

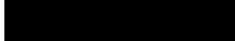
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511427
Decision Date:	10/22/2025	Hearing Date:	09/11/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

 Mom

Appearances for MassHealth:

Heather Adams, RN – Testifying
Robin Brown, OTR/L – 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:	Denied	Issue:	Prior Authorization; PCA
Decision Date:	10/22/2025	Hearing Date:	09/11/2025
MassHealth's Reps.:	Heather Adams, RN Robin Brown, OTR/L	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 26, 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 15, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a reevaluation for personal care attendant (PCA) services. The appellant is a young teenager with diagnoses of attention deficit hyperactivity disorder (ADHD) with intellectual

disabilities including aggressive behaviors, developmental delays, resistance to care, defiance, and hyperactivity. (Exhibit 5, p. 12.)

The prior authorization request sought 17 hours and 15 minutes per week of PCA services during 40.14 school weeks and 21 hours per week during 12 vacation weeks. The prior authorization period for this request runs from July 10, 2025, through July 9, 2026. MassHealth modified the time requested in two categories of assistance: eating and bladder care. MassHealth authorized 13 hours and 45 minutes per school week and 15 hours and 45 minutes per vacation week.

Regarding eating, the prior authorization request seeks 15 minutes per instance of assistance. During vacation weeks, assistance is requested 3 times per day, 7 days per week. During school weeks, assistance is requested twice per day, 5 days per week and 3 times per day on weekends. The request describes the appellant as requiring moderate assistance with eating “to assist with all utensils, breaking with eating (not to overstuff mouth), guidance not to play or throw food, stay on task [due to] his inability to identify his own needs or initiate, sequence, or complete the tasks necessary to meet those needs ... ” (Exhibit 5, p. 25.)

MassHealth’s representative testified that the time per instance of assistance was reduced from 15 minutes down to 10 minutes. The reason for this reduction was that the time requested was longer than typically needed by someone with the appellant’s physical needs and some of the assistance described was in the form of cuing, guiding, or coaching. MassHealth only pays for hands-on assistance with activities of daily living (ADLs), not for down time that may occur around providing that assistance. MassHealth’s representative asked the appellant’s mother to walk through a meal so that they could understand what assistance was being provided.

The appellant’s mother testified that the appellant’s PCA prepares the appellant’s meals, and then the PCA helps the appellant to keep the food where it is supposed to be. The PCA assists with utensil use because the appellant will eat with his hands. The appellant’s mother testified that they are still trying to teach the appellant to eat with utensils.

MassHealth’s representative testified that PCAs can assist with hand-over-hand physical assistance with using utensils, but that teaching or prompting the appellant to use the utensil would not be covered. MassHealth also does not typically cover Instrumental ADLs (IADLs), like meal preparation or other chores, for children who live with their parents. For those reasons, MassHealth’s representative felt that the modification was appropriate to provide assistance just with the task of loading a utensil and helping the appellant bring the food to his mouth.

The appellant’s mother then testified that the PCA is not chopping up food, just putting food onto a plate and heating it up. The appellant’s mother estimated that an entire meal with the appellant takes about 15 to 20 minutes. That would be inclusive of all of the time from getting him to the table, getting him food, and assisting with eating, including waiting time. MassHealth’s representative testified that PCA time is allowed only for physical assistance provided by the PCA. Any time during that 15 to 20 minutes that the PCA is waiting for the appellant to chew or

redirecting the appellant to the task of eating would not be compensated under MassHealth's PCA program.

The appellant's mother accepted that the hands-on assistance with getting food into the appellant's mouth was probably only about 10 minutes of time. However, the appellant will make a mess if left alone. He will attempt to eat with his hands, and he needs someone with him at all times to stop him from making a mess. The appellant requires constant redirection and instruction to keep moving forward. The PCA will tell the appellant to chew and swallow, in addition to keeping him at the table and keeping his hands out of the food. The appellant's mother believed that 10 minutes was too little time because the PCA needs to stay with the appellant for the entire meal.

Regarding bladder care, the appellant requested 10 minutes, 3 times per day on school days and 6 times per day for weekends and vacation weeks. The prior authorization form documents

Consumer requires max assist for toileting tasks listed above [due to] his inability to identify his own needs or initiate, sequence, or complete the tasks necessary to meet those needs, poor judgement and safety awareness, resistance to care, aggressive behaviors, hyperactivity and inability to follow cueing/guidance [because of his] ADHD w/intellectual disabilities. Consumer has been urinating in sink, shower, floor, toys, and needs more assistance with toileting tasks [due to] cleanup.

(Exhibit 5, pp. 26-27.)

MassHealth modified the amount of time allowed per instance of assistance from 10 minutes to 5 minutes. MassHealth's representative explained that this modification was made because the time requested was longer than typically needed by someone with the appellant's physical needs and some of the described assistance was for non-covered services. MassHealth's asked the appellant's mother to describe what assistance the appellant receives from start to finish during toileting assistance.

The appellant's mother initially testified that the PCA just needs to help the appellant wipe after a bowel movement. Otherwise, the appellant wets the bed every day. The appellant does not initiate using the bathroom; he needs to be told to use the bathroom. During the day when the PCA is around, the PCA will remind the appellant to go to the bathroom. The appellant is able to urinate independently. If the appellant is wearing clothing with buttons, then he will need help with managing his clothing. The PCA also needs to help the appellant wash his hands, so the PCA will turn on the water, put soap on his hands and help him wash. The appellant also has urinary accidents 3-4 times per week. In these instances, the PCA would bring him to the bathroom help him wash up and change his lower clothes.

MassHealth approved 10 minutes per day bowel care, as requested. MassHealth's representative also argued that changing the appellant's sheets in the morning would be considered laundry or

housekeeping. Because these are IADLs, they would not be covered under the PCA program for a child. MassHealth's representative felt that 5 minutes per instance of bladder assistance was sufficient to remind the appellant to use the bathroom and help him wash his hands. MassHealth's representative also felt that 5 minutes would be enough time to change the appellant's clothing during accidents, otherwise the appellant could also wear pull ups if he is having accidents so frequently.

The appellant's mother understood MassHealth's position but argued that the way MassHealth approves time means that the PCA has to be constantly rushing. The appellant is not a small child, and his diagnoses require a lot of management. The appellant's mother did not offer any alternative time for how long should be allowed for bladder care, given the type of physical assistance the appellant needs. Rather, she argued generally that MassHealth should apply a degree of common sense to reviewing people with diagnoses like the appellant has. The appellant's mother argued that the appellant requires 24/7 attention.

Findings of Fact

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

- 1) The appellant is a young teenager with diagnoses including ADHD with intellectual disabilities including aggressive behaviors, developmental delays, resistance to care, defiance, and hyperactivity. (Exhibit 5, p. 12.)
- 2) On or around June 15, 2025, [REDACTED] submitted a reevaluation for PCA services requesting 17 hours and 15 minutes per week of PCA services during 40.14 school weeks and 21 hours per week during 12 vacation weeks. The prior authorization period runs from July 10, 2025, through July 9, 2026. (Exhibit 5, pp. 2.)
- 3) MassHealth issued a notice on June 26, 2025, making 2 modifications to the appellant's requested services. MassHealth authorized 13 hours and 45 minutes per school week and 15 hours and 45 minutes per vacation week. (Exhibit 1.)
- 4) Regarding eating, the appellant requested 15 minutes per meal to assist the appellant with eating meals. (Exhibit 5, p. 25, 55.)
 - a. MassHealth reduced the time allowed from 15 minutes per meal to 10 minutes per meal because the request sought time for the PCA to provide guidance or supervision during each meal. (Testimony by MassHealth's representative.)
 - b. It takes 15-20 minutes for the appellant to eat a meal, from serving him until he has finished eating. The PCA prepares the appellant's meal, physically assists the appellant with using utensils, and also redirects the appellant to prevent him from making a mess of his food. (Testimony by the appellant's mother.)

- c. The hands-on assistance with utensils during meals is around 10 minutes per meal. (Testimony by MassHealth’s representative and the appellant’s mother.)
- 5) Regarding bladder care, the appellant requested 10 minutes per instance of assistance. (Exhibit 5, p. 26, 56.)
- a. MassHealth allowed 5 minutes per instance of assistance based upon the appellant’s physical ability and the described assistance. (Testimony by MassHealth’s representative.)
 - b. The appellant is able to urinate independently, but he requires assistance with clothing management and handwashing. The appellant wets his bed every morning and needs to have his bed linens changed. (Testimony by the appellant’s mother.)
 - c. The allowed time approximates the amount of hands-on assistance the appellant requires with bladder care, though the appellant requires a lot of supervision and guidance. (Testimony by MassHealth’s representative and 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 services 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.) “Special 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.”¹ (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.)

No time was requested for IADLs, so this decision cannot review whether the appellant should be entitled to assistance with laundry or housekeeping that are “above and beyond what would be expected of a non-disabled child of the same age.” Regarding the modifications to ADLs, the appellant’s mother agreed that the modified time generally reflected the amount of hands-on assistance time. The appellant requires additional assistance in the form of guidance, cuing, and supervision, but these are specifically non-covered services according to the regulations. While MassHealth’s PCA Operating Standards explain that time can be authorized to keep children safe, the appellant did not allege any safety concerns that gave rise to the time needed for guidance and redirection. Based upon the testimony of the parties, I can find no error with MassHealth’s decision to reduce time for eating and bladder care. For these reasons, the appeal is DENIED.

Order for MassHealth

None.

¹ “Restraint” is not defined, but it is clear that removing a child from a dangerous situation cannot be the same as restraining them.

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.

Christopher Jones
Hearing Officer
Board of Hearings

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