

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515419
Decision Date:	12/29/2025	Hearing Date:	11/21/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:



Appearance for MassHealth:
Via telephone:
Kelly Rayen, 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:	Denied	Issue:	Prior Authorization – PCA
Decision Date:	12/29/2025	Hearing Date:	11/21/2025
MassHealth’s Rep.:	Kelly Rayen, RN	Appellant’s Rep.:	Mother
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 October 6, 2025, MassHealth denied the appellant's prior authorization request for personal care attendant (PCA) services because he does not require physical assistance with two or more activities of daily living (ADLs) (Exhibit 1). The appellant filed this appeal in a timely manner on October 22, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for PCA services.

Issue

The appeal issue is whether MassHealth was correct in determining that the appellant does not qualify for PCA services because he does not require physical, hands-on assistance with at least two ADLs.

Summary of Evidence

Both parties appeared at hearing via telephone. MassHealth was represented by a registered nurse and clinical appeals reviewer. The appellant, a minor, was represented at hearing via telephone by his mother.

MassHealth provided the following through testimony and documentary evidence: the appellant is a [REDACTED] child with a primary diagnosis of autism. Relevant medical history shows developmental delay, non-verbal, auditory/tactile sensitivities, poor safety awareness, PICA, and dual incontinence. He attends a day program Monday through Friday from 8:00AM to 4:00PM, with transportation provided. He has an adaptive highchair and Cubby safety bed.

On September 24, 2025, the appellant's personal care management (PCM) agency, [REDACTED] submitted a prior authorization request for PCA services (initial evaluation) requesting 11 hours per week. On October 6, 2025, MassHealth denied the request because the clinical record indicated that the appellant did not require hands-on, physical assistance with at least two ADLs. The request sought assistance with the following activities of daily living (ADLs): mobility – transfers (picking up and placing in/out of Cubby safety bed due to poor safety awareness and elopement risk); bathing (physically assist with showering activity including routine transfers); grooming (oral care and hair care); dressing/undressing; and toileting (physical assist with clothing management, changing absorbent products, and regular transfers). The MassHealth representative explained that bathing and grooming are one ADL category. She elaborated that to qualify for PCA assistance a MassHealth member must require hands-on physical assistance with at least two of the following ADLs: mobility/transfers, bathing/grooming, dressing/undressing, toileting, eating, passive range of motion, and assistance with medications or other health-related needs.

The MassHealth representative explained that a typically developing child the appellant's age would be dependent on these ADLs and, therefore, it should be provided by the parent or guardian. The evaluator uses the PCA Operating Standards and accompanying "Schematics of Ages Ranges at which Non-Disabled Children Master Functional Items" to determine if the child's functional ability is within the age range for the mastery of functional skills for non-disabled children. Here, the ADLs requested are not developmental milestones that a typically developing [REDACTED] would reach. For these reasons, MassHealth denied the request because the tasks fall under parental responsibility.

The appellant's mother testified that the appellant has trouble walking on different surfaces and going down the stairs. He had early intervention until he aged out but his hip dysplasia has made it hard for him to learn to walk. He needs assistance eating. He has just learned how to use a spoon. He needs to be constantly watched and monitored while eating. He will stick utensils down his throat until he gags and he will tip over his highchair. He puts his hands in his food and will smear it

in his hair. So, he needs his hair washed every night. They recently started doing feeding therapy.

As to bathing, they do not have a bathtub and he uses the shower. He loves water and will put his face in it. He doesn't know how to wash his body, but she feels like most t do. She has to get in the shower with him. He will also go to the bathroom in the shower and she needs to clean it up right away before he spreads fecal matter on himself and all over the shower. The appellant has stomach issues and takes Miralax every day, sometimes two times per day. He uses diapers, but they are working on potty training. He needs to be monitored on the toilet and prompted to sit on the toilet.

At bedtime, the appellant needs to be monitored and someone needs to stay up to make sure he is okay in the crib. If he is not completely covered up, he will remove his diaper and get fecal matter everywhere, so he needs to be carefully monitored when he's in bed. She is waiting on a camera from DDS. He is an elopement risk and wears a tracker. He cannot give himself medications and he will not take pills, but that is something she does as his mother. She is working on dressing, but he won't follow directions. He fights and resists getting dressed and will take off clothes once they're on. It is beyond what a typical child needs.

The appellant's mother testified that both she and her husband work outside the home. She works six days per week. When she is at work, she needs someone to get the appellant off the bus, carry him upstairs, and change him.

The MassHealth representative responded that time for assistance with eating and stairs were not requested. Additionally, the PCA is a consumer directed program and a parent or guardian is expected to be present while the PCA is there to direct the appellant's care. If a parent or guardian is not present, that would be considered babysitting and babysitting is not covered by the PCA program. The MassHealth representative stated that the appellant filed this request for prior authorization a little too soon because at the ADLs requested are tasks that a parent should be providing.

Findings of Fact

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

1. The appellant is a child with primary diagnosis of autism and a relevant medical history of developmental delay, non-verbal, auditory/tactile sensitivities, poor safety awareness, PICA, and dual incontinence (Testimony and Exhibit 5).
2. On September 24, 2025, the appellant's PCM agency submitted a prior authorization request for PCA services (initial evaluation) requesting 11 hours per week (Testimony and Exhibit 5).

3. The request sought assistance with the following ADLs: transfers (picking up and placing in/out of Cubby safety bed due to poor safety awareness and elopement risk); bathing (physically assist with showering activity including routine transfers); grooming (oral care and hair care); dressing/undressing; and toileting (physical assist with clothing management, changing absorbent products, and regular transfers) (Testimony and Exhibit 5).
4. On October 6, 2025, MassHealth denied the request because the clinical record indicated that the appellant did not require hands-on, physical assistance with at least two ADLs (Testimony and Exhibits 1 and 5).
5. The MassHealth representative stated that a typically developing child the appellant's age would be dependent for these ADLs and, therefore, they are the responsibility of a guardian or family member (Testimony and Exhibit 5).
6. The appellant has trouble walking on different surfaces and needs help on stairs; however, no time was requested for PCA assistance with mobility or assistance on stairs (Testimony and Exhibit 5).
7. The appellant needs assistance eating and just learned how to use a spoon; however, no time was requested for PCA assistance with eating.

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

- (1) The PCA services are authorized for the member in accordance with 130 CMR 422.416 [which governs the prior authorization requirements].
- (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 PCM agency, requires physical assistance with two or more of the following ADLs as defined in 130 CMR 422.410(A).***
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

See 130 CMR 422.403(C) (emphasis added).

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.

MassHealth, through its prior authorization process determines whether 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.

See 130 CMR 450.204(A)

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.

(Emphasis added).

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

- (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 personal care services; and
 - (c) other special needs approved by the Division as being instrumental to the health care of the member.

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;
- (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.

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 appeal is denied. A typically developing child of the appellant's age would be dependent for the ADLs requested here. Thus, as testified to by MassHealth, these ADLs are the responsibility of the parent or guardian. While the appellant may need assistance with stairs and eating, time for PCA assistance with those ADLs was not requested.² The PCA program, however, does not cover supervision, cueing, guiding, or prompting which would include tasks such as monitoring overnight or supervision to ensure that he is using utensils properly and not tipping his highchair. The appellant's mother also testified that she needed someone to get the appellant of the bus, carry him upstairs, and change him while she and her husband are working. Parents or guardians are responsible for providing oversight and care for children and directing PCA services. The PCA program does not cover babysitting and a parent must be present to direct PCA services.

For these reasons, the MassHealth decision was correct and the appeal is denied.

Order for MassHealth

None.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

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

² This decision does not preclude the appellant from resubmitting a prior authorization request for assistance with stairs and eating. As discussed at hearing, he may also submit a prior authorization request at a later date when the PCA program may be a better fit developmentally.