

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2512987
<b>Decision Date:</b>	11/6/2025	<b>Hearing Date:</b>	10/09/2025
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*Via Teams Videoconference:*



**Appearance for MassHealth:**  
*Via Teams Videoconference:*  
Robin Brown, OTR/L



*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

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	Prior Authorization – PCA
<b>Decision Date:</b>	11/6/2025	<b>Hearing Date:</b>	10/09/2025
<b>MassHealth’s Rep.:</b>	Robin Brown	<b>Appellant’s Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South, Remote	<b>Aid Pending:</b>	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 August 26, 2025, MassHealth denied the appellant’s prior authorization request for an adjustment to his personal care attendant (PCA) services (Exhibit 1). The appellant filed this appeal in a timely manner on September 8, 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).

### Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for an adjustment to his PCA services.

### Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request for an adjustment to PCA services.

## Summary of Evidence

The MassHealth representative appeared via Teams videoconference and identified herself as a licensed registered occupational therapist and clinical appeals reviewer. The appellant, a minor, was represented at hearing via Teams videoconference by his mother.

The MassHealth representative testified that documentation shows the appellant is a minor child (██████████ at the time of hearing) with a primary diagnosis of autism. Recent medical history shows sensory issues, aggressive/combatative behaviors towards caregivers, resistance to care, water aversion, anxiety, impaired safety awareness, and impulsivity. He lives with family. He is independent with mobility, but gets PCA assistance in/out of home, up/downstairs, down driveway, and on/off school bus on school days.

On August 19, 2025, the appellant's personal care management (PCM) agency, ██████████ submitted a prior authorization request for an adjustment in the appellant's PCA services seeking two hours per night, seven nights per week. PCA hours would change from 11 hours and 30 minutes to 25 hours and 30 minutes on school weeks and 12 hours to 26 hours on vacation weeks for dates of service August 18, 2025 through the end of the prior authorization period, May 27, 2026.

MassHealth testified that comments indicate the PCA overnight hours are needed due to the appellant's

restlessness/frequent awakenings during overnight and/or early morning hours, during which time PCA is needed to provide care to consumer. Parent requires sleep to be able to work and provide supportive care to consumer/family. PCA needed to assist consumer with toileting and feeding during these hours, when he awakens several times.

The adjustment form states that from 12:00AM to 6:00AM, the appellant requires 5 minutes, 3 times per night for toileting and 5 minutes, 1 time per night for other healthcare needs (fluids and feeding). The reviewer determined that the request did not meet medical necessity and there were other less costly services available that would meet his needs. Additionally, the reviewer felt that the services were for respite and supervision. Pursuant to MassHealth regulations, babysitting and respite care are non-covered services under the PCA program. The appellant's diagnoses do not support the need for feeding and fluids at night. The MassHealth representative stated that there were other less costly options for assistance with toileting at night. These included utilizing absorbent products and reducing fluids at night. MassHealth will cover the costs of briefs and approves premium ones that hold up to 30 ounces of fluid. She stated that an adult bladder only holds about 8 ounces. If the appellant wanders frequently, MassHealth also approves safety beds. They could also try medications so he would not wake up at night as much.

The appellant's mother explained that when the appellant wakes up at night it isn't supervision or babysitting. It is mental health assistance. A doctor's note provided by the appellant states that he has the following diagnoses: autism, developmental delay, developmental coordination disorder, congenital hypotonia, and ADHD. The note states he is "restless at night. An increase in hours will benefit his safety and wellness overnight." The appellant wakes up at night in a very bad mood and can't go back to sleep. He needs someone to help him calm down without waking the rest of the household. The appellant's expressive language is very poor and the PCA is good at talking with him and discussing his feelings. The PCA helps with strategies to get back to sleep at night. If the appellant does not get good sleep, he does poorly in school the next day. She acknowledged that the snacks at night are not necessarily a nutritional need. They are used to help calm him and get him back to sleep. For example, warm milk helped one time; however, something that helps one night does not necessarily work the next night.

As to toileting, the appellant's mother explained that he receives PCA assistance for toileting during the day and it is no different at night. He needs time for clothing management and hygiene, as he does during the day. Due to his diagnoses, he is scared and anxious at night and cannot go to the bathroom by himself. The sound of the toilet flushing scares him. He does not have accidents and does not need absorbent products. She will not put him in pull-ups when he does not need them. Using absorbent products at night is not a realistic solution to his nighttime toileting needs. She also does not want to put him on additional medications unnecessarily.

The MassHealth representative responded that the appellant must need hands-on assistance for nighttime hours and meet medical necessity criteria, which include other less costly options. She argued that the assistance being requested at night is not hands-on, but supervision because he is afraid and anxious.

## **Findings of Fact**

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

1. The appellant is a minor child with diagnoses of autism, developmental delay, developmental coordination disorder, congenital hypotonia, and ADHD (Testimony and Exhibits 5 and 6).
2. On August 19, 2025, the appellant's PCM agency submitted a prior authorization request for an adjustment in the appellant's PCA services, seeking two hours per night, seven nights per week (Testimony and Exhibit 5).
3. Dates of service are August 18, 2025 through the end of the prior authorization period, May 27, 2026 (Testimony and Exhibit 5).

4. On August 26, 2025, MassHealth denied the prior authorization request for an adjustment (Exhibit 1).
5. On September 8, 2025, the appellant timely appealed the denial (Exhibit 2).
6. The appellant is seeking 5 minutes, 3 times per night for toileting and 5 minutes, 1 time per night for other healthcare needs (fluids and feeding) (Testimony and Exhibit 5).
7. The appellant is toilet-trained, has no incontinence issues, and does not use any absorbent products; however, he requires hands-on assistance with clothing management and hygiene for toileting (Testimony and Exhibit 5).
8. The fluids and snacks during nighttime hours are not for nutritional needs, but to try to soothe the appellant and help him fall back to sleep (Testimony).

## **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 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)).

With regard to the overnight needs, MassHealth is correct that PCA time is generally authorized for hands-on assistance with ADLs only; however, the appellant’s toileting needs meet that requirement. The appellant requires hands-on assistance with toileting during the day due to his diagnoses and it is no different at night. He needs assistance with clothing management and hygiene. While MassHealth argued that there were other less costly alternatives (mainly, absorbent products), I find that unpersuasive and unreasonable when the appellant is toilet-trained and has no incontinent issues. Therefore, this appeal is approved and he shall be allowed two hours per night, seven nights per week for nighttime hours.

The request for time for other health care needs (fluids and feeding) overnight is not medically necessary for the appellant’s nutritional needs. The mother testified that it is used as comfort and coping techniques to get the appellant back to sleep, not to meet any nutritional needs. As such, the appeal is denied for that request; however, it does not affect the approval for overnight hours, which are rounded up to two hours per night when hours per night are greater than zero but less than two. (PCA Operating Standards, § XII.A.2.c.).

For these reasons, the appeal is approved in full for the requested two hours per night, seven nights per week.

## **Order for MassHealth**

Approve the appellant for two hours per night, seven nights per week from August 18, 2025 to the end of the prior authorization period, May 27, 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.

---

Alexandra Shube  
Hearing Officer  
Board of Hearings

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