

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2514413
Decision Date:	12/1/2025	Hearing Date:	11/05/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:



Appearance for MassHealth:

Via telephone:

Robin Brown, OTR/L

Interpreter:



*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; Denied in part; Dismissed in part	Issue:	Prior Authorization – PCA
Decision Date:	12/1/2025	Hearing Date:	11/05/2025
MassHealth’s Rep.:	Robin Brown, OTR/L	Appellant’s Rep.:	[REDACTED]
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 September 17, 2025, MassHealth modified the appellant’s prior authorization request for personal care attendant (PCA) services (Exhibit 1). The appellant filed this appeal in a timely manner on October 3, 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 modified the appellant’s prior authorization request for PCA services.

Issue

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

Summary of Evidence

The MassHealth representative appeared via telephone and identified herself as a registered occupational therapist and clinical appeals reviewer. The appellant, a minor, was represented at hearing via telephone by her grandmother who is her legal guardian.

The MassHealth representative testified that documentation submitted shows the appellant is a [REDACTED] with a primary diagnosis of spastic cerebral palsy (CP). Additional diagnoses include global developmental delay (GDD), neonatal seizure, neonatal encephalopathy, hypoxic ischemic encephalopathy (HIE), post-cardiac injury, and feeding disorder. Relevant medical history shows spastic quadriplegia; infantile hypotonia; oropharyngeal dysphagia; excess drooling; abnormal head movement; physical, cognitive, and developmental delay; nonverbal; low muscle tone; unable to sit up; unable to control extremities; decrease grasp and fine motor control in bilateral hands; unable to stand up; non-weight bearing; non-ambulatory; dependent for physical lifts and transfers; incontinent and wears diapers; and wheelchair dependent. She lives with her grandmother who became her legal guardian after her mother passed away. The grandmother has back pain and health problems which make it difficult to perform all care for the appellant.

On September 11, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services (initial evaluation) requesting 29 hours and 45 minutes per week for dates of service of September 17, 2025 through September 16, 2026. On September 17, 2025, MassHealth modified the request to 18 hours and 30 minutes per week. MassHealth made modifications to the following activities of daily living (ADLs): bathing, grooming – oral care, grooming – hair care, dressing, undressing, eating, bladder care, and bowel care. As this was an initial evaluation, there is no aid pending and the appellant is receiving 18 hours and 30 minutes per week during the appeal process.

Based on testimony at hearing, MassHealth fully restored time as requested for PCA assistance with bathing (15 minutes, 1 time per day, 7 days per week and 10 minutes, 1 time per day, 7 days per week); bladder care (5 minutes, 8 times per day, 7 days per week); and bowel care (5 minutes, 1 time per day, 7 days per week). Since parties resolved the disputes as to those ADLs, the appeal is dismissed as to bathing, bladder care, and bowel care.

Grooming – Oral Care

The appellant requested 3 minutes, 2 times per day, 7 days per week for PCA assistance with grooming – oral care. MassHealth modified the time to 1 minute, 2 times per day, 7 days per week. The MassHealth representative testified that typically, MassHealth would not approve PCA time for a child of the appellant's age because a typically developing child her age would be dependent for oral care and, therefore, it should be provided by the guardian or family members.

The appellant's grandmother testified that she needs to be very careful and meticulous when brushing the appellant's teeth because she drinks a lot of PediaSure. It takes a lot longer than one minute to brush her teeth. Her mouth needs to be held open the whole time. Additionally, because of her excessive drooling and how she breathes at night, she wakes up in the morning with a thick coat of saliva in her mouth which takes longer to clean.

The MassHealth representative understood, but explained that a normally developing child the appellant's age would also not be able to do this ADL on their own. It is the family's responsibility; however, the reviewer still approved some time to assist with the task beyond what a normally developing child the same age would require.

Grooming – Hair Care

The appellant requested 2 minutes, 1 time per day, 7 days per week for PCA assistance with hair care. MassHealth did not approve any time for it because a typically developing child her age would be dependent for hair care and, therefore, it should be provided by the guardian or family members.

The appellant's grandmother disagreed and stated that if she is not there, the PCA will give the appellant a bath and needs to brush her hair. If she is out running an errand, the PCA won't do it if she is not approved time for it.

MassHealth responded that a typically developing child the appellant's age would also not be able to do this ADL on their own. It is the family's responsibility. Furthermore, the PCA is a consumer directed program and the grandmother is expected to be present while the PCA is there to direct the appellant's care. If the grandmother is not present, that would be considered babysitting and babysitting is not covered by the PCA program.

Dressing

The appellant requested 8 minutes, 1 time per day, 7 days per week and 3 minutes, 1 time per day, 7 days per week for PCA assistance with dressing. MassHealth modified the request to 7 minutes, 1 time per day, 7 days per week because the time requested is longer than ordinarily required for someone with her physical needs. The MassHealth representative stated that the first line of dressing (8 minutes) was requested for assistance putting on clothing and the second line (3 minutes) was requested for assistance putting on prosthetics and orthotics/braces.

The MassHealth representative explained that a typically developing child the appellant's age still needs a lot of assistance getting dressed, but some time was approved to assist with additional needs beyond that, including donning prosthetics and orthotics/braces.

The appellant's grandmother testified that the appellant's clothing gets changed multiple times per day because of accidents, excessive drooling, and showers. Typically, she gets changed four times per day.

Undressing

The appellant requested 4 minutes, 1 time per day, 7 days per week and 2 minutes, 1 time per day, 7 days per week for PCA assistance with undressing. MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week because the time requested is longer than ordinarily required for someone with her physical needs. The MassHealth representative stated that the first line of undressing (4 minutes) was requested for assistance taking off clothing and the second line (2 minutes) was requested for assistance taking off prosthetics and orthotics/braces.

The MassHealth representative explained that a typically developing child the appellant's age still needs a lot of assistance getting undressed, but some time was approved to assist with additional needs beyond that, including taking off prosthetics and orthotics/braces.

The appellant's grandmother agreed that getting undressed takes 5 minutes per episode, but it occurs multiple times per day because of accidents, excessive drooling, and showers

Eating

The appellant requested 20 minutes, 3 times per day, 7 days per week for PCA assistance with eating and 15 minutes, 2 times per day, 7 days per week for PCA assistance with drinking (PCA gives the appellant PediaSure in a bottle due to calorie burn from muscle spasticity). MassHealth modified the request to 20 minutes, 3 times per day, 7 days per week because the time requested is longer than ordinarily required for someone with her physical needs.

The MassHealth representative explained that a typically developing child the appellant's age is not completely independent with eating and would still require some assistance. As such, it is the guardian or family's responsibility; however, some time was approved because of the appellant's special needs.

The appellant's grandmother testified that feeding the appellant is a very delicate task because she has problems swallowing and they need to be careful of aspiration. She has a line to give liquids through, but it needs to be done gently so that it doesn't go into her lungs. It takes more time to feed the appellant, but the grandmother does it because she is family. Everything takes more time and is more complicated with the appellant than with a typically developing child. She sucks/drinks more slowly. With liquids, they need to be careful of aspiration and with solid foods, they need to be careful of choking. They thicken liquids to help prevent aspiration.

MassHealth responded that it does not approve PCA time for feeding a child who is at high risk of aspiration. It is a skilled task that needs to be done by a nurse or trained family member.

Findings of Fact

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

1. The appellant is a young child with primary diagnoses of cerebral palsy, global developmental GDD, neonatal seizure, neonatal encephalopathy, HIE, post-cardiac injury, and feeding disorder (Testimony and Exhibit 5).
2. On September 11, 2025, the appellant's PCM agency submitted a prior authorization request for PCA services (initial evaluation) requesting 29 hours and 45 minutes per week for dates of service of September 17, 2025 through September 16, 2026 (Testimony and Exhibit 5).
3. On September 17, 2025, MassHealth modified the request to 18 hours and 30 minutes per week (Testimony and Exhibit 1).
4. On October 3, 2025, the appellant timely appealed the denial (Exhibit 2).
5. Based on testimony at hearing, MassHealth fully restored time as requested for PCA assistance with bathing (15 minutes, 1 time per day, 7 days per week and 10 minutes, 1 time per day, 7 days per week); bladder care (5 minutes, 8 times per day, 7 days per week); and bowel care (5 minutes, 1 time per day, 7 days per week) (Testimony and Exhibit 5).
6. The appellant is seeking 3 minutes, 2 times per day, 7 days per week for PCA assistance with grooming – oral care (Testimony and Exhibit 5).
7. MassHealth modified the time for oral care to 1 minute, 2 times per day, 7 days per week (Testimony and Exhibit 5).
8. The appellant is seeking 2 minutes, 1 time per day, 7 days per week for PCA assistance with hair care (Testimony and Exhibit 5).
9. MassHealth did not approve any time for hair care (Testimony and Exhibit 5).
10. The appellant is seeking 8 minutes, 1 time per day, 7 days per week and 3 minutes, 1 time per day, 7 days per week for PCA assistance with dressing (Testimony and Exhibit 5).
11. MassHealth modified the request for dressing to 7 minutes, 1 time per day, 7 days per week (Testimony and Exhibit 5).

12. The appellant is seeking 4 minutes, 1 time per day, 7 days per week and 2 minutes, 1 time per day, 7 days per week for PCA assistance with undressing (Testimony and Exhibit 5).
13. MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week (Testimony and Exhibit 5).
14. In addition to needing assistance with putting on and taking off clothing, the appellant requires full assistance to put on and take off her prosthetics and orthotics/braces (Testimony and Exhibit 5).
15. The appellant is seeking 20 minutes, 3 times per day, 7 days per week for PCA assistance with eating and 15 minutes, 2 times per day, 7 days per week for PCA assistance with drinking (Testimony and Exhibit 5).
16. MassHealth modified the request to 20 minutes, 3 times per day, 7 days per week (Testimony and Exhibit 5).
17. The appellant is at high risk of aspiration (Testimony).

Analysis and Conclusions of Law

MassHealth covers personal care services provided to eligible MassHealth members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The personal care services are prescribed by a physician or a nurse practitioner who is responsible for the oversight of the member's health care.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
- (3) The member, as determined by the personal care agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A):
 - (a) mobility, including transfers;
 - (b) medications,
 - (c) bathing or grooming;
 - (d) dressing or undressing;
 - (e) range-of-motion exercises;
 - (f) eating; and
 - (g) toileting.

(4) The Division has determined that the PCA services are medically necessary and has granted a prior authorization for PCA services.

See 130 CMR 422.403(C).

The requested services must also be medically necessary for the prior authorization to be approved. 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 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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider or identified by the Division 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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the Division upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

See 130 CMR 450.204

Pursuant to 130 CMR 422.410(A), activities of daily living include the following:

- (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 basic care such as bathing, personal hygiene, and grooming skills;
 - (4) dressing or undressing: 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 and bladder needs.

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;
- (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; or
- (G) surrogates, as defined in 130 CMR 422.402.

See 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)). The PCA Operating Standards have a list of activities and age ranges at which a child is expected to be independent in accomplishing those activities. (PCA Operating Standards, App. VIII.). It is called the *Schematics of Ages Ranges at which Non-disabled Children Master Functional Items* and is the adopted pediatric development tool used to assist the PCM agency nurse evaluator and clinical reviewer “in

determining if the child’s functional ability is within the age range for the master of functional skills for non-disabled children.” (PCA Operating Standards, § XXVI). Furthermore, parents or legal guardians “are responsible for providing oversight and care for children and directing the PCA services” (PCA Operating Standards, § XXVI.A.1.). The PCA Operating Standards also clarify that a PCA should not provide skilled assistance such as feeding a child with a high aspiration risk. (PCA Operating Standards, § XXVI.A.3.a.).

The appeal is dismissed as to PCA assistance with bathing, bladder care, and bowel care because at hearing the parties were able to resolve the disputes. MassHealth fully restored the time as requested for bathing (15 minutes, 1 time per day, 7 days per week and 10 minutes, 1 time per day, 7 days per week); bladder care (5 minutes, 8 times per day, 7 days per week); and bowel care (5 minutes, 1 time per day, 7 days per week).

As to the appellant’s request for PCA assistance with grooming – oral care, and grooming – hair care, the appeal is denied. A typically developing child of the appellant’s age would be dependent for both oral care and hair care. Thus, as testified to by MassHealth, these ADLs are the responsibility of the guardian or family members. The appellant’s grandmother testified that she needed the PCA to be approved for time for hair care in case she was out of the house and needed the PCA to perform the task; however, legal guardians are responsible for providing oversight and care for children and directing PCA services. The PCA program does not cover babysitting and the grandmother must be present to direct PCA services. For these reasons, the appeal is denied as to grooming – oral care, and grooming – hair care.

As to the appellant’s request for additional PCA assistance with dressing and undressing, the appeal is approved as requested (8 minutes, 1 time per day, 7 days per week and 3 minutes, 1 time per day, 7 days per week for dressing and 4 minutes, 1 time per day, 7 days per week and 2 minutes, 1 time per day, 7 days per week for undressing). While most children the appellant’s age would still need some assistance dressing, undressing, and putting on/taking off prosthetics and orthotics/braces, the appellant’s needs go beyond what would be expected of a non-disabled child of the same age, and some additional time is appropriate for that task. Additionally, the grandmother’s testimony was credible that the appellant requires multiple clothing changes per day due to her medical conditions. The additional time approved through this appeal will help make up some time for additional clothing changes throughout the day.¹ For these reasons, the additional time is medically necessary and the appeal is approved as to dressing and undressing.

As to the request for additional PCA assistance with eating, the appeal is denied. While a typically developing child of the appellant’s age is not completely independent with eating and requires some assistance, MassHealth still approved 20 minutes, 3 times per day, 7 days per week because of the appellant’s special needs. Due to the appellant’s high risk for aspiration, MassHealth was

¹ For future prior authorizations, it would be advised to request more than one episode of dressing and undressing per day.

correct in not approving additional time for feeding liquids (requested at 15 minutes, 2 times per day, 7 days per week). According to the PCA Operating Standards, skilled care services, including feeding a child with a high aspiration risk, should not be completed by a PCA. Therefore, the appeal is denied as to the request for additional PCA assistance with eating.

For these reasons, the appeal is approved in part, denied in part, and dismissed in part.

Order for MassHealth

Approve the appellant for 8 minutes, 1 time per day, 7 days per week and 3 minutes, 1 time per day, 7 days per week for PCA assistance with dressing and 4 minutes, 1 time per day, 7 days per week and 2 minutes, 1 time per day, 7 days per week for PCA assistance with undressing. Implement agreements made at hearing for bathing (15 minutes, 1 time per day, 7 days per week and 10 minutes, 1 time per day, 7 days per week); bladder care (5 minutes, 8 times per day, 7 days per week); and bowel care (5 minutes, 1 time per day, 7 days per week). Adjustments should go retroactive to the beginning of the prior authorization period, September 17, 2025.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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