

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Dismissed in part; Denied in part	Appeal Number:	2511210
Decision Date:	10/22/2025	Hearing Date:	09/05/2025
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearance for MassHealth:

Kelly Rayen, RN, Optum



*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; Dismissed in part; Denied in part	Issue:	Prior Authorization; Personal Care Attendant (PCA) Services
Decision Date:	10/22/2025	Hearing Date:	09/05/2025
MassHealth's Rep.:	Kelly Rayen, RN	Appellant's Reps.:	[REDACTED]
Hearing Location:	Quincy Harbor South (Telephone)	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 21, 2025, MassHealth modified the Appellant's prior authorization request for personal care attendant (PCA) services from the requested 14 hours, 30 minutes, to 11 hours, 45 minutes per week. Exhibit 1. The Appellant's representative filed this appeal with the Board of Hearings in a timely manner on July 30, 2025. 130 CMR 610.015 and Exhibit 2. Modification of a prior authorization request is valid grounds for appeal to the Board of Hearings. 130 CMR 610.032.

Action Taken by MassHealth

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

Issue

Was MassHealth correct, pursuant to 130 CMR 422.410 and 130 CMR 450.204(A), to modify the Appellant's prior authorization request for PCA services from the requested 14 hours, 30 minutes,

to 11 hours, 45 minutes per week?

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a Registered Nurse and clinical appeals reviewer. Information from the record and the parties' testimony is summarized as follows: the Appellant is [REDACTED] years old and has a primary diagnosis of autism. The Appellant is non-verbal and has no safety awareness, along with a history of scratching, biting, and bolting. In October 2024, the Appellant fell 7 feet off playground equipment, resulting in a concussion and requiring overnight hospitalization. See Exhibit 5 at 19.

The Appellant was represented by his parent and a representative from his personal care management (PCM) agency, [REDACTED]. They verified the Appellant's identity.

On July 17, 2025, [REDACTED] submitted an initial evaluation to MassHealth on the Appellant's behalf requesting 14 hours and 30 minutes per week for PCA services. On July 21, 2025, MassHealth modified the request to 11 hours and 45 minutes per week. The time period for the prior authorization request is July 21, 2025, to July 20, 2026. The evaluation states that the Appellant "requires two-person assistance during [activities of daily living] secondary to resistive behaviors." Exhibit 5 at 19. MassHealth modified the time for the activities of daily living for bathing, dressing, and bladder and bowel care. During the hearing, the MassHealth representative agreed to restore the time requested for bowel care, totaling 70 minutes weekly.¹

Bathing

The request indicated that the Appellant is totally dependent for bathing. Exhibit 5 at 26. The MassHealth representative testified that the Boston Center for Independent Living requested 25 minutes daily for bathing, and 10 minutes daily for a quick wash, for a total of 245 minutes per week. MassHealth reduced this to 25 total minutes daily, for a weekly total of 175 minutes. The MassHealth representative testified that parents are responsible for a child's behavioral issues² and that as the second person assisting with bathing was a parent that would not be a covered service. The MassHealth representative also testified that the PCA program does not authorize time for supervising or waiting around.

The Appellant's parent testified that the Appellant needs assistance getting into the tub, along with shampooing and washing his hair and body. The Appellant's parent testified that the

¹ [REDACTED] requested 10 minutes daily, which MassHealth reduced to 7 minutes daily.

² The hearing officer asked the MassHealth representative how MassHealth distinguishes between behavioral issues and behavior that is directly related to a member's illness or disability, but did not receive a clear answer.

Appellant had a concussion in October 2024 and that he lacks safety awareness. The Appellant's parent testified that the Appellant has an unsteady gait and that he can be combative and hurt himself. The Appellant's parent testified that when he gets frustrated, he will hit his head. The Appellant's parent testified that the Appellant is bathed daily and also requires a quick wash because the Appellant is incontinent of stool and urine, and that the washing is necessary to prevent skin break down and diaper rash. The Appellant's parent testified that the Appellant's daily bathing takes an hour daily and requires two-person, hands-on assistance. The Appellant's parent also testified that the quick wash requires a sponge bath with soap and water to completely wash off the Appellant, and it is not just cleaning him off with a baby wipe. The Appellant's parent testified that she is a nurse and that 25 minutes is not a sufficient amount of time to bathe someone who is totally dependent.

Dressing

The request indicated that the Appellant is totally dependent for dressing. *Id.* at 30. The MassHealth representative testified that MassHealth reduced the PCA time requested for dressing from 12 minutes daily to 10 minutes daily; for an overall reduction from 84 minutes to 70 minutes weekly. The MassHealth representative testified that the time requested for undressing was approved. The MassHealth representative testified that 10 minutes daily for dressing was appropriate and that if the Appellant runs off or expresses behavioral issues, that is a parental responsibility not a hands-on PCA activity.

The Appellant's parent testified that sometimes dressing the Appellant takes longer than others. She testified that it is a two-person activity. The Appellant's parent testified that the Appellant is completely dependent for getting dressed and that dressing him involves putting on his diaper, shirt, pants, jacket, socks, and shoes. She testified that the Appellant gets very frustrated and will sometimes kick off his shoes, pull off his pants, or run away. The Appellant's parent testified that the Appellant can self-harm or injure himself. The Appellant's parent testified that 10 minutes is not a sufficient amount of time.

Toileting (Bladder Care)

The request indicated that the Appellant is totally dependent for toileting. *Id.* at 32. The MassHealth representative testified that [REDACTED] requested 8 minutes, 4 times per day, two days a week, and 8 minutes, 3 times per day, 5 days per week, for a total of 184 minutes weekly. MassHealth reduced the time to 5 minutes, 5 times per day, two days a week, and 5 minutes, 3 times a day, 5 days per week, for a total of 125 minutes weekly. The MassHealth representative testified that the time requested by [REDACTED] was longer than ordinarily required. She also testified that according to the occupational therapy evaluation conducted by the PCM agency, the Appellant is independent for transferring on and off the toilet. The MassHealth representative testified that the PCA is only compensated for hands-on assistance and that any behavioral issues are the parent's responsibility.

The Appellant's parent testified that the Appellant goes to the toilet every 20 minutes for toilet training, and that he requires redirection because he can slam his head against the wall. The Appellant's parent testified that the Appellant needs to be laid on a flat surface after using the toilet to be cleaned up. The Appellant's parent testified that the Appellant is not independent with transferring on and off the toilet. The Appellant's parent explained that the Appellant needs someone to hold his hand and that he also uses a stool to get on and off the toilet. The Appellant's parent testified that all assistance with the Appellant is hands-on assistance, that the PCA is not providing supervision or cueing, and that the Appellant does not understand verbal directions at all.

Findings of Fact

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

1. The Appellant is [REDACTED] years old and lives with his parents. Testimony, Exhibit 5.
2. The Appellant has a primary diagnosis of autism. He is non-verbal and has no safety awareness, along with a history of scratching, biting, and bolting. In October 2024, the Appellant fell 7 feet off playground equipment, resulting in a concussion and requiring overnight hospitalization. Testimony, Exhibit 5.
3. On July 17, 2025, [REDACTED] a PCM agency,, submitted an initial evaluation to MassHealth on the Appellant's behalf requesting 14 hours and 30 minutes per week for PCA services. The evaluation states that the Appellant "requires two-person assistance during [activities of daily living] secondary to resistive behaviors." Testimony, Exhibits 1 & 5.
4. By notice dated July 21, 2025, MassHealth modified the request to 11 hours and 45 minutes per week. The time period for the prior authorization request is July 21, 2025, to July 20, 2026. Testimony, Exhibits 1 & 5.
5. MassHealth modified the time for the activities of daily living of bathing, dressing, and bladder and bowel care. Testimony, Exhibits 1 & 5.
6. The Appellant's representative filed a timely appeal with the Board of Hearings on July 30, 2025. Exhibit 2.
7. During the hearing, the MassHealth representative agreed to restore the time requested for bowel care, totaling 70 minutes weekly. Testimony.

8. The Appellant lacks safety awareness and tries to hit his head. Testimony, Exhibit 5.
9. The Appellant is toilet training and experiences incontinence. Testimony.
10. The request for PCA services indicated that the Appellant is totally dependent for bathing, dressing, and toileting. Testimony, Exhibit 5.
11. I take administrative notice of the MassHealth PCA Time-for-Task Guidelines.

Analysis and Conclusions of Law

MassHealth regulations about PCA services are found at 130 CMR 422.000 et seq.

130 CMR 422.402: Definitions

....

Activities of Daily Living (ADLs) — those specific activities described in 130 CMR 422.410(A) and in the Contract for Personal Care Management (PCM) Services. Such activities are performed by a personal care attendant (PCA) to physically assist a member with mobility, taking medications, bathing or grooming, dressing, passive range of motion exercises, eating, and toileting.

....

Activity Time — the actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADLs). Activity time is reported on the activity form.

....

Family Member — the spouse of the member, the parent of a minor member, including an adoptive parent, or any legally responsible relative.

....

Personal Care Attendant (PCA) — a person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. In addition, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, a PCA is a person who is hired by the member or surrogate to provide PCA services through a senior care organization (SCO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9D or a person who is hired by the member or surrogate to provide PCA services through an integrated care organization (ICO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9F. Unless explicitly stated in 130 CMR 422.000, in the SCO's MassHealth contract, or in the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by any eligible MassHealth member through a SCO or ICO.

....

Personal Care Attendant Program (PCA Program) — a MassHealth program under which PCA services and associated Personal Care Management and Fiscal Intermediary functions are available to MassHealth members including, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, those

services and functions when provided through a senior care organization (SCO) as defined in M.G.L. c. 118E, § 9D, or an integrated care organization (ICO) as defined in M.G.L. c. 118E § 9F. Unless explicitly stated in 130 CMR 422.000, the SCO's MassHealth contract, or the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by an eligible MassHealth member through a SCO or ICO.

....

Personal Care Attendant Services (PCA Services) — 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.

Personal Care Management (PCM) Agency — a public or private agency or entity under contract with EOHHS to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Personal Care Management (PCM) Functions — administrative functions provided by a PCM agency to a member in accordance with a contract with EOHHS, including, but not limited to, functions identified in the PCM agency contract and 130 CMR 422.419(A).

130 CMR 422.410: Activities of Daily Living and Instrumental Activities of Daily Living

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL:

- (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.

(B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:

- (1) household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
- (2) meal preparation and clean-up: physically assisting a member to prepare meals;
- (3) transportation: accompanying the member to medical providers; and
- (4) special needs: assisting the member with:
 - (a) the care and maintenance of wheelchairs and adaptive devices;
 - (b) completing the paperwork required for receiving PCA services; and

(c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the PCM agency must assume the following.

(1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.

(2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.

(3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

130 CMR 422.411: Covered Services

(A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency.

(B) MassHealth covers transitional living program services provided by an organization in accordance with 130 CMR 422.431 through 422.441 and the MassHealth agency's proposal requirements.

130 CMR 422.412: Noncovered Services

MassHealth does not cover any of the following as part of the PCA program or the transitional living program:

(A) social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;

(B) medical services available from other MassHealth providers, such as physician, pharmacy, or community health center services;

(C) assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;

(D) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, 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 EVV as required by the MassHealth agency.

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).

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2007). *See also Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

At the hearing, the MassHealth representative agreed to restore the time requested for toileting (bowel care), which totaled 70 minutes per week. Accordingly, that part of the appeal is approved and dismissed. 130 CMR 610.035(A)(8).

Three other areas of modification remain in dispute.

Bathing

████████████████████ requested 25 minutes daily for bathing and 10 minutes daily for a quick wash, for a total of 245 minutes per week. MassHealth reduced this to 25 total minutes daily, for a weekly total of 175 minutes.

Based on my review of the testimony and evidence in the record, including the MassHealth PCA Time-For-Tasks Guidelines, I find that the Appellant has met his burden to show the invalidity of MassHealth's modification, and I direct that the requested time be restored. I credit the testimony regarding the Appellant lacking safety awareness and that he tries to hit his head. I also credit that he needs an additional wash or sponge bath due to his incontinence and toilet training. Therefore, the appeal regarding time for bathing is approved.

Dressing

████████████████████ requested 12 minutes daily for dressing, for a total of 84 minutes per week. MassHealth reduced the PCA time for dressing to 10 minutes daily, for a total of 70 minutes per week.

Based on my review of the testimony and evidence in the record, I find that the Appellant has not met his burden in demonstrating that MassHealth erred in reducing the time approved for dressing. Therefore, regarding dressing, the appeal is denied.

Toileting (Bladder Care)

████████████████████ requested 8 minutes, 4 times per day, two days a week, and 8 minutes, 3 times per day, 5 days per week, for a total of 184 minutes weekly for bladder care. MassHealth reduced the time to 5 minutes, 5 times per day, two days a week, and 5 minutes, 3 times a day, 5 days per week, for a total of 125 minutes weekly.

Based on my review of the testimony and evidence in the record, including the MassHealth PCA Time-For-Tasks Guidelines, I find that the Appellant has met his burden to show the invalidity of MassHealth's modification, and I direct that the requested time be restored. I credit the testimony and evidence in the record showing that the Appellant has previously suffered a concussion and is at risk of further injury from hitting his head. Accordingly, the part of the appeal regarding bladder care is approved.

Order for MassHealth

Adjust notice of July 21, 2025, to authorize PCA assistance weekly for

- Bathing—245 minutes weekly
- Toileting
 - Bladder Care—184 minutes weekly
 - Bowel Care—70 minutes weekly

for the prior authorization period of July 21, 2025, to July 20, 2026, in addition to the PCA assistance time already authorized by MassHealth.

Send notice to Appellant of implementation only; do not include appeal rights.


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.

Emily Sabo
Hearing Officer
Board of Hearings



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