Commonwealth of Massachusetts
PO Box 4405
Taunton, MA 02780-0419

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Date:
05/08/2026

AAADFDATFTTAFDDDDDDDFTTDAFFTTAADFTDDTTTFFDTTTTADFDFDFDFFDTDDATFTD
**********AUTO**5-DIGIT 02027
[Recipient Name]
[Address]
[City, State Zip code]

Important Notice

Changes to the Personal Care Attendant (PCA) Program beginning July 2026

Beginning July 3, 2026, the maximum time for meal preparation that will be approved under the PCA Program is 7 hours per week (420 mins/week). Consumers who currently have approval for more than 7 hours per week for meal preparation will receive a notice from the Prior Authorization Unit stating that their Prior Authorization for meal preparation will be decreased to 7 hours per week.

Consumers must show medical necessity for approval of any time beyond 7 hours per week for meal preparation. To be approved for more than 7 hours per week, consumers must

1. **have an active diagnosis of dysphagia AND need mechanically altered meals; and**

2. **have a PCP Summary Form or a Speech Language Pathologist Order sent in with the PCA Prior Authorization request that supports this diagnosis and need.**

For consumers who meet these two requirements, the PCM agency must ask MassHealth to adjust the approved meal preparation hours.

For any additional questions or concerns, please contact your PCM agency.

Commonwealth of Massachusetts
PO Box 4405
Taunton, MA 02780-0419

Commonwealth of Massachusetts
Executive Office of Health and Human Services

Aviso importante

Cambios en el Programa de Asistente de Cuidados Personales (PCA) a partir de julio de 2026

A partir del 3 de julio de 2026, el tiempo máximo para preparación de comidas que se aprobará por el Programa de PCA será de 7 horas por semana (420 min/semana). Los consumidores que actualmente tienen aprobación para usar más de 7 horas en la preparación de comidas recibirán un aviso de la Unidad de Autorización Previa que indique que su Autorización previa (PA) para preparación de comidas se reducirá a 7 horas por semana.

Para que se aprueben más de 7 horas por semana para preparación de comidas, los consumidores deben demostrar que tienen una necesidad médica. Para que se les aprueben más de 7 horas por semana, los consumidores deben

1. **tener un diagnóstico activo de disfagia Y necesitar alimentos alterados mecánicamente; y**

2. **haber enviado un Formulario de resumen del PCP o una orden del especialista en lenguaje y habla junto con la solicitud de Autorización previa del PCA que apoye este diagnóstico y esta necesidad.**

Para los consumidores que cumplan con estos dos requisitos, la agencia de PCM debe pedirle a MassHealth que ajuste las horas aprobadas para preparación de comidas.

Para cualquier pregunta o inquietud adicional, por favor, comuníquese con su agencia de PCM.

This information is important. It should be translated right away.
We can translate it for you free of charge.
Call us at (800) 841-2900. TDD/TTY: 711.

Esta información es importante y debe ser traducida inmediatamente. Podemos traducirla para usted gratuitamente. Llámenos al (800) 841-2900 o por TDD/TTY: 711. (Spanish)

Esta informação é importante. Deverá ser traduzida imediatamente. Nós podemos traduzí-la para você gratuitamente. Entre em contato conosco no (800) 841-2900. TDD/TTY: 711. (Brazilian Portuguese)

此處的資訊十分重要，應立即翻譯。我們可以免費為您翻譯。請撥打電話號碼 (800) 841-2900 (TDD/TTY: 711)，與我們聯繫。 (Chinese)

Enfòmasyon sa enpòtan. Yo fèt pou tradwi li tou swit. Nou kapab tradwi li pou ou gratis. Rele nou nan (800) 841-2900. TDD/TTY: 711. (Haitian Creole)

Những tin tức này thật quan trọng. Tin tức này cần phải thông dịch liền. Chúng tôi có thể thông dịch cho quý vị miễn phí. Xin gọi cho chúng tôi tại số (800) 841-2900. TDD/TTY: 711. (Vietnamese)

Эта информация очень важна. Ее нужно перевести немедленно. Мы можем перевести ее для вас бесплатно. Позвоните нам по телефону (800) 841-2900. TDD/TTY: 711. (Russian)

هذه المعلومات هامة. يجب ترجمتها فوراً. يمكننا ترجمتها لك مجاناً. اتصل بنا على الرقم (800) 841-2900. TDD/TTY: 711. (Arabic)

នេះគឺជាព័ត៌មានសំខាន់។ វាគួរតែបានបកប្រែភ្លាមៗ។ យើងអាចបកប្រែវាសំរាប់អ្នកដោយឥតគិតថ្លៃឡើយ។ សូមទូរស័ព្ទមកយើង តាមលេខ (800) 841-2900។ TDD/TTY: 711។ (Khmer)

Kel informasãu li é inportanti. El debe ser traduzidu lógu. Nu pode traduzi-l pa nhos sin kobra nada. Nhos txuma-nu pa (800) 841 2900. TDD/TTY: 711. (Cape Verdean Creole)

Cette information est importante. Prière de la traduire immédiatement. Nous pouvons vous la traduire gratuitement. Appelez-nous au (800) 841-2900. TDD/TTY: 711. (French)

Questa informazione e importante. Si pregha di tradurla inmediatamente. Possiamo tradurla per voi gratuitamente. Chiammate all (800) 841-2900. TDD/TTY: 711. (Italian)

이 정보는 중요합니다. 이는 즉시 번역해야 합니다. 저희는 귀하를 위해 이를 무료로 번역해드릴 수 있습니다. 일반 전화인 경우 (800) 841-2900로, TDD/TTY 전화인 경우 711로 연락해 주십시오. (Korean)

Αυτή η πληροφορία είναι σημαντική και πρέπει να μεταφραστεί άμεσα. Μπορούμε να τη μεταφράσουμε για εσάς δωρεάν. Καλέστε μας στον αριθμό (800) 841-2900. TDD/TTY: 711. (Greek)

To jest ważna informacja. Powinna zostać niezwłocznie przetłumaczona. My tłumaczymy dla Państwa bezpłatnie. Prosimy do nas zadzwonić pod nr (800) 841-2900. TDD/TTY: 711. (Polish)

यह जानकारी महत्वपूर्ण है। इसका अनुवाद भलीभांति किया जाना चाहिए। हम आपके लिए इसका अनुवाद निशुल्क कर सकते हैं। हमें (800) 841-2900। TDD/TTY: 711 पर कॉल करें। (Hindi)

આ માહિતી મહત્વની છે. તેનું તરત જ અનુવાદ થવું જોઇએ. અમે વિના મૂલ્યે તમારા માટે તેમ કરી શકીએ છીએ. અમને (800) 841-2900. TDD/TTY: 711 પર કૉલ કરો. (Gujarati)

ຂໍ້ມູນນີ້ສຳຄັນ. ມັນມີຄວາມຈຳເປັນຕ້ອງແປເລີຍ. ພວກເຮົາ ສາມາດຊ່ວຍແປໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາພວກເຮົາໄດ້ທີ່ (800) 841-2900. TDD/TTY: 711. (Lao)

This information is available in alternative formats such as braille and large print.
To get a copy, please call us at (800) 841-2900. TDD/TTY: 711.

MassHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping). MassHealth does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, creed, sexual orientation or sex (including gender identity and gender stereotyping).

MassHealth provides

→ free aids and services to people with disabilities to communicate effectively with us, such as:
- ♦ Qualified sign language interpreters
- ♦ Written information in other formats (large print, braille, accessible electronic formats, and other formats)

→ free language services to people whose primary language is not English, such as:
- ♦ Qualified interpreters
- ♦ Information written in other languages

If you need these services, contact us at (800) 841-2900. TDD/TTY: 711.

If you believe that MassHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, religion, creed, sexual orientation, or sex (including gender identity and gender stereotyping), you can file a grievance with: Section 1557 Compliance Coordinator, 1 Ashburton Place, 11th Floor, Boston, Massachusetts 02108, Phone: (617) 573-1704, TTY: (617) 573-1696, Fax: (617) 889-7862, or email at: Section1557Coordinator@state.ma.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Compliance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or by phone at (800) 368-1019, (800) 537-7697 (TDD).

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html.