

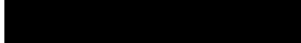
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2510650
Decision Date:	10/07/2025	Hearing Date:	08/19/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Appearance for MassHealth:

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	Issue:	Prior Authorization - PCA
Decision Date:	10/07/2025	Hearing Date:	08/19/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Rep.:	Mother
Hearing Location:	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 a notice dated June 27, 2025, MassHealth modified the appellant's request for personal care attendant services, allowing less time than was requested. (Exhibit 1; 130 CMR 422.410, .412.) The appellant filed this timely appeal on August 4, 2025. (Exhibit 2; 130 CMR 610.015(B).) Limitations of assistance are valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth allowed fewer hours for personal care attendant services than were requested.

Issue

The appeal issue is whether MassHealth is correct, pursuant to 130 CMR 422.000, in determining the personal care attendant time for the appellant.

Summary of Evidence

On or around June 20, 2025, the appellant's personal care management ("PCM") agency, [REDACTED] Inc., submitted a reevaluation for personal care attendant ("PCA") services. The appellant is an [REDACTED] with a primary diagnosis of autism spectrum disorder, and additional diagnoses including asthma, constipation, anemia, and hypothyroidism. The appellant's

conditions result in poor behaviors which present as temper tantrums, aggressive and resistant behavior toward caregivers, and an absence of safety or hygiene awareness. The appellant is documented to be incontinent of bladder and bowels and wears diapers. The appellant cannot use utensils. The appellant also has an Individualized Education Plan (IEP) through the school that provides a 1:1 paraprofessional at school and ABA services at school and in the home 3 days a week. (Exhibit 5, pp. 12-13.)

The prior authorization request sought 16 hours and 15 minutes per week, running for the prior authorization period of August 23, 2025, through August 22, 2026. MassHealth made 3 modifications and authorized 13 hours and 45 minutes per week. The modifications were to transferring the appellant onto and off of the school bus, undressing, and bladder care.

The first modification MassHealth made was to bus transfers. The appellant requested 3 minutes, twice per day, 5 days per week for assistance with getting the appellant on and off of the school bus. MassHealth allowed no time for these transfers, arguing that the appellant is mobile and it is a parent's responsibility for putting a child the appellant's age onto a school bus. MassHealth's representative argued that the bus driver is also available to assist with getting the appellant onto bus, and that it sounded like an ABA professional is in the home 3 days per week to help the appellant.

The appellant's mother testified through an interpreter. She explained that the appellant is mobile and very resistive to getting on the bus. The appellant is put into a stroller in the house to keep him still while waiting for the bus, and the appellant's father needs to help get him into the stroller at home. The appellant's mother explained it takes at least 2 people to then get him into the bus and harnessed into his bus seat. The appellant's mother testified that she takes medication that impairs her ability to react fast enough to manage the appellant. The appellant is very fast and he will try to run or climb onto the seats. She testified that the ABA professional only comes to their home 3 days a week, and the ABA professional is not usually there at pick up and drop off. If the ABA professional is there, they will stand behind the appellant to make sure he cannot run away. The appellant's mother will hold the appellant's hand and try to lead him to his seat, and the bus driver will be on the bus to prevent the appellant from running past his seat, climbing or jumping on others. The appellant's brother also has severe developmental and behavioral health conditions, and the appellant's mother also needs to help him get onto the bus at the same time.¹

MassHealth's representative responded that it sounds like the PCA would be providing either supervision and standby assistance or restraining assistance, as backup to the mother's assistance. These services are not covered under MassHealth's PCA program.

Regarding time for undressing, the appellant requested 10 minutes per day with both dressing and undressing. The prior authorization request documents that the appellant is totally dependent on

¹ The appellant's brother also has PCA assistance, and MassHealth modified his requested time. The appeal regarding his modification occurred immediately following this hearing.

assistance with dressing and undressing his upper and lower body. The appellant's poor behaviors are noted, and he is documented to be "unable to initiate, sequence, complete tasks, does not participate in getting clothes on/off, no safety awareness, PCA to select, retrieve and orient clothing for consumer, PCA to manage fasteners and laces, ... behaviors cause tasks to take longer to complete." (Exhibit 5, p. 24.) MassHealth reduced the time for undressing down to 7 minutes per day, arguing that it should take less time to undress a person than to dress them. MassHealth also argued that it is a parent's responsibility to assist in a task if a 2nd person is needed to provide hands-on assistance with a task.

The appellant's mother testified that 7 minutes of assistance sounded very short. She agreed that getting undressed should take less time than getting dressed, but that meant the time for dressing was probably too short. The appellant's mother testified that the appellant wears diapers. Every time his clothing is changed, his diaper is changed, and he needs to be cleaned. The appellant's mother did not feel like 7 minutes would be enough time to deal with that whole process. MassHealth's representative testified that the diaper changes would be captured under bladder care, which would be discussed next. The appellant's mother responded generally that she felt that the requested 16 hours per week should be approved because it was what the nurse who saw the appellant recommended.

Finally, regarding bladder care, the appellant requested 10 minutes of assistance, 4 times per day during school days, and 6 times per day on weekends. The documentation states: "PCA to change soiled diaper/pull up, provide hygiene, incontinence of bowels, dispose of absorbent product, ensure consumer completes hand hygiene. Consumer needs to be transferred to flat surface to complete task, consumer with no safety awareness, no hygiene awareness." (Exhibit 5, p. 26.)

MassHealth noted that 10 minutes per day was also requested for bowel care, which usually takes longer than bladder care. MassHealth reduced the time allowed from 10 minutes per instance of assistance down to 7 minutes.

The appellant's mother agreed that his bowel movement changes take more time but argued that the time needed for bowel movements was more than 10 minutes. The appellant takes medication for constipation. The appellant can have multiple bowel movements per day, and they can require a lot of time. The appellant's mother also testified that the appellant's doctor has recommended that he be changed 8 times per day, which would include a change during both dressing and undressing. The appellant's mother testified that in her head, the appellant's bladder changes take at least 10 minutes, but she also had a difficult time providing detailed testimony.

Findings of Fact

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

- 1) The appellant is an [REDACTED] with a primary diagnosis of autism spectrum disorder, and additional diagnoses including asthma, constipation, anemia, and hypothyroidism. The

appellant's has poor behaviors which present as temper tantrums, aggressive and resistant behavior toward caregivers, and an absence of safety or hygiene awareness. The appellant is documented to be incontinent of bladder and bowels and wears diapers. The appellant cannot use utensils. (Exhibit 5, pp. 12-13.)

- 2) The appellant has an IEP through school that provide ABA services at home 3 days a week. (Exhibit 5, p. 13.)
- 3) On or around June 20, 2025, [REDACTED], submitted a reevaluation for PCA services requesting 16 hours and 15 minutes per week, running for the prior authorization period of August 23, 2025, through August 22, 2026. (Exhibit 5, p. 2.)
- 4) MassHealth issued a notice on June 27, 2025, making 3 modifications to the appellant's requested services, and approving 13 hours and 45 minutes per week. (Exhibit 1.)
- 5) Regarding transferring, the appellant requested 3 minutes, twice per day, 5 days per week to assist the appellant onto and off of the bus. (Exhibit 5, p. 17.)
 - a. MassHealth denied the time for transferring onto and off of the school bus because a parent and bus staff are already available to assist with this task. (Testimony by MassHealth's representative.)
 - b. The appellant's mother testified that the appellant is wheeled to the bus and then needs to be physically assisted onto the bus to prevent his bolting. Multiple people are needed to prevent the appellant from getting loose while he is boarding the school bus. (Testimony by the appellant's mother.)
- 6) Regarding undressing, the appellant requested 10 minutes per day to assist with undressing tasks. (Exhibit 5, p. 24.)
 - a. MassHealth reduced the time allowed from 10 minutes per day to 7 minutes per day because it usually takes less time to get undressed than dressed. (Testimony by MassHealth's representative.)
 - b. While it takes less time to get the appellant undressed than dressed, it takes at least 10 minutes to get the appellant undressed. The appellant wears a diaper that needs to be changed. (Testimony by the appellant's mother.)
- 7) Regarding bladder care, the appellant requested 10 minutes of assistance, 4 times per day during school days, and 6 times per day on weekends. (Exhibit 5, p. 26.)
 - a. MassHealth reduced the time allowed per instance of bladder care from 10 minutes to 7 minutes because bladder care should take less time than bowel care. (Testimony by MassHealth's representative.)

- b. It takes at least 10 minutes to provide the appellant assistance with bladder care, as it involves changing a diaper in addition to hygiene management and clothing adjustments. (Testimony by the appellant's mother; Exhibit 5, p. 26.)

Analysis and Conclusions of Law

MassHealth generally covers personal care attendant ("PCA") services provided to eligible MassHealth members with a permanent or chronic disability that impairs their functional ability to perform activities of daily living ("ADLs") and instrumental activities of daily living ("IADLs"), but who can be appropriately cared for in the home. MassHealth will only approve these services when they are medically necessary, and the member requires assistance with at least two ADLs. (See 130 CMR 422.403(C).)

ADLs include:

- (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.

(130 CMR 422.410(A).)

IADLs include:

- (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.

(130 CMR 422.410(B) (emphasis added).)

MassHealth will consider individual circumstances in determining the number of hours of PCA services that a member needs, but it assumes that family members will provide most routine IADLs. (See 130 CMR 422.410(C).) There are also certain services that MassHealth will not cover:

- (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, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;
- (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;
- (G) surrogates, as defined in 130 CMR 422.402; or
- (H) PCA services provided to a member without the use of [electronic visit verification] as required by the MassHealth agency.

(130 CMR 422.412 (emphasis added).)

There is additional guidance published by MassHealth, particularly regarding when certain services will be covered for children. The Pediatric PCA Evaluation Section of the PCA Operating Standards make clear that parents “are responsible for providing oversight and care for children and directing the PCA services” (PCA Operating Standards, § XXVI.A.1.) This parental responsibility reinforces the requirement that assistance from a PCA must be associated with “a permanent or chronic disability that impairs the member's ability to perform ADLs and IADLs without physical assistance,”

rather than a need associated with the age and development of any child. (See 130 CMR 422.416(A)(3)(a).)

Supervision is generally not a covered service, but “[s]pecial consideration may be given to behavioral needs that demonstrate a safety risk for the child or others (i.e. removing a child from a dangerous situation), but documentation must support the request. Please Note: PCA time is not allowed when requested for purposes of restraint.”² This section goes on to explain that special “consideration may be given for IADL’s if the documentation supports the reason(s) the parent(s) or legal guardian(s) cannot perform the task(s) or if the task(s) is/are above and beyond what would be expected of a non-disabled child of the same age.” (PCA Operating Standards, § XXVI.A.1.b-d.) The PCA Operating Standards have a list of activities and age ranges at which a child is expected to be independent in accomplishing those activities. (PCA Operating Standards, App. VIII.)

Regarding getting the appellant onto the bus, the question is whether the requested time is to provide care that would be expected of any parent assisting a child of the appellant’s age onto a school bus, or whether the care is physical hands-on assistance with an ADL. The age schematics in Appendix VIII of the PCA Operating Standards do not include waiting for or boarding a school bus, but children younger than the appellant are expected to be independent getting into a private car. Furthermore, the appellant is described as being physically wheeled in a wheelchair to the bus before he is physically assisted onto the bus. This is clearly physical assistance with an ADL, not parental supervision. The appellant’s documented behavioral conditions allow for physical assistance to ensure safety, even though he is physically capable of walking onto the bus himself. Therefore, this appeal is APPROVED with regards to assistance transferring the appellant onto and off of the school bus.

This appeal is also APPROVED with regards to undressing and bladder care. MassHealth’s only argument regarding these modifications is that undressing should take less time than dressing, and bladder care should take less time than bowel care. The appellant’s mother agreed with this general opinion but provided more detailed arguments regarding why undressing and bladder care each takes at least 10 minutes. For both of these activities, the appellant requires hands-on assistance changing a diaper, cleaning his body, managing his clothing, and remaining hygienic. I credit the appellant’s mother’s testimony in this regard.

Order for MassHealth

Restore all time requested as of the start of the prior authorization period, August 23, 2025.

² “Restraint” is not defined, but it is clear that removing a child from a dangerous situation cannot be the same as restraining them.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact Optum. 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.

Christopher Jones
Hearing Officer
Board of Hearings

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