

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Dismissed in part	Appeal Number:	2518764
Decision Date:	02/13/2026	Hearing Date:	01/29/2026
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:



Appearance for MassHealth:

Robin Brown, 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 in part; Dismissed in part	Issue:	Prior Authorization- Personal Care Attendant (PCA) Services
Decision Date:	02/13/2026	Hearing Date:	01/29/2026
MassHealth's Rep.:	Robin Brown, Optum	Appellant's Rep.:	[REDACTED]
Hearing Location:	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 December 10, 2025, MassHealth modified a prior authorization request for personal care attendant (PCA) services (130 CMR 450.204, 422.403(C) 422.410, and Exhibit 1). Appellant timely requested an appeal on December 17, 2025. A determination of the scope of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified a prior authorization request for personal care attendant (PCA) services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, 422.403(C), 422.410, in modifying a prior authorization request for PCA services.

Summary of Evidence

The MassHealth representative identified herself as a licensed occupational therapist. Appellant is [REDACTED] (Exhibit 4, p. 12). An initial prior authorization request for personal care attendant (PCA) services was submitted to MassHealth on November 21, 2025 for 20.5 PCA hours, which was modified to 13.25 PCA hours per week for the prior authorization period December 8, 2025 through December 7, 2026. The MassHealth representative testified that PCA time for assistance with mobility in the home was requested 8 minutes, 6 times per day, 7 days per week. The time requested was denied by MassHealth. The occupational therapist who completed the on-site PCA evaluation described Appellant as independent with transfers and ambulation room-to-room in the home (Id., p. 13). MassHealth testified that PCA time was approved for mobility transfers to the school bus 5 minutes, 2 times per day, 5 days per week due to decreased vision and safety awareness and assistance needed to get on and off the bus. MassHealth testified that PCA time is only approved for hands-on physical assistance and is not approved for supervision or stand-by assistance. MassHealth testified that Appellant is physically able to ambulate in the home without assistance, therefore the time requested was denied. However, MassHealth added that it could have approved PCA time if it was requested as assistance with stairs which is a separate line item in the prior authorization request under Mobility Activities (Exhibit 4, p. 19). PCA time was also requested for assistance with shaving 5 minutes, 3 times per day, 7 days per week, which was modified to 5 minutes once per day, 7 days per week, and assistance with a CPAP machine 8 minutes, once per day, 7 days per week, which was modified to 5 minutes, once per day, 7 days per week. The parties reached agreement with Appellant's representatives agreeing to the modified time for shaving and assistance with a CPAP machine.

Appellant appeared by video conference and was accompanied by several teachers and tutors at his school who work with him daily. Appellant's parents testified that Appellant lost 90% of his vision after surgery in [REDACTED]

[REDACTED] Appellant can ambulate from room-to-room in the home without assistance because it is familiar space, but he needs assistance to avoid obstacles. Appellant's parents testified that Appellant requires hands-on assistance getting to the bathroom in the morning which involves traversing stairs. Appellant's parents testified that Appellant needs physical hands-on assistance on stairs which are hazardous for him. Appellant's representatives testified that Appellant always requires hands on assistance on stairs while at school.

Findings of Fact

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

1. Appellant is [REDACTED]

[REDACTED] (Exhibit 4, p. 12).

2. An initial prior authorization request for personal care attendant (PCA) services was submitted to MassHealth on November 21, 2025 for 20.5 PCA hours, which was modified to 13.25 PCA hours per week for the prior authorization period December 8, 2025 through December 7, 2026.
3. PCA time for assistance with mobility in the home was requested 8 minutes, 6 times per day, 7 days per week and was denied by MassHealth.
4. Appellant is independent with transfers and ambulation room-to-room in the home (Id., p. 13).
5. MassHealth approved PCA time for mobility transfers to the school bus 5 minutes, 2 times per day, 5 days per week due to decreased vision and safety awareness.
6. [REDACTED]
7. Appellant can ambulate from room-to-room in the home without assistance because it is familiar space, but he needs assistance to avoid obstacles.
8. Appellant requires hands-on assistance getting to the bathroom in the morning which involves traversing stairs.
9. Appellant needs physical hands-on assistance on stairs at school and at home.
10. PCA time was requested for assistance with shaving 5 minutes, 3 times per day, 7 days per week, which was modified to 5 minutes once per day, 7 days per week, and assistance with a CPAP machine 8 minutes, once per day, 7 days per week, which was modified to 5 minutes, once per day, 7 days per week. The parties reached agreement with Appellant's representatives agreeing to the modified time for shaving and assistance with a CPAP machine.

Analysis and Conclusions of Law

The PCA program provides assistance with the following:¹

130 CMR 422.410: Activities of Daily Living and Instrumental Activities of Daily Living

(A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL

(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.

(B) Instrumental Activities of Daily Living (IADLs). 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 PCA services; and

(c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.

(C) Determining the Number of Hours of Physical Assistance. In determining the

¹ See also PCA Consumer Handbook available at: <https://www.mass.gov/doc/pca-consumer-handbook-personal-care-attendant-program/download>.

number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, the PCM agency must assume the following.

- (1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
- (2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
- (3) The MassHealth agency will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

130 CMR 422.411: Covered Services

(A) MassHealth covers activity time performed by a PCA in providing assistance with ADLs and IADLs as described in 130 CMR 422.410, as specified in the evaluation described in 130 CMR 422.422(C) and (D), and as authorized by the MassHealth agency.

130 CMR 422.412: Noncovered Services

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, 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 EVV as required by the MassHealth agency.

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary.

- (A) 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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

Regulation 130 CMR 422.403(C):

MassHealth covers PCA 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 PCA services are authorized for the member in accordance with 130 CMR 422.416.
- (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 ADLs as defined in 130 CMR 422.410(A).
- (4) The MassHealth agency has determined that the PCA services are medically necessary.

A hearing decision must be based on a preponderance of the evidence in the hearing record which includes the testimony of the parties (130 CMR 610.082). Appellant has the burden of

demonstrating the invalidity of the MassHealth action.²

The parties reached resolution with respect to PCA time requested for assistance with grooming activities, and assistance with a CPAP machine. Pursuant to 130 CMR 610.035, 610.051, in this regard the appeal is DISMISSED.

MassHealth approved PCA time at home for mobility assistance getting to and from the school bus twice per day, 5 days per week in part because Appellant requires assistance getting on and off the bus. In denying the additional PCA time requested for mobility in the home, MassHealth correctly interpreted PCA regulations outlined above that preclude PCA services for cueing, guiding, and coaching. The evidence and testimony at hearing supports the MassHealth determination that Appellant can ambulate in the home without physical hands-on assistance. However, MassHealth testified that PCA time for assistance with stairs could have been approved if the time was requested in the appropriate box in the mobility section of the PCA evaluation (Exhibit 4, p. 19). While MassHealth approves only services that are requested, denying assistance with mobility in the home because one box in the mobility section of the evaluation form is checked instead of the other, prioritizes the evaluation form over the medical necessity of the PCA time requested. Appellant's parents and school staff testified credibly that Appellant requires physical hands-on assistance on stairs which is consistent with his medical conditions and vision loss. Therefore, the PCA time requested for assistance with mobility activities in the home is approved 8 minutes, 6 times per day, 7 days per week, to provide physical hands-on assistance with stairs in the home. In this regard, the appeal is APPROVED.

Order for MassHealth

Approve 8 minutes, 6 times per day, 7 days per week, retroactive to the beginning of the prior authorization period to provide physical hands-on assistance with stairs in the home.

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.

² See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 Page 9 of Appeal No.: 2309752 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333, 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386, 390 (1998).

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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