

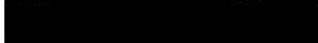
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2511618
Decision Date:	11/04/2025	Hearing Date:	09/09/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Kelly Rayen, R.N., Clinical Appeals Reviewer,
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	Issue:	PA; PCA Services
Decision Date:	11/04/2025	Hearing Date:	09/09/2025
MassHealth's Rep.:	Kelly Rayen, R.N.	Appellant's Rep.:	Parent
Hearing Location:	Board of Hearings, Remote	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 7/25/25, MassHealth notified Appellant, a minor, that it modified his request for personal care attendant (PCA) services based on its determination that the documentation did not establish medical necessity for the requested level of services. *See* 130 CMR 450.204; 130 CMR 422.000 *et. seq.* and Exh. 1. Appellant's mother filed a timely appeal on Appellant's behalf on 8/7/25. *See* 130 CMR 610.015(B) and Exh. 2. The denial and/or modification of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified Appellant's request for personal care attendant services.

Issue

The appeal issue is whether MassHealth was correct in modifying Appellant's request for personal care attendant services.

Summary of Evidence

At hearing, MassHealth was represented by a registered nurse/clinical appeals reviewer. Appellant, a minor, was represented by his mother. All parties appeared by telephone.

Through testimony and documentary evidence, the MassHealth R.N. representative presented the following information: Appellant is [REDACTED] and is enrolled as a consumer in MassHealth's personal care attendant (PCA) program. On 6/25/25, a registered nurse from the [REDACTED] Appellant's personal care management (PCM) agency (also referred to herein as "provider"), conducted a PCA reevaluation of Appellant to determine his level of need for continued PCA services. *See* Exh. 4, p 13. According to the nursing evaluation, Appellant has a primary diagnosis of autistic disorder with low executive function, cognitive deficit, and developmental delay. *Id.* at 14. Based on the reevaluation findings, the PCM agency sent MassHealth a prior authorization (PA) request on 7/11/25 seeking 30 hours per week of PCA services for dates of service beginning 8/18/25 and ending 8/17/26. *See* Exh. 1, p. 3; Exh. 4.

On 7/25/25 MassHealth modified Appellant's request to 12 hours and 30 minutes per week based on adjustments to the time requested for eating assistance, bladder care (daytime), and bladder care (nighttime). *Id.* Because Appellant timely appealed the 7/25/25 notice, his previously authorized level of PCA services of 28 hours and 30 minutes per week were protected and remain in effect through the duration of this appeal.

Eating Assistance

Appellant's PCM agency requested authorization for eating assistance at 20 minutes, twice per day, five days per week (20x2x5) (school days) and 20 minutes, three meals per day, two days per week (20x3x2) (weekends). The PCM nurse reported that Appellant was totally dependent on assistance with all daily eating tasks due to cognitive deficits, limited executive functioning, and developmental delay; he requires hand-over-hand assistance while eating meals and would otherwise not eat due to lack of initiation and interest in food. *See* Exh. 4 at 26, 63.

MassHealth modified the requested time by authorizing eating assistance at 10 minutes for breakfast daily (10x1x7), 10 minutes for lunch on weekends only (10x1x2), and 15 minutes for dinner daily (15x1x7). *See* Exh. 1.

The MassHealth representative testified that there was no documentation to suggest that Appellant is physically incapable of bringing food to his mouth. Rather, the documentation suggests that assistance is primarily given in the form of prompting and supervision, which does not meet the medical necessity standard for hands-on feeding assistance under the PCA program. While Appellant benefits from structure and supervision during meals, his level of need is consistent with cueing, setup, and supervision, which are non-covered PCA services.

Appellant's mother testified that eating is a lengthy process requiring significant sensory regulation. Appellant has sensitivity to smell, taste, and food textures, and experiences anxiety around eating. They are currently working with a nutrition therapist which will hopefully minimize these factors such that he will require less PCA assistance over time. Currently, however, the PCA must direct Appellant (with hands on assistance) to sit at the table, redirect him when he starts playing with food or attempting to leave, and keeping him from having a meltdown. While this does require verbal prompting by the PCA, it also requires the PCA's simultaneous hand-over-hand assistance to initiate eating through each bite and to maintain engagement throughout the meal. Without this support Appellant becomes withdrawn and will not eat independently. Appellant's mother testified that it takes at least 20 minutes of hands-on assistance for the PCA to complete each meal.

Bladder Care (Daytime)

Appellant's PCM agency requested physical assistance with bladder care at six minutes, six times per day on school days (6x6x5) and six minutes, eight times per day on weekends (6x8x2). According to the nursing evaluation, Appellant requires maximum assistance with all toileting care; he is incontinent of bladder and bowel and requires pull-up changes to maintain hygiene. *See* Exh. 4, p. 63.

MassHealth modified the requested frequency to four times per day on school days (6x4x5) and six times per day on weekends (6x6x2). *See* Exh. 1. The MassHealth representative testified that Appellant's request for six minutes of assistance per bladder care episode was authorized as requested based on medical necessity; however, the documentation submitted by the PCM agency was "vague" and did not justify an increased frequency of bladder care episodes beyond what is typically required. In particular, the requested frequency on school days seemed excessive given that Appellant is using the bathroom, presumably multiple times, during school hours. Although MassHealth deferred the PA request for additional information, the PCM agency's response did not clarify why the Appellant required assistance at the frequency requested.

Appellant's mother testified that her son remains incontinent throughout the day and requires regular changes to maintain hygiene. She testified that he requires physical assistance with hygiene related tasks, such as wiping, hand washing, and clothing changes. She explained that, due to comfort and sensory factors, Appellant tends to wait until he is at home to use the bathroom. He does not typically go multiple times while at school but requires assistance several times each morning before school, and again after returning home, for at least a total of six episodes; and periodically through the day on weekends totaling at least 8 episodes as requested.

Bladder Care (Nighttime)

Appellant's PCM agency requested authorization for physical assistance with nighttime bladder care at ten minutes, twice per night, for a total of 20 minutes per night. *Id.* at 27. Nursing notes indicate that Appellant requires maximum assistance with all toileting care, including physical assistance with changing absorbent products and hygiene maintenance. *Id.* On review, MassHealth deferred the prior authorization request for additional information. In response, the provider wrote that Appellant is incontinent of bladder and bowel and requires pull-up changes to prevent soiling of linens. *Id.* at 63.

MassHealth denied the request for nighttime toileting assistance, citing medical necessity guidelines. The MassHealth representative testified that under the applicable guidelines and program regulations, nighttime toileting assistance is not authorized when incontinence can be managed through routine adjustments and less costly alternatives, such as limiting fluids before bed and the use of premium absorbent products and underpads, which are covered durable medical equipment (DME) by MassHealth.

Appellant's mother testified that her son's nighttime needs are not adequately addressed through absorbent products alone. Even with the use of these products, Appellant's bed sheets still become soiled. Additionally, the remaining moisture on his skin causes discomfort and sensory distress, leading to agitation or behavioral meltdowns. Due to his incontinence, Appellant wakes up multiple times during the night, between midnight and 6am, and will be unable to settle back to sleep due to discomfort. As a result, he requires multiple nighttime episodes of assistance which involve changing his pullups, providing hygiene related assistance, and if necessary, changing bed sheets. His inconsistent sleep patterns contribute to the need for nighttime assistance. Appellant's mother further testified that, while reduction of fluids may be a standard or "textbook" recommendation, it is not a realistic alternative. Appellant drinks fluids during the day as directed and restricting necessary fluids at night is not feasible.

Findings of Fact

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

1. Appellant is a minor child, under the age of 21, and is enrolled in MassHealth's PCA program.
2. On 6/25/25, a registered nurse from Appellant's PCM agency completed a reevaluation to determine Appellant's continued eligibility/level of need for PCA services.
3. Based on the evaluation, the PCM agency submitted a PA request to MassHealth on 7/11/25 seeking 30 hours per week of PCA services for dates of service beginning

8/18/25 and ending 8/17/26.

4. On 7/25/25 MassHealth issued a notice modifying the prior authorization request, approving 12 hours and 30 minutes per week of PCA services based on adjustments to the time requested for eating assistance and daytime and nighttime bladder care assistance.

Eating Assistance

5. Appellant's PCM agency requested authorization for eating assistance for 20 minutes per meal, twice per day, five days per week (20x2x5) (school days) and 20 minutes, three meals per day, two days per week (20x3x2) (weekends).
6. MassHealth modified the requested time for eating assistance by authorizing 10 minutes for breakfast daily (10x1x7), 10 minutes for lunch on weekends only (10x1x2), and 15 minutes for dinner daily (15x1x7) based on its determination that there was insufficient documentation to support medical necessity for the request.
7. Appellant is totally dependent on assistance for all daily eating tasks due to cognitive deficits, limited executive functioning, and developmental delay.
8. Appellant requires hand-over-hand assistance throughout each meal due to lack of initiation or interest in food, food sensitivities, and food-related anxiety; and because of these factors, eating is a time-consuming process.

Bladder Care (Daytime)

9. Appellant's PCM agency requested physical assistance with bladder care at six minutes, six times per day on school days (6x6x5) and six minutes, eight times per day on weekends (6x8x2).
10. MassHealth modified the requested frequency to four times per day on school days (6x4x5) and six times per day on weekends (6x6x2) on the basis that, while the requested time-per episode was medical necessary, there was insufficient documentation to justify an increased frequency of bladder care episodes beyond what is typically required.
11. Appellant requires maximum assistance with all toileting care; he is incontinent of bladder and bowel and requires pull-up changes, handwashing, and clothing changes to maintain hygiene.
12. On average, Appellant requires multiple bladder care episodes before school, and again after returning home, for at least six episodes; and periodically throughout the

weekends totaling at least 8 bladder care episodes as requested.

Bladder Care (Nighttime)

13. Appellant's PCM agency requested authorization for physical assistance with nighttime bladder care at ten minutes, twice per night, for a total of 20 minutes per night.
14. MassHealth denied the request for nighttime toileting assistance on the basis that the request was not supported by documentation of medical necessity and that there were less costly alternatives to address Appellant's nighttime incontinence concerns.
15. Appellant requires maximum assistance with all nighttime toileting care, including physical assistance with changing absorbent products and hygiene maintenance to prevent the soiling of linens.
16. Appellant currently uses absorbent products such as pull-ups and underpads; however, these products alone do not sufficiently address Appellant's nighttime bladder care needs, nor do they entirely prevent Appellant's sheets from becoming soiled.
17. Appellant will become uncomfortable throughout the night due to remaining moisture on his skin that the pull-ups are unable to fully absorb, resulting in behavioral meltdowns and hygiene concerns.
18. Appellant drinks fluids during the day as directed and cannot restrict evening fluids by drinking more throughout the day.

Analysis and Conclusions of Law

MassHealth will pay for personal care attendant (PCA) services to eligible members who can appropriately be cared for in the home, so long as the following conditions are met:¹ First, the services must be "prescribed by a physician or nurse practitioner who is responsible for the member's...care." 130 CMR 422.403(C)(1). Additionally, the "member's disability [must be] permanent or chronic in nature and impair the member's functional ability to perform [at least two] ADLs ... without physical assistance." See 130 CMR 422.403(C)(2)-(3). Finally, MassHealth

¹ PCA services are defined as "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." See 130 CMR 422.002.

must determine that the requested services are medically necessary. See 130 CMR 422.403(4). 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency 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.

See 130 CMR 450.204(A).

Here, there is no dispute that Appellant meets all the prerequisites to qualify for PCA services. This appeal addresses whether MassHealth authorized sufficient time for Appellant to receive medically necessary assistance with the modified ADLs.

Under program regulations, MassHealth will pay for a PCA to assist with the following ADLs:

- (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.

See 130 CMR 422.410.

MassHealth will reimburse for the “activity time performed by a PCA in providing assistance with the ADL.” 130 CMR 422.411. MassHealth does not, however, pay for “assistance provided in the form of cueing, prompting, supervision, guiding, or coaching.” 130 CMR 422.412(C).

Eating Assistance

Appellant successfully demonstrated that he requires assistance with eating at 20 minutes, twice per day on school days (20x2x5) and 20 minutes for three meals per day on weekends (20x3x2), as requested. MassHealth modified the requested time for each meal by allotting 10 minutes for lunch (weekends only) and breakfast (daily) and 15 minutes for dinner (daily), i.e., 10x1x7, 10x1x2, and 15x1x7. See Exh. 1. Based on the evidence presented, including the testimony provided by Appellant’s mother and the PCA nursing evaluation documentation, Appellant is totally dependent for all eating-related tasks; he requires continuous hands-on assistance with eating due to his cognitive deficits and sensory sensitivities; and he is unable to initiate or maintain feeding without support. Based on the totality of evidence presented, the reduction to 10 minutes for breakfast and lunch, and 15 minutes for dinner, is insufficient for the PCA to provide the necessary physical assistance for eating-related tasks. The appeal is APPROVED with respect to eating assistance.

Bladder Care (Daytime)

MassHealth reduced the frequency of episodes requested for bladder care assistance on school days from 6 episodes per day to 4 episodes per day; and, for weekends, 8 episodes per day, to 6 episodes per day. The evidence indicates that Appellant is incontinent of both bladder and bowel and requires maximum physical assistance with all toileting tasks, including hygiene, pull-up changes, and clothing management for each episode. Appellant’s mother credibly described Appellant’s routine, including morning, after-school, and weekend bladder care needs, which is consistent with the PCA nursing evaluation findings and requested frequency of 6 episodes on school days, and 8 episodes on weekends. Based on the evidence, the reduction in requested assistance with daytime bladder care assistance would be insufficient to meet Appellant’s needs. The appeal is APPROVED with respect to daytime bladder care assistance.

Bladder Care (Nighttime)

MassHealth denied Appellant’s request for 20 minutes per night of bladder care assistance on the basis that there are less costly alternatives to address his needs and that the requested time for physical assistance is therefore not medically necessary. Appellant’s mother credibly testified that her son wakes multiple times during the night due to incontinence, requiring assistance to change pull-ups, prevent skin irritation, and maintain hygiene. She testified that

the recommended alternatives, such as pullups and underpads, which Appellant currently uses, are, alone, insufficient to address his nighttime incontinence. Despite his use of these products, Appellant remains uncomfortable with remaining moisture that is not completely absorbed through the pull-ups. She testified that this not only poses hygienic concerns but also causes him sensory distress and leads to meltdowns throughout the night. Appellant's mother also testified that although fluid restriction may be a standard recommended alternative, it is not feasible in Appellant's case, as he currently consumes liquids throughout the day and this would restrict necessary fluid that he consumes prior to the nighttime hours. Based on the totality of evidence presented, Appellant successfully demonstrated that he requires nighttime assistance to address his incontinence and hygiene needs, and that the less costly alternatives, such as restricted fluid intake or absorbent products, are, alone, insufficient to address his needs. Accordingly, the appeal is APPROVED with respect to nighttime bladder care.

Order for MassHealth

Rescind denial notice dated 7/25/25. Approve Appellant's PA request, in full, for 30 hours per week of PCA services, inclusive of the requested time for eating assistance and daytime and nighttime bladder care, for dates of service beginning 8/18/2025 and ending 8/17/2026.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

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