

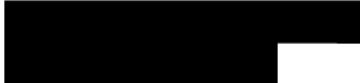
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2511782
Decision Date:	11/19/2025	Hearing Date:	10/23/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearances for MassHealth:

Via Teams Videoconference:
Linda Phillips, RN, BSN, LNC-CSp.
Stephanie Progin, RN



*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:	Community Case Management (CCM) - PCA
Decision Date:	11/19/2025	Hearing Date:	10/23/2025
MassHealth's Reps.:	Linda Phillips; Stephanie Progin	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South, Remote	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 3, 2025, MassHealth, through the Community Case Management (CCM) program, modified the appellant's request for personal care attendant (PCA) services (Exhibit 1). The appellant filed this appeal in a timely manner on August 12, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Modification and/or denial of PCA hours is valid grounds for appeal (see 130 CMR 610.032).

The hearing was initially scheduled for September 30, 2025, but rescheduled at the request of the appellant (Exhibit 3).

Action Taken by MassHealth

MassHealth modified the appellant's request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in modifying the appellant's request for PCA services.

Summary of Evidence

All parties appeared at hearing via Teams videoconference. MassHealth was represented by the associate director of appeals, regulatory compliance, and complex cases, as well as a clinical manager, both registered nurses. The appellant, a minor, was represented by his mother.

The MassHealth representative offered the following through testimony and documentary evidence: the subject of this appeal is a March 20, 2025 re-evaluation for PCA services completed by MassHealth/Community Case Management (CCM). CCM provides authorization and coordination of MassHealth Long Term Services and Supports (LTSS), which includes continuous skilled nursing (CSN) and PCA services, to a defined population of MassHealth eligible, medically complex members. Based on CCM's PCA assessment, MassHealth/CCM approved 92.5 PCA hours per week while in school and 98.5 hours per week while out of school for dates of service of June 15, 2025 through June 13, 2026. The appellant also receives 67 hours per week of CSN. Total CSN and PCA hours per week while in school is 159.50 hours and while out of school, 165.50 hours. The appellant also has an additional 4 hours per week of CSN hours for documentation time. MassHealth noted that if the appellant is unable to fill nursing hours, he can utilize PCA services in place of the CSN hours.

The appellant's mother testified that she had issue with the modifications made to nighttime hours, repositioning, and wheelchair propulsion. As background, she offered the following testimony: her son has a very rare genetic condition called [REDACTED]

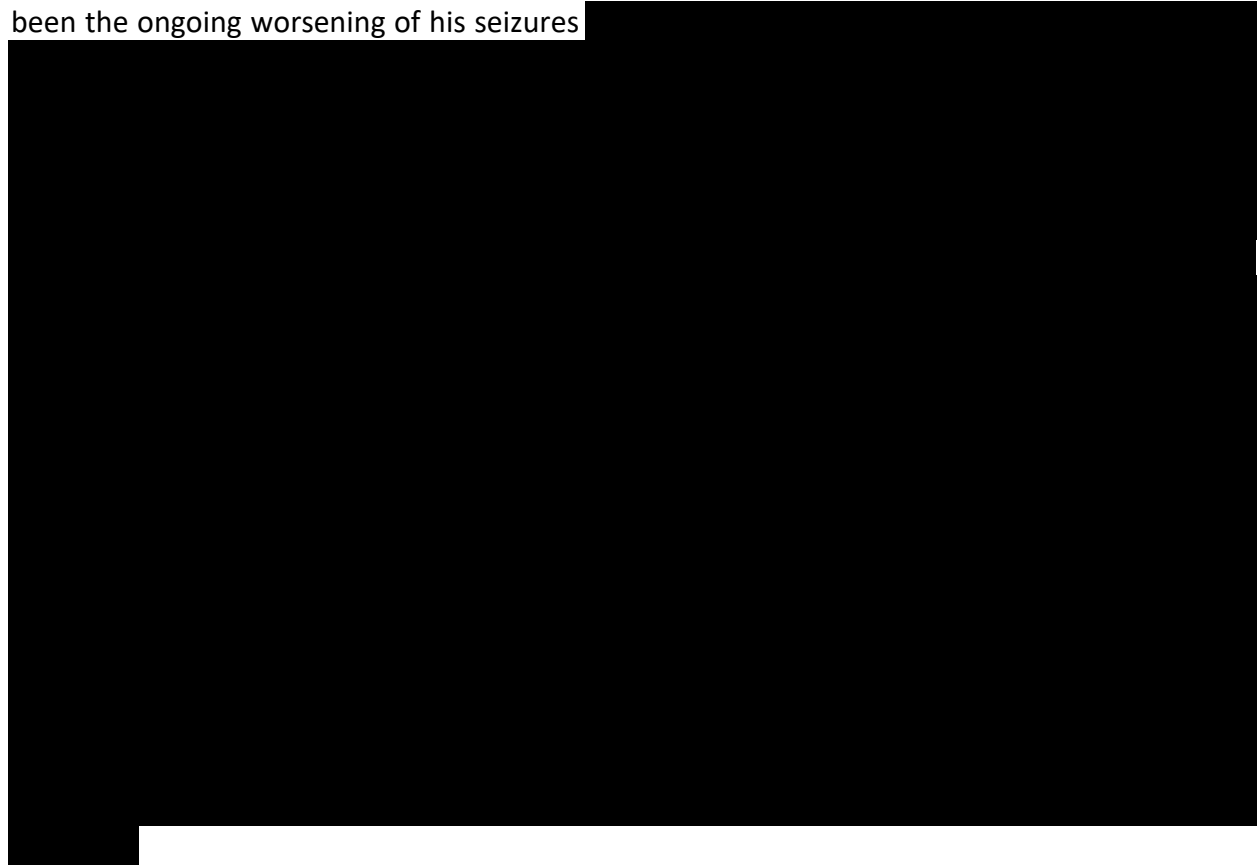
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[REDACTED] He requires maximum assistance with his activities of daily living and very often 2:1 assistance, particularly for transfers, repositions (especially when he is in bed), and seizure management.

Despite all his physical and neurological disability, the appellant's thoughts, feelings, ideas, and questions are all quite age appropriate. He is a socially engaging, bright, funny, and kind boy and is fully aware of what is going on around him and the medical decline he is experiencing. Due to the progressive nature of his condition, he can no longer independently do any of his

favorite activities. He was a fully verbal and chatty child, but now his mouth can no longer form the words he has to say and it takes even his most familiar caregivers significant effort and time using a total communication approach to understand him.

According to his mother, the most challenging (and truly terrifying) part of his progression has been the ongoing worsening of his seizures



The appellant is [REDACTED] and still growing. Due to his physical decline, he cannot help with repositioning, which is physically demanding for his caregivers. His mother tore her rotator cuff in the course of repeatedly repositioning him and recently had surgery to repair it. She also has tendonitis in both wrists, which has resolved while recovering from her shoulder surgery since she is unable to participate in repositioning him. A lot of the repositioning requires two people and they occur multiple times every night to prevent pressure sores. Eliminating two hours per night of PCA care because there is a nurse present puts his nurses at risk for injury and the appellant at risk of losing vital nursing care.

The MassHealth representative testified to the following regarding nighttime PCA hours: During the night (between the hours of 12:00AM and 6:00AM), the appellant is dependent on caregivers for repositioning every hour. Repositioning takes 2 minutes each time, 6 times per night, authorizing 12 minutes/night. In addition, bladder care which includes changing his pull-

up, takes 15 minutes, 1 time per night, authorizing 15 minutes/night. Total time is 27 minutes per night, which rounds up to 2 hours/night of PCA care, to assist with repositioning and bladder care. The appellant has 60 CSN approved hours per week. The CSN schedule information that was relayed to CCM from the appellant's mother is 6pm-7am Monday, Tuesday, and Wednesday. For these reasons, MassHealth only approved nighttime PCA hours 4 times per week since CSN is available to provide services for him the other 3 nights per week while the nurse is providing services. MassHealth cannot have duplication of services and disregard the nurse, if they are both providing care.

The appellant's mother responded that in addition to many of the nighttime tasks taking two people (such as repositioning), the nurse is providing different services than the PCA. Just because there is a nurse scheduled, there should not automatically be a decrease in PCA hours. It is not a duplication of services, and they can't afford to lose nurses due to unsafe working expectations. Their household is under-resourced on the nursing side already and she can't expect the nurses to be doing the PCA tasks. Every minute matters to their family, especially as his condition is progressive. The appellant gets two G-tube feedings between 12:00AM and 6:00AM. Those take about 8 minutes each plus 4 minutes of waiting time. He also gets medications at 12:00AM and 4:00AM.

Based on testimony at hearing, MassHealth agreed to approve 2 hours per night, 7 nights per week. She noted that nighttime hours are from 12:00AM to 6:00AM and max out at 2 hours per night. Additionally, time for G-tube feedings was provided for in the nursing assessment, so it is not a PCA task here.

MassHealth testified to the following regarding repositioning: he is dependent on caregivers for repositioning during the day and evening including wheelchair adjustments to release pressure. Frequency is shared with nursing when he is in and out of school as not all repositioning tasks take two people to complete. Frequency also is included with all transfers and repositioning included with other activities of daily living (ADLs), i.e. mobility, bathing, dressing and toileting. Nighttime repositioning (12:00AM – 6:00AM) is included with nighttime PCA tasks. MassHealth approved the following for repositioning:

- 2 minutes for each repositioning, 6 times/day for 4 days per week during school hours.
- 2 minutes for each repositioning, 15 times/day for 3 days per week during weekends.

- 2 minutes for each repositioning, 10 times/day for 3 days per week during out-of-school hours.
- 2 minutes for each repositioning, 15 times/day for 4 days per week during out-of-school hours.

Total time authorized by MassHealth for the appellant's repositioning needs totaled 318 minutes/week.

The appellant's mother was looking for the same frequency of repositioning as last year, but at 2 minutes per episode because his needs have increased as his condition has progressed. The requested time is probably on the lower end. At night, the repositioning can take 15 minutes because he is difficult to understand and it takes a lot of time to figure out what he needs. The appellant was approved for the following repositioning last year:

- 1 minute for each repositioning, 20 times/day for 4 days per week during school weeks.
- 1 minute for each repositioning, 30 times/day for 3 days per week during weekends (during school weeks).
- 1 minute for each repositioning, 30 times/day for 7 days per week during out-of-school weeks.

The appellant's mother testified that MassHealth did not approve any time for wheelchair propulsion in this year's prior authorization. She explained that the appellant is a full-time power wheelchair user. He used to be able to use it independently, but now he needs an attendant to drive it most of the time due to fatigue caused by the medications he is on. It is tricky to drive from the attendant position and requires some training. Last year, he was approved for 280 minutes per week for wheelchair propulsion.¹

MassHealth responded that if he is unable to utilize his power wheelchair, he can switch to a manual wheelchair. It is technically not a PCA task to give wheelchair propulsion. The MassHealth representative also stated that she combined repositioning with wheelchair propulsion because during repositioning, the PCA is adjusting the wheelchair to get the appellant off his buttocks and reposition him.


In response, the appellant's mother stated that repositioning is separate from wheelchair propulsion which is getting him through the house from room to room. He goes in and out of his bedroom and toy room multiple times per day. He goes to the dining room for meals and

¹ The 2024 evaluation provided by the appellant shows that he received 5 minutes, 8 times per day, 7 days per week for wheelchair propulsion when out of school. See Exhibit 6.

the living room to play video games. It does not make sense to switch the appellant to a manual or push wheelchair. The power wheelchair gives him the ability to drive himself when he is able, which currently is only about one day per week. Importantly, all the positioning requirements he needs to keep his body as comfortable as possible are provided by his power wheelchair. He is extremely spastic and has knee pain. The leg positioning options on the power chair give him the ability to adjust it as needed. He can do a lot of those repositionings on his own because he is still able to push those buttons himself.

Findings of Fact

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

1. The appellant is a minor and member of MassHealth's Complex Case Management (CCM program) (Testimony and Exhibit 5).
2. 
3. The appellant has been experiencing worsening seizures over the last nine years which have become even more severe over the past six months (Testimony and Exhibits 6 and 7).
4. The appellant is homebound and not attending his school program (Testimony and Exhibits 6 and 7)
5. On July 3, 2025, MassHealth/CCM informed the appellant that it authorized the following PCA services: 92.5 hours per week while in school and 98.5 hours per week while out of school for dates of service of June 15, 2025 through June 13, 2026 (Testimony and Exhibit 1).
6. On August 12, 2025, the appellant timely appealed the notice (Exhibit 2).
7. The appellant's mother had issue with modifications made to nighttime hours, repositioning, and wheelchair propulsion (Testimony and Exhibit 7).
8. Based on testimony at hearing, MassHealth approved the appellant for 2 hours per night, 7 nights per week (Testimony).
9. MassHealth approved the following amount of PCA time for repositioning:
 - 2 minutes for each repositioning, 6 times/day for 4 days per week during school hours.

- 2 minutes for each repositioning, 15 times/day for 3 days per week during weekends.
 - 2 minutes for each repositioning, 10 times/day for 3 days per week during out-of-school hours.
 - 2 minutes for each repositioning, 15 times/day for 4 days per week during out-of-school hours.
- (Testimony and Exhibit 5).

10. The appellant is seeking the following amount of time for repositioning:

- 2 minutes for each repositioning, 20 times/day for 4 days per week during school weeks.
- 2 minutes for each repositioning, 30 times/day for 3 days per week during weekends (during school weeks).
- 2 minutes for each repositioning, 30 times/day for 7 days per week during out-of-school weeks.

This is the same frequency he received last year, but at 2 minutes per episode, instead of 1 minutes per episode. The appellant's condition has progressed and his needs have increased with that progression. (Testimony and Exhibit 6).

11. MassHealth did not approve any time for wheelchair propulsion, but the appellant seeks the same amount of time he received last year for it, 280 minutes per week (Testimony and Exhibits 6 and 7).

12. The appellant uses a power wheelchair but due to fatigue he is unable to propel it on his own most of the time. The power wheelchair provides important positioning options that a manual wheelchair does not have (Testimony and Exhibits 6 and 7).

Analysis and Conclusions of Law

The CCM Program is administered pursuant to 130 CMR 438.414, whereby MassHealth or its designee provides administrative care management to complex care members that includes service coordination with PCA services as appropriate. This is to ensure that a complex care member is provided with a coordinated Long-term Services and Supports (LTSS)² package that meets the member's individual needs and to ensure that MassHealth pays for nursing, complex

² LTSS is defined in 130 CMR 438.402 as "certain MassHealth-covered services intended to enable a member to remain in the community. Such services include, but are not limited to, home health, durable medical equipment (DME), oxygen and respiratory equipment, personal care attendant (PCA), and other health-related services as determined by the MassHealth agency or its designee."

care assistant services, and other community LTSS only if medically necessary in accordance with 130 CMR 450.204: *Medical Necessity*. (130 CMR 438.414.)

A complex care member is defined as: “Member with Medical Complexity – an individual who is a MassHealth member and whose medical needs, as determined by the MassHealth agency or its designee, are such that they require a nurse visit of more than two continuous hours of nursing services to remain in the community.” (130 CMR 438.402.). The CCM Program must comply with MassHealth regulations including, but not limited to, the PCA regulations.

MassHealth generally covers 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)).

MassHealth initially approved the appellant for 2 hours per night, 4 nights per week; however, at hearing, it agreed to approve the appellant for 2 hours per night, 7 nights per week. The PCA Operating Standards state that “if hours per night are not equal to a whole integer (**0,1,2,3...**) **round up to the next whole hour**. Note: If hours per night are greater than 0 but less than 2 hours, round up to 2 hours.” (PCA Operating Standards, § XII.A.2.c.). Thus, according to the PCA Operating Standards, nighttime hours are not limited to 2 hours per night (as testified to by MassHealth at hearing); however, if the time requested per night is greater than zero, but less than two, it is rounded up to two hours per night. The appellant was authorized for repositioning once every hour (2 minutes, 6 times per night for a total of 12 minutes per night) and for bladder care (changing his pull-up), 15 minutes 1 time per night. Time for G-tube feeds is allowed in the nursing assessment. The amount of time for medication administration was not discussed, nor is any time for medication administration by the PCA approved in the evaluation during daytime hours. The evaluation notes “nursing/parent to perform” medication administration during daytime PCA hours. Even if time is allowed for G-tube feedings (8 minutes, 2 times per night) and medications administration twice per night, the hands-on ADL care needs provided by the PCA would still be under two hours. Thus, the appellant is correctly approved for 2 nighttime hours, 7 nights per week, as adjusted at hearing.

As to repositioning, the appeal is approved for the following:

- 2 minutes for each repositioning, 20 times/day for 4 days per week during school weeks.
- 2 minutes for each repositioning, 30 times/day for 3 days per week during weekends (during school weeks).
- 2 minutes for each repositioning, 30 times/day for 7 days per week during out-of-school weeks.

This is the same frequency as the 2024 evaluation, but at 2 minutes per episode. The appellant’s mother’s testimony was credible and demonstrated that he requires more time than what was approved given his physical needs and medical conditions. He has a progressive condition that has worsened since last year and requires the additional time. For these reasons, he is approved for repositioning as directed above.

As to propulsion, the appeal is approved at 280 minutes per week which is the amount of time he had last year for the same task. Again, the appellant’s mother’s testimony was credible and demonstrated that he requires more time than what was approved given his physical needs and medical conditions. While MassHealth argued that time for repositioning was combined with

wheelchair propulsion, that was not evident in the time approved for repositioning. Furthermore, mobility (getting from room to room in one's home using prescribed durable medical equipment) is a different ADL from repositioning. MassHealth also argued that wheelchair propulsion is not a PCA task and the appellant should use a manual wheelchair if he cannot operate the power wheelchair himself. I see no difference between approving time for the PCA to push a manual or power wheelchair through the home. The appellant's medical condition requires he have hands-on physical assistance for this task. Based on the number of times the appellant moves around the various rooms of his home, the 280 minutes per week requested by his mother (and approved in last year's prior authorization) is appropriate.

For these reasons, the appeal is approved.

Order for MassHealth

Approve nighttime hours of 2 hours per night, 7 night per week. Approve repositioning 2 minutes for each repositioning, 20 times/day for 4 days per week during school hours; 2 minutes for each repositioning, 30 times/day for 3 days per week during weekends (during school weeks); and 2 minutes for each repositioning, 30 times/day for 7 days per week during out-of-school weeks. Approve 280 minutes per week for wheelchair propulsion.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: Linda Phillips, For Health – Appeals Unit, UMass Chan Medical School, 1 Technology Dr., 2nd Fl., Westborough, MA 01581