assume that if there is an available family member, i.e. legally responsible relative living with the member, such as a legal guardian or parent of a minor PCA consumer, that person is able to assist in performing IADLs. See 130 CMR 422.410(C). MassHealth will also consider individual circumstances when determining the amount of assistance required for IADLs. *Id.*

With respect to both ADLs and IADLs, MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

Mobility

Based on the evidence in the record, Appellant did not sufficiently demonstrate that MassHealth erred in modifying his request for mobility assistance from 5 minutes per episode to 1 minute per episode. In the PA request, the PCM agency noted that Appellant is cooperative and can maneuver in his wheelchair assisted by his PCA. *Id.* at 13. Appellant's mother testified that it takes longer than 1 minute to assist Appellant in getting in/out of the bathroom/shower/bed, etc. These examples, however, fall within the separate mobility subcategory of "transfers," the time for which was approved in full by MassHealth. As there was insufficient evidence to demonstrate why it would take the PCA longer than one minute to assist Appellant in propelling his wheelchair to ambulate between rooms, the appeal is DENIED with respect to mobility and the modifications stand at 1x4x5 for school weeks 1x4x7 for vacation weeks.

Repositioning

Appellant did not meet his burden in proving that MassHealth erred in denying the request for repositioning assistance. While there is evidence that Appellant is at risk for skin breakdown, there was inadequate evidence to establish that he is unable to reposition himself using his upper body functional capabilities and strength. Notably, there was no explanation from the provider as to why Appellant required multiple repositioning episodes on school days and nights but did not request day/evening repositioning assistance during weekend days or vacation days. While Appellant's mother provided credible testimony about Appellant's postural issues, there was ultimately insufficient documentation to establish medical necessity for the repositioning assistance as requested by the provider. The modification to repositioning is therefore DENIED and remains at 0x0.

Bathing

Appellant's provider requested 25 minutes per day for assistance with a shower and 18 minutes per day for assistance with a quick wash (school weeks). MassHealth approved 25 minutes for shower assistance but modified the quick wash to 10 minutes per day. Appellant's mother persuasively testified that 18 minutes was necessary given Appellant's bowel and bladder incontinence, history of skin breakdown, and multiple areas of concern. Given the need to ensure thorough cleaning and drying, the appeal is APPROVED with respect to bathing (quick wash) at 18x1x7 (school weeks). For unknown reasons, the PCM agency only requested 15 minutes per day for quick wash episodes during vacation weeks. As MassHealth cannot authorize services that exceed the amount requested, the appeal is APPROVED for bathing (quick wash) at 15x1x7 (vacation weeks).

Dressing/Undressing

Appellant successfully demonstrated that the requested time for dressing activities at 30x1x7 and 15x1x7 and undressing activities 15x1x7 and 7x1x7 are medically necessary and within the scope of covered PCA services. The evidence shows that Appellant is unable to meaningfully contribute to dressing/undressing tasks and relies on the PCA to retrieve clothes, assist in donning/doffing clothing for both the upper and lower body; and applying, securing, and removing AFO's, KFO's and leg braces, the latter of which adds significant time to the dressing/undressing process. Due to Appellant's level of incontinence, an additional episode of lower body dressing and undressing is required at least once per day. Therefore, the time requested for both line items under dressing and undressing are medically necessary and supported by the evidence. This appeal is APPROVED with respect to dressing at 30x1x7 and 15x1x7 and APPROVED with respect to undressing at 15x1x7 and 7x1x7.

Eating (vacation weeks) / Other Healthcare Needs-Snacks (school weeks)

For school weeks, Appellant's provider requested assistance with feeding Appellant snacks under the "other healthcare needs" ADL category at 5x1x5 and 5x2x2. Though MassHealth approved assistance with eating *meals* under the "eating" ADL category, it denied the request for snack assistance under other healthcare needs.

Notably, for vacation weeks, the PCM agency did not submit any requests under the "other healthcare needs" category. Rather, under the ADL of "eating," the provider requested 5x3x7 for meals, which was approved by MassHealth, and a second request of 3x2x7, which was denied on the basis that the additional request lacked explanation. While the provider did not articulate the basis for the second request, the totality of evidence suggests that it was intended to accommodate snack assistance during vacation weeks.

Based on the documentation and testimony presented, Appellant's attempts to feed himself result in him often missing his mouth, causing food to drop on his clothes. For the same reasons Appellant requires assistance eating meals, he requires assistance eating snacks. For unknown reasons, the provider requested snack assistance at 5 minutes per episode for school weeks (under other healthcare needs) but 3 minutes per episode during vacation weeks. Because the PCM agency requested, and MassHealth approved, 5 minutes of assistance for each *meal* episode, it is reasonable to infer that 3 minutes more accurately reflects the time needed to assist Appellant with snacks. The evidence therefore supports Appellant's request for snack assistance (school weeks) under the other healthcare needs category, but at 3 minutes per episode. Therefore, the appeal is APPROVED in part and DENIED in part with respect to Other HealthCare Needs/Snacks (school weeks) at 3x1x5 and 3x2x2. The appeal is APPROVED with respect to eating (vacation weeks) at 3x2x7, in addition to the time for meal assistance already approved at 5x3x7.

Nighttime Eating Assistance

Although Appellant demonstrated that he requires assistance with eating during the daytime, there was insufficient evidence to establish a medical need for feeding assistance during the nighttime hours of 12:00am to 6:00am. Appellant's mother testified that there are times when Appellant needs to be changed from an incontinence episode before 6:00am, and on these occasions, he will eat breakfast within the designated nighttime hours. There is no evidence, however, to suggest nighttime feedings occur on a regular scheduled basis or that Appellant has a medical need to eat at times beyond the standard day/evening hours of 6am to midnight. Therefore, the appeal is DENIED with respect to nighttime eating assistance. The modification to 0x0 remains in place.

Bladder Care Assistance (day/evening)

Under the ADL category of bladder care, Appellant's provider requested PCA assistance with two tasks: diaper changes and catheter changes. MassHealth approved the requests for daytime diaper changes for both school and vacation weeks but denied assistance for daytime catheter changes which had been requested at 10x3x2 (school weeks) and 10x4x7 (vacation weeks) for day/evening hours. Although MassHealth considers catheter changes of a minor a complex medical task beyond the scope of reimbursable PCA services, Appellant's mother clarified that the time requested is for the PCA to assist her while she (the mother) performs the actual catheter change, and that a "team effort" is required to ensure to process is completed smoothly and remains sterile. Based on the totality of evidence in the record, the appeal is APPROVED with respect to daytime bladder care/catheterization assistance at 10x3x2 (school weeks) and 10x4x7 (vacation weeks) in addition to the daytime bladder care episodes already approved for diaper changes.

Nighttime Toileting Assistance (bladder and bowel)

In addition to the day/evening bladder care episodes described above, the provider requested 15 minutes, 2x per night for bladder care assistance. This was denied by MassHealth. At the hearing, Appellant's mother testified that she performs one of the 5 daily catheter changes during the nighttime hours of midnight to 6am during, which the PCA assists her with as described in the preceding section, and will also complete diaper change at this time. Given that the evidence supports 1 bladder care episode per night, as opposed to 2 episodes, the appeal is APPROVED in part and DENIED in part with respect to nighttime bladder care at 15x1x7.

Appellant requested 15 minutes per night for bowel care. Appellant's mother testified that Appellant has multiple bowel episodes per day due, in part, to laxative medications, and that approximately 3 nights per week he will have an episode of nighttime incontinence, requiring a diaper change to avoid skin breakdown. During the hearing, MassHealth testified that based on

the evidence, it was willing to authorize 3 nighttime bowel care episodes per week. Although no official agreement was made between the parties, the evidence is consistent with and supports MassHealth's proposed adjustment. The appeal is therefore APPROVED in part and DENIED in part with respect to nighttime bowel care at 15x1x3.

Meal preparation

Appellant did not sufficiently demonstrate that MassHealth erred in denying the request for meal preparation assistance at 45 minutes per day. While Appellant's mother credibly testified that it is of great help to have the PCA prepare meals that she is unable to tend to (for example, due to medical appointments, working, or tending to her other children), there was no evidence to suggest that Appellant has greater meal preparation needs than a child of the same age without impairment. Because meal preparation is an IADL, it is presumed to be a parental responsibility. Absent any unique circumstances or evidence that Appellant requires a specialized diet, MassHealth appropriately modified the request to 0x0. The appeal is DENIED with respect to meal preparation.

Bowel Care (Daytime)

The appeal is DISMISSED with respect to bowel care (daytime) as MassHealth agreed to restore the time requested by Appellant in full at 15x1x7.

Grooming (Other)

The appeal is DISMISSED with respect to grooming (other) as the parties came to an agreed upon resolution at 4x1x7.

Order for MassHealth

For the PA period covering dates of service beginning 4/27/25 through 4/26/26, adjust the time for assistance with the modified ADLs as follows:

- Bathing/Quick Wash: 18x1x7 (school weeks); 15x1x7 (vacation weeks) in addition to authorized time for showering assistance;
- Dressing: 30x1x7 and 15x1x7 (as requested);
- Undressing: 15x1x7 and 7x1x7 (as requested);
- Eating (vacation weeks): 3x2x7, in addition to authorized time for at 5x3x7;
- Other Healthcare Needs (snacks) (school weeks): 3x1x5 and 3x2x2.
- Bladder Care/Catheter Assist (day/evening): 10x3x2 (school weeks) and 10x4x7 (vacation

weeks)

- Nighttime Bladder Care: 15x1x7;
- Nighttime Bowel Care: 15x1x3;
- Grooming (other): 4x1x7; and
- Bowel Care (day/evening): 15x1x7

All other ADL/IADL categories to remain as authorized per MassHealth's 6/18/25 notice, including the modifications to mobility, repositioning, nighttime eating, and meal preparation.

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.

Casey Groff
Hearing Officer
Board of Hearings

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