

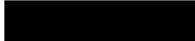
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Approved in part	Appeal Number:	2510659
Decision Date:	10/8/2025	Hearing Date:	08/19/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

 Mother

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:	Dismissed in part; Approved in part	Issue:	Prior Authorization – PCA
Decision Date:	10/8/2025	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 July 2, 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 25, 2025, the appellant’s personal care management (“PCM”) agency, [REDACTED] submitted a reevaluation for personal care attendant (“PCA”) services. The appellant is an [REDACTED] year-old child with a primary diagnosis of autism spectrum disorder, and

additional diagnoses including developmental delay, attention deficit hyperactivity disorder, cognitive limitations, and auditory sensitivity. The appellant can be aggressive toward himself and others, and he is resistive to care. The appellant has difficulty initiating and sequencing tasks, and he lacks safety awareness. (Exhibit 5, pp. 2, 14-15.)

The prior authorization request sought 13 hours per week, running for the prior authorization period of August 23, 2025, through August 22, 2026.¹ MassHealth made 3 modifications and authorized 9 hours and 30 minutes per week. The modifications were to dressing, bladder care, and bowel care.

For dressing, the appellant requested 20 minutes of assistance per day (140 minutes per week). The documentation regarding dressing states that the appellant requires maximum assistance with donning clothing and footwear, managing fasteners and laces due to cognitive limitations, decreased fine motor control, aggressive behaviors, and increased resistance to care. The appellant does not initiate, sequence to complete tasks, and he has limited safety awareness. "Surrogate reports consumer needs more assistance with undressing." The request only sought 6 minutes for undressing. (Exhibit 5, p. 26.) MassHealth's representative noted that the time for undressing was approved in full.

MassHealth modified the requested time for dressing down to 12 minutes per day (84 minutes per week). MassHealth's representative testified that this modification was made because the appellant's behaviors and resistance are the cause of the additional time needed. MassHealth's representative believed that time required for this assistance should be considered a parental responsibility, and not hands-on assistance with an activity of daily living (ADL).

The appellant's mother testified through an interpreter. She responded that she is just trying to get the assistance that the appellant needs. The appellant used to get 12.5 hours per week of PCA assistance, but he improved last year and his time was reduced. The appellant's behavior has deteriorated and now he needs more time. The appellant's mother felt that 12 minutes was a very short amount of time to get the appellant dressed, but she could not offer detailed testimony regarding how long the task took. The appellant's mother testified that the appellant is very aggressive when getting dressed, and he will hit whoever is helping him and hit himself. The PCA needs to take a step back to give him time to calm down before they can continue getting dressed.

MassHealth's representative responded that waiting time is not covered; only the hands-on assistance provided by the PCA. MassHealth's representative argued that any time requested here for safety was regarding the PCA's safety, not the appellant's. MassHealth's representative argued time could be allowed for removing the appellant from dangerous situations, but that is not the same as leaving the appellant alone because he is unsafe.

¹ The total requested time was 777 minutes per week. (Exhibit 5, p. 41.)

For toileting assistance, the appellant requested bladder assistance at 7 minutes per day, 4 times per day on weekdays and 6 times per day on weekends (224 minutes per week). The appellant also requested bowel assistance once per day at 10 minutes per instance (70 minutes per week). The prior authorization documents that the appellant “has made progress toward independence with clothing removal and bathroom assistance needs, surrogate reports she remains outside bathroom door in case she is needed.” (Exhibit 5, p. 15.) The toileting section further states the “PCA to assist with wiping pot [bladder and bowel], PCA to wait and listen outside bathroom, consumer with high anxiety, afraid to be alone in bathroom/bedroom- surrogate reports consumer with night terrors/fearful.” (Exhibit 5, p. 28.) MassHealth modified bladder care time to zero and bowel care time to 5 minutes per instance. This should have resulted in 35 minutes of assistance per week, but MassHealth approved 131 minutes of assistance per week.²

MassHealth’s representative testified that the appellant appeared to have the physical ability to toilet himself, and that the PCA was simply waiting outside the bathroom due to the appellant’s anxiety and fear. MassHealth’s representative testified that supervision is not a covered PCA service. MassHealth deferred the initial authorization review to ask for additional details from the PCM agency. The PCM agency responded that the appellant “needs physical hands-on assistance with bowel care to ensure proper hygiene. Please adjust time for bladder care as no physical assist is needed and supervision is provided.” (Exhibit 5, p. 54.)

The appellant’s mother responded that the appellant cannot be left alone due to his anxiety, but that they are trying to help him become independent. The appellant’s mother testified that the appellant still needs help with clothing management and hygiene after he pees by himself. Based upon this, MassHealth’s representative agreed to restore 2 minutes per episode for bladder care (64 minutes per week). The appellant’s mother accepted this amount of time as accurately reflecting the hands-on assistance with bladder care.

Finally, the appellant requested 10 minutes per day for assistance with bowel care. MassHealth reduced this time to 5 minutes per day. MassHealth’s representative explained that the documentation only says that the PCA assists with wiping, which she felt could be accomplished within 5 minutes. The appellant’s mother testified that the appellant has constipation, which means he will ask to go multiple times because he does not feel as though everything has come out. The medicine he takes for constipation also gives him diarrhea sometimes, which needs to be cleaned up. The appellant’s mother believed 10 minutes sounded short, but it could be an appropriate average. The appellant’s mother testified that this is not changing a baby’s diaper. The appellant needs help getting his pants down, wiping, getting his pants back on, and then washing his hands thoroughly.

² This calculation error was not noticed during the hearing and neither party addressed this issue.

Findings of Fact

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

- 1) The appellant is an [REDACTED] year-old child with a primary diagnosis of autism spectrum disorder, including developmental delay, attention deficit hyperactivity disorder, cognitive limitations, and auditory sensitivity. The appellant can be aggressive toward himself and others, and he is resistive to care. The appellant has difficulty initiating and sequencing tasks, and he lacks safety awareness. (Exhibit 5, pp. 14-15.)
- 2) On or around June 25, 2025, [REDACTED] submitted a reevaluation for PCA services requesting 13 hours (777 minutes) per week, running for the prior authorization period of August 23, 2025, through August 22, 2026. (Exhibit 5, pp. 2, 41.)
- 3) MassHealth issued a notice on July 2, 2025, making 3 modifications to the appellant's requested services, and approving 9 hours and 30 minutes per week. (Exhibit 1.)
- 4) Regarding dressing, the appellant requested 20 minutes per day to assist with dressing. (Exhibit 5, p. 24.)
 - a. MassHealth reduced the time allowed from 20 minutes per day to 12 minutes per day because the task documentation indicated that the appellant requires breaks due to his unsafe behavior. (Testimony by MassHealth's representative.)
 - b. It takes at least 20 minutes to get the appellant dressed because he requires frequent breaks in order to keep him and his caregivers safe. The appellant becomes physically violent toward himself and others during dressing if not given breaks. (Testimony by the appellant's mother.)
- 5) Regarding bladder care, the appellant requested 7 minutes of assistance, 4 times per day during weekdays, and 6 times per day on weekends. (Exhibit 5, p. 28.)
 - a. The parties agreed that 2 minutes per instance of bladder care would be appropriate to provide clothing management and hygiene care because the appellant is largely independent with urinating. Most of the requested time was for waiting outside the bathroom due to the appellant's anxiety. (Testimony by MassHealth's representative and the appellant's mother.)
- 6) Regarding bowel care, the appellant requested 10 minutes of assistance per day. (Exhibit 5, p. 28.)
 - a. MassHealth reduced the time to 5 minutes per instance of bowel care to assist only with wiping. (Testimony by MassHealth's representative.)

- b. It takes at least 10 minutes on average to provide the appellant assistance with bowel care, as it involves clothing management, wiping assistance, and hygiene care. The appellant also goes more frequently due to constipation because he does not feel everything has come out, or he has diarrhea which creates a bigger mess. (Testimony by the appellant's mother.)

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

states it “is appropriate to request time for PCA services when a child has a chronic, permanent disabling condition resulting in **hands-on ADL** care needs and services due to functional limitations.” (PCA Operating Standards, § XXVI (emphasis added).) Furthermore, 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).)

Nonetheless, “[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.”³ (PCA Operating Standards, § XXVI.A.1.c. (emphasis added).) 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.)

As a preliminary matter, the parties agreed to a partial restoration of time in bladder care. The appellant shall be allowed 2 minutes per instance assistance, 4 times per day on weekdays and 6 times per weekend day. Because this issue was resolved between the parties, these aspects of the appeal are DISMISSED. (130 CMR 610.035; 610.051.) This restores 64 minutes per week.

With regard to the dressing issues, MassHealth is correct that PCA time is generally authorized for hands-on assistance with ADLs only. However, MassHealth’s PCA Operating Standards allow for time that is needed due to behavioral needs that pose a safety risk. At the hearing, MassHealth argued that this safety risk must be posed to the child, and that the child’s aggressive behavior only poses a safety risk to others. However, the PCA Operating Standards allow time for safety risk to “others.” This is especially important where PCA time cannot be allowed for the purposes of restraint. In the appellant’s circumstance, the only other available safety option is to remove the caregivers from the appellant until it is safe to resume the activity. Therefore, this appeal is APPROVED in part with regard to dressing. The appellant shall be allowed 20 minutes for dressing. This restores 56 minutes per week of PCA assistance.

This appeal is also APPROVED in part with regard to bowel care. I credit the appellant’s mother’s testimony that 10 minutes per instance of bowel care is an accurate average for the amount of hands-on assistance the appellant requires. MassHealth’s modification was made based upon the

³ “Restraint” is not defined, but it is clear that removing a child from a dangerous situation cannot be the same as restraining them.

premise that the appellant only required assistance with wiping, but the documentation and testimony by the appellant's mother establishes that the appellant requires maximum assistance with clothing management, wiping, and hygiene.

Effectively, the only reduction in time should be the agreed reduction in bladder care. The appellant had requested a total of 224 minutes per week for bladder care: $(7 \times 4 \times 5) + (7 \times 6 \times 2)$. The appellant agreed to 64 minutes per week $(2 \times 4 \times 5) + (2 \times 6 \times 2)$. This is a reduction of 160 minutes. The total number of requested minutes was 777, which means the appellant is entitled to 617 minutes per week $(777 - 160)$. This is equal to 10.28 hours per week. "If hours per week is not equal to an exact 15 minute increment (0 min, 15 min, 30 min, or 45 min), **round hours per week up to the next 15 minute increment.**" (PCA Operating Standards, § XII.A.1)c.) Therefore, the appellant is entitled to 10 hours and 30 minutes per week of PCA assistance.

Order for MassHealth

Approve the appellant for 10 hours and 30 minutes per week of PCA assistance as of the start of the prior authorization period, August 23, 2025.

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