

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part; Dismissed in part	Appeal Number:	2519063
Decision Date:	02/12/2026	Hearing Date:	01/27/2026
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:




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:	Approved in part; Denied in part; Dismissed in part	Issue:	Prior Authorization – PCA
Decision Date:	02/12/2026	Hearing Date:	01/27/2026
MassHealth’s Rep.:	Kelly Rayen, RN	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 November 26, 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 December 15, 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 nurse and clinical appeals reviewer. The appellant is a minor who was represented at hearing via telephone by his mother and disability advocate from his personal care management (PCM) agency, BCIL.

MassHealth provided the following through testimony and documentary evidence: the appellant is [REDACTED] with a [REDACTED]. Ex. 5 at 13. Relevant medical history shows extreme anxiety; no safety awareness; physical behavior increased; headbutts others; bites his and others hands; grabs others with strong grip; requires full physical assist with activities of daily living (ADLs); requires adult presence 24/7 for his safety and the safety of others (wanders quickly); attends school and is constantly observed for the safety of him and others; has severe GI discomfort due to his inability to tolerate gluten, sugar, and casein; easily irritated and responds very physically, angrily, and unsafely; requires correction any time his behavior becomes dangerous; gets out of control quickly; and is tall, muscular, strong and needs appropriate intervention to maintain a safe environment. *Id.* at 13-14.

On November 12, 2025, the appellant's PCM agency submitted a prior authorization request for PCA services (re-evaluation) requesting 43 hours and 15 minutes per week for 37.14 school weeks and 48 hours per week for 15 vacation weeks for dates of service of December 20, 2025 through December 19, 2026. *Id.* at 2-3. MassHealth modified the request to 15 hours and 15 minutes per week for 37.14 school weeks and 16 hours and 15 minutes per week for 15 vacation weeks. *Id.* at 4-6. MassHealth made modifications to the following twelve ADLs and instrumental activities of daily living (IADLs): mobility (to/from school bus); transfers; evening bath/quick wash; grooming – haircare; grooming – other (lotion and deodorant); dressing; undressing; eating; nighttime toileting; other healthcare needs (foot soak and massage); other special needs (medical transportation); and medical transportation. *Id.*

At hearing, parties resolved the dispute as to nighttime toileting and other special needs (medical transportation). MassHealth approved the requested 5 minutes, 2 times per night, 7 nights per week for nighttime toileting, which gets rounded up to 2 hours per night, 7 nights per week. The appellant agreed that the request for other special needs (medical transportation) was a duplicate of time already requested under the IADL section for medical transportation.

Mobility

The appellant requested 8 minutes, 2 times per day, 5 days per week during school weeks for mobility to walk him to and from the school bus. *Id.* at 17-18. MassHealth modified the request to 5 minutes, 2 times per day, 5 days per week because the time requested is longer than ordinarily required for someone with his physical needs. Comments indicate that he is able to ambulate, but

his balance and judgement are unreliable. *Id.* at 18. He often refuses to enter school pickup and he will bolt and wander if unaccompanied. *Id.* The appellant has zero safety awareness. *Id.* at 88. The MassHealth representative stated that this is time for walking to and from the school bus, not strapping him into the bus. Additionally, the 5 minutes is the same amount of time he had for this ADL last year and there is nothing in the documentation to support the need for an increase.

The appellant's mother testified that his symptoms are worse this year than last year. He has problems with his balance and equilibrium. He needs to be accompanied at all times. His safety awareness is poor, so the PCA is always hands-on to make sure he can't get away or unlock the door once he is on the bus. In addition to walking him to the bus, the PCA has to go onto the bus and secure him appropriately because otherwise he might bolt. She stated that they often have to wait for the bus and once the bus arrives, it can take at least 10 minutes to walk him to the bus and then secure him on the bus. If he is not secured in the bus, he will get out of his seat and bolt from the bus.

Transfers

The appellant requested 5 minutes, 4 times per day, 5 days per week and 5 minutes, 4 times per day, 2 days per week during school weeks and 5 minutes, 8 times per day, 7 days per week during vacation weeks for PCA assistance with transfers. *Id.* at 17-18. MassHealth did not approve any time for transfers because he has sufficient functional ability to perform the task without physical assistance. *Id.*

The comments indicate that the appellant needs PCA assistance with transfers due to his poor judgment. *Id.* at 18. Notes indicate that he has zero safety awareness, stumbles, hits items with arms, and trips and falls. *Id.* at 88. PCA provides contact guard/gentle restraint for all motion for safety and to prevent falls, injury, and self-damage. *Id.* The MassHealth representative testified that the appellant was independent with this task last year and did not require any assistance. There is no documentation showing that anything has changed.

The appellant's mother testified that he needs help getting into the car or entering the home because he has no consideration of space. He can trip on stairs or an escalator or getting into and out of the car. She has a disability plaque for her car because he cannot walk certain distances. He always needs someone to accompany him because he has poor equilibrium and safety awareness. He is also impulsive. If PCA is not present, she has to watch him constantly, which is difficult because she has a younger child and an elderly mother to also care for. Except when he is sleeping, the appellant needs help with everything he does. He needs help getting out of bed because he does not know how to put on his slippers.

In response, the MassHealth representative explained that the PCA program is for physical assistance with ADLs (to be completed within the home) that someone is unable to do on their own. Getting into and out of the car or onto escalators is not part of the PCA program, unless it is

for a medical appointment, but that is a separate IADL. If the appellant can bolt and run away out of the school bus seat, as testified to above, it indicates he has the functional ability to get in/out of chairs or a bed on his own and does not need physical support for this ADL. The PCA program does not include time for cueing, prompting, supervision, guiding, coaching, or babysitting.

Evening Bath/Quick Wash

The appellant requested 30 minutes, 1 time per day, 7 days per week for bathing in the morning and 25 minutes, 1 time per day, 7 days per week for bathing in the evening. *Id.* at 20-21. MassHealth approved the 30 minutes, 1 time per day, 7 days per week for bathing but modified the evening bath to 10 minutes, 1 time per day, 7 days per week for a quick wash. *Id.*

The comments indicate that in the evening, the bath is the same as the morning, but Epsom salt is added to the tub water to help calm him so he might sleep soundly. *Id.* at 21. He rarely participates in bathing, shampooing, or drying himself. *Id.* He must be physically moved in and out of the shower/bathtub. *Id.* at 88. The MassHealth representative testified that MassHealth increased his bathing time from 25 minutes last year to 30 minutes this year and he did not have a quick wash last year.

The appellant's mother testified that it is not a quick wash but another bath with all the same procedures as in the morning. He has been more aggressive and impulsive lately. He gets ingrown toenails and needs to soak multiple times per day. He will develop a skin condition or irritation if he does not have a second bath. These two baths are in addition to the foot soak that he needs to do for the ingrown nails.

MassHealth noted that time for a foot soak was approved separately under other healthcare needs.

Grooming – Haircare

The appellant requested 2 minutes, 2 times per day, 7 days per week for grooming – haircare. *Id.* at 22-23. MassHealth modified the request to 2 minutes, 1 time per day, 7 days per week. *Id.* The MassHealth representative testified that the frequency is more often than ordinarily required and last year, the appellant only had 2 minutes, 1 time per day, 7 days per week.

The appellant's mother testified that the PCA brushes the appellant's hair in the morning, after school, and after his evening bath. His hair is on the longer side for a boy and can get knotted. He has also developed dandruff and needs a special oil put in his hair.

Grooming – Other (Lotion and Deodorant)

The appellant requested 7 minutes, 1 time per day, 7 days per week for grooming – other. *Id.* at 22-23. There was no documentation in the comments as to what the “other” referred to, but generally, it would be for applying lotion and deodorant. *Id.* MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week. *Id.* Last year, the appellant had 3 minutes, 1 time per day, 7 days per week for applying lotion and deodorant.

The appellant’s mother testified that the appellant needs to shave every day and put on lotion after shaving. He also needs lotion on the bottom of his feet and a cream for acne. She stated it takes longer than 5 minutes to get him to allow the PCA to put on the cream.

Dressing

The appellant requested 20 minutes, 1 time per day, 7 days per week and 15 minutes, 1 time per day, 7 days per week for PCA assistance with dressing. *Id.* at 24-25. MassHealth modified the request to 15 minutes, 1 time per day, 7 days per week. *Id.*

The MassHealth representative testified that 15 minutes, 1 time per day is the same amount of time he had last year and there is nothing in the documentation to support the increase. The only change is that the appellant is now marginally bigger. The MassHealth representative explained that usually dressing (consisting of getting out of pajamas and into clothes) is considered the morning activity and undressing (consisting of getting out clothes and into pajamas) is considered the evening activity. The standard of care is usually once in the morning (dressing) and once in the evening (undressing).

Comments state that he is totally dependent for dressing in the morning prior to school and then the PCA dresses him for sleep after his evening bath. *Id.* at 24. Notes indicate that the appellant resists care, does not like to be dressed or undressed, will grab at caregivers with a strong grip, bite, and headbutt. *Id.* at 88.

The appellant’s mother testified that it takes him a minimum of 15 minutes to get dressed. He gets dressed in the morning, changes clothes when he gets home from school, and then puts on pajamas after his evening bath.

Undressing

The appellant requested 10 minutes, 1 time per day, 7 days per week and 7 minutes, 1 time per day, 7 days per week for PCA assistance with undressing. *Id.* at 24-25. MassHealth modified the request to 10 minutes, 1 time per day, 7 days per week. *Id.* MassHealth stated that the time requested is longer than ordinarily required.

The appellant's mother testified that the appellant changes three times per day. He gets out of his pajamas and into clothes before school, undressed after school before he changes, and then again undressed before his evening bath. He is wearing more layers this time of year to protect against frequent sinus infections, so it takes longer to undress.

Eating

The appellant requested 8 minutes, 1 time per day, 5 days per week and 8 minutes, 2 times per day, 2 days per week during school weeks and 10 minutes, 3 times per day, 7 days per week and 3 minutes, 2 times per day, 7 days per week during vacation weeks for PCA assistance with eating. *Id.* at 25. Additionally, 5 minutes, 2 times per night was requested for assistance with fluids. *Id.* MassHealth denied the request and did not approve any time for the ADL of eating because the clinical record indicates that the appellant has the functional ability to do this task. *Id.*

The MassHealth representative testified that set up, cutting food, and clean up (all part of meal preparation, not eating) are parental responsibility. The documentation shows that he can feed himself until he gets tired or confused or loses interest. In school, he is assisted as needed. Additionally, there is nothing in the records that indicate he requires fluids at night. He was independent with eating last year and there is nothing in the record to support that PCA assistance with eating is now medically necessary.

The appellant's mother testified that someone needs to make sure he sits and doesn't fall out of his chair. He will choke on food if it is not cut up. If he is not supervised carefully, he will over-stuff himself or self-injure himself with a fork. He is not allowed to use a knife. It is about safety, both for choking and the danger he poses to himself with utensils. The meals need to be structured and he needs to be watched to make sure he doesn't take something that isn't edible. Additionally, she noted that she can't take care of only the appellant. She has another younger child and her elderly mother. She works outside of the home Monday through Friday, leaving the house around 8:00AM and returning home around 4:00/4:30PM. He is in school from 9:00AM – 3:15PM, but the bus comes around 8:00AM and arrives back home around 4:00/4:15PM.

In response, MassHealth explained that time for supervision, redirecting, cueing, prompting, guiding, or coaching is not included in the PCA program. Additionally, the PCA program is a consumer directed program. For a child, that means it is directed by the parent or guardian. The parent needs to be present at all times to direct care. If a parent is not home, it would be considering babysitting, which is not covered by the PCA program.

Other Healthcare Needs – Foot Soaks & Massage

The appellant requested 15 minutes, 2 times per day, 7 days per week for PCA assistance with other healthcare needs – foot soaks and massage. *Id.* at 31. MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week because the time and frequency requested are longer

than ordinarily required and massage is not a covered service under the PCA program. *Id.*

The MassHealth representative stated that documentation shows the appellant has a history of ingrown nails. He has a doctor prescribed regimen for cleaning and healing the toes and prevention of repeated problems with multiple nails. *Id.* at 88.

The appellant's mother testified that he has a regimen for treating his feet to prevent more ingrown nails. It involves soaking, massage, picking, and applying antibiotic cream. He has a foot soak sometime after school between 4:00PM and 7:00PM and then his bath is usually around 7:30PM. There is plenty of time between after school (4:00PM) and bedtime (9:00PM) to get in both a foot soak and a bath.

MassHealth responded that in addition to massage not being a covered task, the PCA cannot perform skilled tasks such as massage, picking nails, and applying antibiotic cream. The appellant is also bathing twice a day, which soaks the feet, so one additional foot soak should be sufficient. Furthermore, waiting time while the appellant soaks is not covered by the PCA program.

Medical Transportation

The appellant requested 68 minutes per week for PCA assistance with medical transportation. *Id.* at 38. MassHealth approved 34 minutes per week because some of the requested service (the driving time) is the responsibility of the parent. *Id.*

The MassHealth representative explained that the PCA is allotted time for assisting the appellant in/out of the home and doctor office, but as a minor, the driving time is the responsibility of the parent or legal guardian. MassHealth did not modify the number of visits but removed time allotted for driving. Additionally, the PCA time for medical transportation is only allowed for MassHealth-covered providers.

The appellant's mother did not feel this was enough time because he sees different providers every day, including a therapist and occupational and physical therapy.

Findings of Fact

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

1. The appellant is a minor MassHealth member with a primary diagnosis of [REDACTED] disorder.
2. Relevant medical history shows extreme anxiety; no safety awareness; physical behavior increased; requires adult presence 24/7 for his safety and the safety of others (wanders

quickly); attends school and is constantly observed for the safety of him and others; easily irritated and responds very physically, angrily, and unsafely; requires correction any time his behavior becomes dangerous; gets out of control quickly; and is tall, muscular, strong and needs appropriate intervention to maintain a safe environment.

3. On November 12, 2025, the appellant's PCM agency submitted a prior authorization request for PCA services (re-evaluation) requesting 43 hours and 15 minutes per week for 37.14 school weeks and 48 hours per week for 15 vacation weeks for dates of service of December 20, 2025 through December 19, 2026.
4. MassHealth modified the request to 15 hours and 15 minutes per week for 37.14 school weeks and 16 hours and 15 minutes per week for 15 vacation weeks.
5. MassHealth made modifications to the following ADLs and instrumental activities of daily living (IADLs): mobility (to/from school bus); transfers; evening bath/quick wash; grooming – haircare; grooming – other (lotion and deodorant); dressing; undressing; eating; nighttime toileting; other healthcare needs (foot soak and massage); other special needs (medical transportation); and medical transportation.
6. On December 15, 2025, the appellant timely appealed the November 26, 2025 notice.
7. At hearing, MassHealth approved the requested 5 minutes, 2 times per night, 7 nights per week for nighttime toileting, which gets rounded up to 2 hours per night, 7 nights per week.
8. At hearing, the appellant agreed that the request for other special needs (medical transportation) was a duplicate of time already requested in the IADL section for medical transportation.
9. The appellant requested 8 minutes, 2 times per day, 5 days per week during school weeks for mobility to walk him to and from the school bus. MassHealth modified the request to 5 minutes, 2 times per day, 5 days per week because the time requested is longer than ordinarily required for someone with his physical needs.
10. The appellant can ambulate independently but his balance and judgment are unreliable and he will bolt or wander if unaccompanied.
11. The appellant requested 5 minutes, 4 times per day, 5 days per week and 5 minutes, 4 times per day, 2 days per week during school weeks and 5 minutes, 8 times per day, 7 days per week during vacation weeks for PCA assistance with transfers. MassHealth did not approve any time for transfers because he has sufficient functional ability to perform the task without physical assistance.

12. The appellant has poor safety awareness, but testimony shows he is able to get up from his bus seat independently to bolt.
13. The appellant requested 30 minutes, 1 time per day, 7 days per week for bathing in the morning and 25 minutes, 1 time per day, 7 days per week for bathing in the evening. MassHealth approved the 30 minutes, 1 time per day, 7 days per week for bathing but modified the evening bath to 10 minutes, 1 time per day, 7 days per week for a quick wash.
14. The appellant takes a full bath in the evening, not a quick wash.
15. The appellant requested 2 minutes, 2 times per day, 7 days per week for grooming – haircare. MassHealth modified the request to 2 minutes, 1 time per day, 7 days per week because the frequency is more often than ordinarily required
16. The appellant only had 2 minutes, 1 time per day, 7 days per week last year; however, he brushes his hair in the morning, after school, and then after his evening bath.
17. The appellant requested 7 minutes, 1 time per day, 7 days per week for grooming – other. There was no documentation in the comments as to what the “other” referred to, but generally, it would be for applying lotion and deodorant. MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week.
18. Last year, the appellant had 3 minutes, 1 time per day, 7 days per week for applying lotion and deodorant. He requires lotion to his face and feet, plus deodorant.
19. The appellant requested 20 minutes, 1 time per day, 7 days per week and 15 minutes, 1 time per day, 7 days per week for PCA assistance with dressing and 10 minutes, 1 time per day, 7 days per week and 7 minutes, 1 time per day, 7 days per week for PCA assistance with undressing.
20. MassHealth modified the request to 15 minutes, 1 time per day, 7 days per week for dressing and 10 minutes, 1 time per day, 7 days per week for undressing because the time requested is longer than ordinarily required.
21. The appellant requested 8 minutes, 1 time per day, 5 days per week and 8 minutes, 2 times per day, 2 days per week during school weeks and 10 minutes, 3 times per day, 7 days per week and 3 minutes, 2 times per day, 7 days per week during vacation weeks for PCA assistance with eating, plus 5 minutes, 2 times per night for assistance with fluids. MassHealth denied the request and did not approve any time for the ADL of eating because the clinical record indicates that the appellant has the functional ability to do this task and there was nothing in the record to support medical necessity of fluids at night.

22. The documentation shows that he can feed himself until he gets tired or confused or loses interest.
23. The appellant requested 15 minutes, 2 times per day, 7 days per week for PCA assistance with other healthcare needs – foot soaks and massage. MassHealth modified the request to 5 minutes, 1 time per day, 7 days per week because the time and frequency requested are longer than ordinarily required and massage is not a covered service under the PCA program.
24. The appellant has a history of ingrown nails.
25. The appellant requested 68 minutes per week for PCA assistance with medical transportation. MassHealth approved 34 minutes per week because some of the requested service (the driving time) is the responsibility of the parent.

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.

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.

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).

MassHealth will consider individual circumstances in determining the number of hours of PCA services that a member needs, but “[w]hen 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.” See 130 CMR 422.410(C) (emphasis added). Family members include spouses, parents, or any legally responsible relative. See 130 CMR 422.402.

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). 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 state that “[s]pecial consideration may be given to behavioral needs that demonstrate a safety risk for the child or others (i.e. removing a child from a dangerous situation, but documentation must support the request. **Please Note: PCA time is not allowed when requested for purposes of restraint.**” (PCA Operating Standards, § XXVI.A.1.c.; emphasis added).

The appeal is dismissed as to nighttime toileting and other special needs (medical transportation) because at hearing parties were able to resolve the dispute. MassHealth approved the requested 5 minutes, 2 times per night, 7 nights per week for nighttime toileting, which gets rounded up to 2 hours per night, 7 nights per week. The appellant agreed that the request for other healthcare needs (medical transportation) was a duplicate as it was also requested under the IADL of medical transportation.

As to the appellant’s request for additional PCA assistance with mobility (to/from the school bus), the appeal is denied. The appellant requested 8 minutes, 2 times per day, 5 days per week. MassHealth modified the request to 5 minutes, 2 times per day, 5 days per week, which is the same amount of time he received for this ADL last year. The appellant has not demonstrated that PCA assistance with mobility takes longer than the time approved. The appellant is physically able to ambulate, but has poor balance. He needs the assistance to walk from his house to/from the school bus to prevent him from wandering or bolting. In this situation, the hands-on action serves more to restrain the appellant from bolting or wandering than to physically assist with walking and PCA time is not allowed for purposes of restraint. The appellant’s testimony that it takes longer than 5 minutes to do this was insufficient. For these reasons, the appellant has not shown that additional time for mobility is medically necessary.

As to the appellant’s request for additional PCA assistance with transfers, the appeal is denied. The appellant has not demonstrated that he needs physical assistance with transfers. Based on

documentation and testimony, it appears that the appellant has the functional ability to perform this ADL on his own. For example, he is able to get out of the bus seat to bolt. The activities described by the appellant's mother (getting in/out of a car or onto an escalator) occur outside of the home and the PCA program is for tasks completed within the home (other than some IADLs). While the appellant might need supervision throughout the day due to his lack of safety awareness, supervision is not covered by the PCA program. For these reasons, the appellant has not shown that additional time for transfers is medically necessary.

As to the appellant's request for additional PCA assistance with bathing, the appeal is approved. The appellant requested 30 minutes, 1 time per day, 7 days per week and 25 minutes, 1 time per day, 7 days per week for bathing. MassHealth approved the 30 minutes daily for bathing but modified the second to 10 minutes, 1 time per day, 7 days per week. The appellant's testimony was credible and supported that the second bath is not a quick wash but a full bath. The appellant needs the second bath to prevent skin issues and ingrown nails. For these reasons, the appellant has shown that the additional time for bathing is medically necessary and he is approved for the requested 25 minutes, 1 time per day, 7 days per week for bathing in the evening.

As to the appellant's request for additional PCA assistance with grooming – haircare, the appeal is approved. The appellant's testimony was credible and supported the need for an increase in frequency. For these reasons, the appellant is approved for the requested 2 minutes, 2 times per day, 7 days per week for grooming – haircare.

As to the appellant's request for additional PCA assistance with grooming – other (lotion and deodorant), the appeal is denied. The appellant's testimony did not support why additional time was medically necessary for the PCA to apply deodorant and lotion to his face and feet. The time waiting for the appellant to allow the PCA to apply it is not covered by the PCA program. For these reasons, the appellant has not shown that additional time for grooming – other (lotion and deodorant) is medically necessary.

As to the appellant's request for additional PCA assistance with dressing and undressing, the appeal is denied. He has been approved for the same amount of time that he had last year. Documentation and testimony did not support that any further PCA assistance with dressing or undressing was medically necessary. It was not clear from documentation or testimony why an additional change was needed after school. The 15 minutes, 1 time per day, 7 days per week approved for dressing covers the appellant getting out of his pajamas and dressed in the morning and the 10 minutes, 1 time per day, 7 days per week covers him getting out of his clothes and into his pajamas in the evening. For these reasons, the appeal is denied as to dressing and undressing.

As to the appellant's request for eating, the appeal is denied. He was not approved for this last year and documentation and testimony were insufficient to demonstrate that time for eating is medically necessary. Clinical records show the appellant has the functional ability to do this task. Per the appellant's mother's testimony, the assistance was primarily requested for safety reasons

(avoiding choking and preventing him from self-injury with utensils or by eating something inedible), supervision (making sure he sits in his chair), and meal preparation (setting up and cutting his food). Setting up, cutting food, and cleaning up are part of meal preparation, which is an IADL. IADLs are the responsibility of the parent. Additionally, supervision and cueing are not covered by the PCA program. For these reasons, the appellant has not shown that time for eating is medically necessary.

As to the appellant's request for additional PCA assistance with other healthcare needs – foot soaks and massage, the appeal is denied. MassHealth approved the appellant for 5 minutes, 1 time per day, 7 days per week. The PCA program does not cover massages and the appellant has not shown why 5 minutes per day is insufficient for a foot soak, especially given that the appellant also has a bath morning and night. The appellant's mother testified to one foot soak in the afternoon between coming home from school and his evening bath. Waiting time while the appellant is soaking is not included as part of the PCA program. The appellant has not shown that additional time beyond what was approved is medically necessary for foot soaks.

As to the appellant request for additional time for medical transportation, the appeal is denied. MassHealth did not modify the number of visits, but removed time allotted for driving. Driving is the responsibility of the appellant's parent or guardian. If the appellant has additional medical appointments to MassHealth-covered providers that were not requested, he can request an adjustment through his PCM agency.

Order for MassHealth

Approve the appellant 25 minutes, 1 time per day, 7 days per week for an evening bath and 2 minutes, 2 times per day, 7 days per week for grooming – haircare. Implement adjustment made at hearing for nighttime toileting (2 hours per night). Approvals and adjustments should go retroactive to the beginning of the prior authorization period, December 20, 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