

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed in part; Denied in part; Approved in part	Appeal Number:	2510865
Decision Date:	10/20/2025	Hearing Date:	08/26/2025
Hearing Officer:	Radha Tilva		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN (Optum Consultant)



*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; Denied in part; Approved in part	Issue:	PA – PCA modification
Decision Date:	10/20/2025	Hearing Date:	08/26/2025
MassHealth’s Rep.:	Kelly Rayen, R.N.	Appellant’s Rep.:	Mother
Hearing Location:	Quincy (telephonic)	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 July 11, 2025, MassHealth modified appellant’s prior authorization request for personal care attendant services (hereinafter “PCA”) (Exhibit 1). The appellant filed this appeal in a timely manner on July 23, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Modification of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified appellant’s prior authorization request for PCA services.

Issue

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

Summary of Evidence

The MassHealth representative testified that appellant's PCM agency, [REDACTED] submitted a prior authorization reevaluation request for PCA services on July 7, 2025, requesting 88 hours and 45 minutes per week. MassHealth modified this request on July 11, 2025, to 73 hours and 30 minutes per week for a prior authorization period of August 1, 2025, to July 31, 2026. Appellant is in her [REDACTED] and diagnosed with cerebral palsy with spastic quadriplegia, minimal volitional movement, limited vocabulary, and decreased oral motor function (Exhibit 7, p. 14). Appellant appealed this request on July 23, 2025, and was represented by her guardian at hearing. The benefits were put in aid pending and protected by the Board of Hearings through the pendency of the appeal at 88 hours and 45 minutes per week.

MassHealth made four modifications. The first modification was for **mobility wheelchair propel**. The PCM agency requested 5 minutes, 8 times a day, 7 days a week and MassHealth modified it to 2 minutes, 8 times a day, 7 days a week. The MassHealth representative argued that the time requested was longer than ordinarily required. There was no documentation submitted to support why it takes more than 2 minutes to push the appellant from room to room. It was explained that transfers and repositioning were approved in full. The appellant had an issue with the frequency requested and it was explained that she could have the PCM agency request for an adjustment. The appellant did not otherwise dispute the time it takes to just push from room to room.

The next modification was for **eating** which was requested for 45 minutes, 3 times a day, 7 days a week (for meals) and 30 minutes, 2 times a day, 7 days a week (for snacks). This was modified to 25 minutes, 3 times a day, 7 days a week (for meals) and 10 minutes, 2 times a day, 7 days a week (for snacks). The MassHealth representative explained that the reason for the modification was because the time requested was longer than ordinarily required and some of the time requested was for non-covered services. The MassHealth representative testified that the prior authorization request noted that appellant was dependent on eating all meals and two snacks per day (Exhibit 7, p. 26). The consumer requires slow feed due to decreased oral motor function and dysphagia (*Id.*). The MassHealth representative testified that wait time and supervision due to slow chewing is not a covered service and that time can only be approved for hands-on assist with eating. The representative cited 130 CMR 422.412(F). After hearing appellant's testimony the MassHealth representative stated that she could approve 30 minutes per meal (breakfast, lunch, and dinner) as that was the maximum allotted time per meal per the guidelines.

The appellant's representative stated the following: it takes 60 to 90 minutes to feed her daughter, who is a quadriplegic, a meal. The PCA must sit and wait and cannot go home in between. The appellant's representative argued that feeding should include putting the food to her mouth, waiting for her to chew and swallow, and then giving her another bite. She has a high palate and is at risk for aspiration. She cannot chew or swallow like a normal person can. Her snacks are usually a glass of milk and a cookie, cake, brownie, or ice cream and it usually takes 30 minutes to feed her a snack. She has two snacks per day and three meals per day. They spend more time in the day

on feeding than anything else.

The third modification was for **menses care** which was requested at 100 minutes per month or 25 minutes per week. MassHealth modified the request to 15 minutes per week because the time requested is longer than ordinarily required. The appellant's representative testified that appellant gets her period for 4 days, 4 times a day. The appellant's mother stated that they were okay with that modification.

The last modification was for **other healthcare needs/facial care** which was requested at 10 minutes per day, 7 days a week and modified to 5 minutes a day, 7 days a week because the time requested is longer than ordinarily required. The description in the prior authorization request stated that appellant was dependent on daily facial skincare including wash, topical medication assistance and moisturizing (Exhibit 7, p. 32). The MassHealth representative explained that appellant was also approved for grooming at 3 minutes once a day, which had a description of performing skin care due to cystic dermatitis (Exhibit 7, p. 23 and 24). In addition, the appellant was approved for bathing at 40 minutes per day which would also provide her with the opportunity to wash her face so in total appellant would have three opportunities to wash her face. MassHealth explained that the 10 minutes requested for facial care was modified to 5 minutes because this would be a duplication of services.

The appellant's representative stated that appellant washes her face in the morning when she wakes up and once at night when she's going to bed. It takes five to ten minutes to wash her face each time (appellant testimony).

Findings of Fact

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

1. The PCM agency, [REDACTED] submitted a prior authorization reevaluation request for PCA services on July 7, 2025, requesting 88 hours and 45 minutes per week.
2. MassHealth modified this request on July 11, 2025, to 73 hours and 30 minutes per week for a prior authorization period of August 1, 2025, to July 31, 2026.
3. Appellant is in her [REDACTED] and diagnosed with cerebral palsy with spastic quadriplegia, minimal volitional movement, limited vocabulary, and decreased oral motor function.
4. The first modification was for **mobility wheelchair propel**. The PCM agency requested 5 minutes, 8 times a day, 7 days a week and MassHealth modified it to 2 minutes, 8 times a day, 7 days a week.

5. The next modification was for **eating** which was requested for 45 minutes, 3 times a day, 7 days a week and 30 minutes, 2 times a day, 7 days a week. This was modified to 25 minutes, 3 times a day, 7 days a week and 10 minutes, 2 times a day, 7 days a week.
 - a. The appellant requires slow feed due to decreased oral motor function and dysphagia.
 - b. The appellant has a high palate and is a choking hazard.
6. The last modification was for **other healthcare needs/facial care** which was requested at 10 minutes per day, 7 days a week and modified to 5 minutes a day, 7 days a week because the time requested is longer than ordinarily required.
 - a. Appellant was also approved for PCA assistance 3 minutes a day under the grooming category for performing skin care due to cystic dermatitis and 40 minutes daily for showering.
7. The appellant accepted the modification for menses care which was 60 minutes per month.

Analysis and Conclusions of Law

MassHealth regulations pertaining to PCA services are found at 130 CMR 422.000 et seq. Regulation 130 CMR 422.402 defines a PCA as a person who is hired by the member or surrogate to provide PCA services, which are further defined as assistance with the activities of daily living and instrumental activities of daily living as described in 130 CMR 422.410.

Pursuant to 130 CMR 422.403(C), MassHealth covers PCA services when: (1) they are prescribed by a physician; (2) the member's disability is permanent or chronic in nature; (3) the member requires physical assistance with two or more of the following activities of daily living 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; and (4) MassHealth has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services. MassHealth pays for PCA time in physically assisting members to perform the aforementioned activities of daily living.

Instrumental activities of daily living are those activities described in 130 CMR 422.410(B) that are instrumental to the care of the member's health and are performed by a PCA, 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 personal care services. MassHealth pays for PCA time in physically assisting members to perform the aforementioned instrumental activities of daily living. 130 CMR 422.402.

Pursuant to 130 CMR 450.204(A), 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 the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

130 CMR 450.204(A).

At the hearing, the appellant's representative agreed to the modification for menses care which was modified to 60 minutes per month by MassHealth. Therefore, this matter is no longer in dispute before the Board of Hearings, and the appeal is **DISMISSED IN PART** regarding this category (130 CMR 610.035(A)(8)).

There are three areas of modification which remain in dispute and require resolution: mobility wheelchair propel, eating, and other healthcare needs/facial care.

For **wheelchair mobility propel**, MassHealth modified the time requested to 2 minutes, 8 times a day, 7 days a week as the time requested was longer than ordinarily required. The MassHealth representative explained that appellant was given the time requested for transfers and repositioning in full and that the time for wheelchair mobility was only for the time it takes the PCA to push the appellant from one room to another. The appellant's mother testified that it takes 5 minutes to get appellant from the bed into her wheelchair but provided no convincing testimony to support that it takes longer than 2 minutes to push the appellant from one room to another. As the time for transfers and repositioning was approved in full, 2 minutes, 8 times a day, 7 days a week is sufficient to push the appellant from room to room. The appeal as to wheelchair mobility propel is **DENIED**.

With respect to eating the MassHealth regulations describe **eating** as "physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs." 130 CMR 422.410(A)(6). The record and testimony indicate that the appellant has a high palate, is at risk for aspiration, and her medical condition prevents standard chewing and

swallowing. I credit the appellant representative's testimony that feeding the appellant takes longer than 30 minutes a meal. The regulation the MassHealth representative relied on in denying the additional time for eating states that assistance provided in the form of cueing, prompting, supervision, guiding, or coaching is a noncovered service (130 CMR 422.412(C)). To interpret this regulation to mean that wait time while a person is chewing is considered supervision or prompting is a stretch. It is unreasonable for MassHealth to expect the PCA to not be paid while the appellant is chewing or swallowing, especially when the member's condition prevents her from being able to feed herself independently. It is not time efficient for the PCA to leave the appellant while appellant is chewing, rather it is more reasonable for the PCA to remain with the appellant with the next bite of food ready after the appellant has finished chewing and swallowing. The Time-for-Tasks Guidelines for the PCA Program states that 30 minutes on average is what a person who is totally dependent should receive. However, the Guidelines are estimates for the time it usually takes, and the testimony provided by appellant's representative is credible and supports it takes longer than 30 minutes a meal to feed appellant. I find that the time requested of 45 minutes per meal and 30 minutes for the snack to be reasonable for someone with appellant's needs. For these reasons, the appeal as to eating is **APPROVED** as requested.

With respect to **other health care needs/facial care** MassHealth approved 5 minutes a day, 7 days a week for daily facial skincare including wash, topical medication assistance and moisturizing as opposed to the requested 10 minutes a day. The appellant was approved for 40 minutes a day for bathing as well as an additional 3 minutes in the grooming category for face care. The appellant's representative testified that appellant washes her face in the morning and at night. As the appellant's representative testified that appellant washes her face in the morning and at night, I find that the total time approved for facial care, bathing, and additional grooming time for skin care is sufficient for the appellant's wash and skin care routine. Thus, the modification made by MassHealth stands and this appeal as to other health care needs/facial care is **DENIED**.

Order for MassHealth

Remove aid pending and approve the time as requested for eating at 45 minutes, 3 times a day, 7 days a week (main meals) and 30 minutes 2, times a day, 7 days a week (snacks).

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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:



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