Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Approved	**Appeal Number:**	2207758
Decision Date:	1/11/2023	**Hearing Date:**	11/23/2022
Hearing Officer:	Rebecca Brochstein		

Appearances for Appellant:
[redacted]

Appearances for MassHealth:
Lisa Russell, RN

Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street
Quincy, MA 02171

APPEAL DECISION

Appeal Decision:	Approved	**Issue:**	Home Health Services
Decision Date:	1/11/2023	**Hearing Date:**	11/23/2022
MassHealth's Rep.:	Lisa Russell, RN	**Appellant's Reps.:**	[redacted]
Hearing Location:	Board of Hearings (Remote)	**Aid Pending:**	Yes

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated October 12, 2022, MassHealth/Optum modified the appellant's request for home health services (Exhibit 1). The appellant filed a request for hearing on October 17, 2022 (130 CMR 610.015(B); Exhibit 2). The modification of a prior authorization request is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's prior authorization request for home health services.

Issue

The appeal issue is whether the appellant has established medical necessity for home health services as requested.

Summary of Evidence

MassHealth was represented by a registered nurse from Optum, a MassHealth contractor. She testified that the appellant is a male in his late 30s with a diagnosis of schizoaffective disorder, bipolar type. On October 12, 2022, the appellant's home health provider submitted a prior authorization request to MassHealth for skilled nursing services. The agency requested skilled nursing visits five times per week. MassHealth modified the request to approve one skilled nursing visit and four medication administration visits (MAVs) per week, for the period of October 16 through December 17, 2022.

The recertification summary from the provider agency's plan of care states in relevant part as follows:

> Client is a 37 yr old male with primary diagnosis of schizoaffective disorder; Bipolar Type. PMH of generalized anxiety disorder, agoraphobia and Crohn's Disease. Client also with hx-noncompliance with treatment regimen and hx of self-harm. Client lives at an unsupervised Aspire Health Alliance housing in Quincy with another roommate with mental illness. Client identified by stating name and DOB upon SN arrival. Client is made aware that this visit is for re-certification of services and he is in agreement. Client presents disheveled w/ poor hygiene. He has not met his goal of increasing showering/hygiene this recent period. He has not met his goal of filling his planner weekly to increase independence and medication knowledge. He has been successful at reporting increase in paranoia to RN/MD. MD has increased his Clozaril to 350 mg to manage ongoing paranoia. Client has remained compliant with labs over the last 60 day certification period. Client's Metformin has been discontinued due to ongoing complaints of diarrhea. Client has had no ER visits/hospitalizations over the last 60-day certification period. Vital signs are within parameters. He denies pain/discomfort and reports all skin intact w/ no redness/irritation/open areas. Lungs are clear throughout and he denies any SOB. He denies any GI/GU issues and last BM on 9/13. Patient had a 6 pound weight loss this recent period and encouraged to maintain adequate fluids/po intake. His response to inquiry and education is limited w/ minimal eye contact, flat affect. He denies SI/HI, reports feeling safe, denies self harm. Reports mood as "OK". Patient is involved in a writing group weekly to promote self expression/reduce isolation. Morning meds administered per poc, no adverse effects noted and no complaints of adverse effects from previous administrations. Client denies any s/s of COVID19 and verbalized understanding of S/S to report. Client is at risk of noncompliance resulting in de-compensation and hospitalization and continues to require skilled nursing visits r/t cognitive deficits. POC and emergency plan reviewed with client, client verbalizes understanding and agrees with POC. . . . (Exhibit 4 at 13)

The plan of care sets forth the following nursing interventions:

> SN MEDICATION INTERVENTIONS:
> Administer medication per MD order (Oral, INH, Injectable, Topical and/or Transdermal)
> Assess/Educate/Evaluate compliance with Clozaril lab draws as indicated by MD
> Educate/Assess/Evaluate: Pt/PCG: compliance of MD ordered medications

Prefill mediplanner weekly and PRN
Prepour medications per MD order.

VITAL SIGN PARAMETERS Notify physician if:
Assess Vital signs (BP, HR, RR, O2 saturation and Temp) with Able Parameters per MD order

REHOSPITALIZATION/EMERGENCY ROOM VISIT RISK INTERVENTIONS:
Assess/teach patient/caregiver R/T COVID19: thermometer, mask/gloves, written information based on area metrics and patient presentation
Care coordination with interdisciplinary team as appropriate
Establish/Review: Patient emergency plan
Implement/maintain medication lock box for safety
Provide education content at patient's level of health literacy

SN PSYCHOSOCIAL INTERVENTIONS
Assess for self injurious behaviors and/or thoughts of harm to others.
Assess level of anxiety and educate on coping techniques.
Assess/Evaluate/Instruct Pt/Pcg: Nutrition, hygiene, sleep and ADLs
Assess/Evaluate/Instruct Pt/Pcg: Understanding of triggers that affect psychiatric disease
Assess/Evaluate: Affect, appearance, mood, functional status
Assess/Evaluate: Judgment and insight with daily living
Assess/evaluate: Level of depression
Assess: Level of mania
Assess: Mental status (orientation, memory, agitation)
Instruct Pt/Pcg: Tools to use as diversion from triggers

SN CARDIOVASCULAR INTERVENTIONS:
Assess/Instruct Pt/Pcg: Heart Healthy diet
Assess: Cardiovascular status

SN GASTROINTESTINAL INTERVENTIONS:
Assess/Evaluate/Instruct Pt/Pcg: Management of constipation
Assess: Elimination status

SN PAIN INTERVENTIONS:
Assess: Level of pain (location/severity/acute or chronic)

The provider agency submitted several days' nursing notes with the prior authorization request. The narratives for each visit are as follows:

September 28, 2022: …Clients provider . . . [emailed] skilled nurse last night to discuss clients complaint of constipation times five days. Client reported to the doctor that he had no bowel movement however was able to pass gas. [Doctor] had concern for continued constipation resulting in a bowel obstruction. Clients doctor would like him to stop his Cogentin and

doxepin. At today's visit client reports that he did have a bowel movement late last night and is feeling relief. Bowel sounds assessed and are noted to be sluggish. Clients abdomen is slightly hardened. Reports no pain when palpating abdomen. Skilled nurse to clients doctor regarding positive bowel movement. Clients doctor reports that he is glad to hear that he did have one. Bowel medication's discussed with clients provider and doctor . . . would like to avoid putting him on bowel medication's at this time due to his Crohn's disease and would like to continue to encourage fiber intake instead. Client is educated on increasing water intake as well as ambulation as he frequently sits at home. Education provided on the benefits of increasing walking on a daily basis to help with constipation. Client is also encouraged to communicate more with skilled nurse as he frequently will tell skilled nurse that he has no complaints and will only tell his doctor. Morning medication is administered after assessment of patient and verification of medication's. Client denies any adverse reactions. Denies any signs of symptoms of COVID-19. Next skilled nursing visit tomorrow morning. Will continue to monitor patient for mood, behavior and safety [sic]. (Exhibit 4 at 19)

September 29, 2022: … I [sic] client reports that he had another bowel movement yesterday and is reporting relief from multiple days of constipation. Client continues to be educated on increasing ambulation and water intake as well as increasing natural fiber intake. Client makes poor nutritional choices and continues to require education on the importance of proper diet and exercise to help assist with constipation. Bowel sounds present and abdomen is soft and nontender. Weekly medication planner is prepared by skilled nurse. Morning medication is administered after assessment of patient and verification of medication's. Client denies any adverse reactions. Client attended Clozaril clinic yesterday. Client is a prepoured until next skilled nursing visit tomorrow morning. Will continue to monitor patient for mood, behavior and safety [sic]. (Exhibit 4 at 22)

September 30, 2022: Client with new medication order for ambien 5mg at bedtime. Client is aware of new medication. Skilled nurse educated patient on the importance of taking his medication prior to bedtime and the importance to monitor for signs and symptoms of adverse reactions to the medication. Client verbalizes understanding. Client also understanding of the medication being a narcotic. Client is educated on the addictive qualities of the medication. Further education required due to disorganized thought process and forgetfulness. Morning medication is administered after assessment of patient and verification of medication's. Client denies any adverse reactions. Next skilled nursing visit scheduled for Sunday morning. Client is a prepoured until then. Will continue to monitor patient for mood, behavior and safety [sic]. (Exhibit 4 at 25)

October 2, 2022: Patient greets nurse this morning quiet but appropriate. Patient reports he was sleeping upon nurse arrival and plans to go back to sleep after nursing visit this morning. His mood is pleasant and he is interacting appropriately with nurse this morning. Patient ambulates to the kitchen to retrieve a glass of water for nursing visit and sits at the dining room table. He is cooperative with vitals this morning, he has afebrile, patient reports compliance with his pre-poured medication denying any adverse effects. Patient is not exhibiting any signs of psychiatric decompensation at this time. His mood is appropriate and he is interacting

> pleasantly with nurse this morning. Patient identifies name and date of birth which is verified against medication list. Meds administered per POC after assessment of patient and verification of medication. No adverse reactions noted or reported after administration. Lockbox secure at beginning of visit and medications returned to lockbox at end of visit. No signs of psych decompensation at time of visit. Patient educated on preventing viral transmission, hand washing techniques and proper hygiene, verbalizes understanding and is capable of performing independently. Standard precautions performed by nurse [sic]. (Exhibit 4 at 27)
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> October 3, 2022: …Patient was just waking up upon arrival. Reports his weekend went well and he did not do anything. Skilled nurse assesses clients adjustment to his new medication, Ambien. Client reports that he had an improved sleep with Ambien and denies any adverse reactions. Client is educated on continuing to monitor for signs and symptoms of adverse reactions as he just started it Friday night. Client verbalizes understanding. Client is also encouraged to increase communication with skilled nurse as he frequently will not inform skilled nurse of any complications he is having. Morning medication is administered after assessment of patient and verification of medication's. Client denies any adverse reactions. Client is a prepoured until next visit on Wednesday morning. Denies any signs or symptoms of COVID-19. Will continue to monitor patient for mood, behavior and safety [sic]. (Exhibit 4 at 29)

The MassHealth nurse testified that the appellant has had one skilled nursing visit per week since he began receiving home health services in June 2020, and that his medication administration visits have been reduced over that time from six to four per week. She pointed out that the nursing notes for the period of September 28 through October 3, 2022, reflect that the appellant's vital signs have been consistently stable, that he has not had any hospitalizations or decompensation, that he has been compliant with blood work, and that the nurse has administered his medications in the morning and pre-poured his afternoon and evening medications. She pointed out that the notes also indicate the appellant is cooperative with taking his medications, which are stored in a lock box. See Exhibit 4 at 18-30. She contended that the appellant has been stable and at his baseline with one skilled nursing and four MAVs per week, and that there is no medical necessity to change the regimen to all skilled nursing visits.

The appellant was represented by two nurses from the provider agency. They argued that the appellant requires a skilled nursing assessment and oversight, not simply a medication administration visit, for each of the five days requested. The nurses emphasized that he was hospitalized for suicidal ideation, delusions, and paranoia three times between November 2019 and July 2020, prior to starting home-based services with the provider agency. They pointed out that he has been reported to be forgetful, depressed, and anxious, with impaired concentration and judgment. The nurses stated that an MAV is defined as a nursing visit for the "sole purpose" of administering medications, and argued that the appellant requires more from each nursing visit than just assistance with medications. For example, they pointed out that skilled nursing notes for a visit on September 28, 2022, the nurse conducting the visit evaluated the appellant for constipation (listening to bowel sounds and palpating the abdomen), as he had reported he had not had a bowel

movement in five days and there was concern it could lead to a bowel obstruction. The nurse, who had communicated with the physician about the treatment plan, discontinued two medications and educated the appellant about increasing water intake and exercise. See Exhibit 4 at 18-19.

The appellant's representatives also pointed to nursing notes from the following day, September 29, 2022, which reflect a similar assessment of the appellant's signs and symptoms. At this visit, the nurse again completed a gastrointestinal assessment and educated the appellant on the importance of proper diet and exercise to assist with constipation. See Exhibit 4 at 21-22. The notes from the following day, September 30, 2022, indicate the nurse educated the appellant on taking a new medication and how to monitor for adverse reaction, and that "further education [was] required due to disorganized thought process and forgetfulness." See Exhibit 4 at 24-25.

The appellant's representatives argued that these nursing visits are not MAVs, as the nurses address other medical issues that are unrelated to medications. In addition, they maintained that the appellant requires ongoing education and assessment related to his mental illness. They emphasized that MAVs are for the sole purpose of administering medications, and that these visits go beyond that basic function. They testified that they have always treated the appellant's visits as full skilled visits rather than MAVs, and that he has been safe in the community with the support of these services.

The MassHealth representative responded that MAVs include the actual administration of medications, documenting the medications dispensed, and observing for and reporting any adverse reactions. She stated that a skilled nursing visit is longer and much more detailed than an MAV, and would include such interventions as management of a Foley catheter, wound care, or administering IV or injectable medications. She added that educating the patient is part of any nursing visit, whether it is an MAV or a full skilled visit. The nurse emphasized that the appellant has been doing well with one skilled visit and four MAVs per week, which is what the provider agency has requested in the past. She pointed out that the appellant does not have nursing services seven days a week, and questioned why he would need enhanced services when he is able to manage without any nursing services the other two days. The MassHealth nurse also stated that the agency can request a temporary increase in the number of skilled visits if the appellant has an acute change in his status, but she maintained that the records do not indicate that he needs five skilled nursing visits every week.

Findings of Fact

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

1. The appellant is a male in his late 30s with a primary diagnosis of schizoaffective disorder, bipolar type.

2. On October 12, 2022, the appellant's home health provider submitted a prior authorization request to MassHealth for skilled nursing services for the period of October 16 through December 17, 2022. The agency requested skilled nursing visits five times

per week.

3. MassHealth modified the request to approve one skilled nursing visit and four medication administration visits per week. This is the same level of services the appellant had in the previous prior authorization period.

4. The nursing interventions set forth in the current plan of care include administering medications; pre-filling the weekly mediplanner; pre-pouring medications; assessing compliance with MD-ordered medications; assessing compliance around blood draws; assessing vital signs; maintaining the medication lock box; coordinating care with interdisciplinary team; providing education content at patient's level of health literacy; assessing for behaviors and thoughts of harm to self and others; assessing and educating regarding anxiety, nutrition, hygiene, sleep, ADLs, psychiatric triggers; evaluating affect, appearance, mood, functional status, judgment/insight, depression/mania, and mental status; assessing cardiovascular status, elimination status, and level of pain.

5. The nursing notes for five days in September and October 2022 indicate the nurse administered the appellant's morning medications and pre-poured his medications until the next nursing visit, assessed him for compliance and effectiveness of the medications, and educated him on possible side effects. The nurse also took his vital signs and assessed his mental status. At the first two visits, the nurse assessed him for complaints of constipation by checking his bowel sounds and palpating his abdomen, and educated him on improvements to his diet and exercise routines.

Analysis and Conclusions of Law

MassHealth will pay a provider only for services that are medically necessary. Pursuant to 130 CMR 450.204(A), as 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 MassHealth. Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth 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.

MassHealth must also abide by medical necessity guidelines that are specific to home health services. Home health services are skilled and supportive care services provided in the member's home to meet skilled care needs and associated activities of daily living to allow the member to safely stay in their home. Home Health Services incorporate a wide variety of skilled healthcare

and supportive services provided by licensed and unlicensed professionals that assist people with health conditions or disabilities to carry out everyday activities. These services are designed to meet the needs of people with acute, chronic and terminal illnesses or disabilities, who without this support might otherwise require services in an acute care or residential facility. See Exhibit 4, *Guidelines for Medical Necessity Determination for Home Health Services*.

The regulations governing nursing services are found at 130 CMR 403.415, and provide in relevant part as follows:

(A) Conditions of Payment. Nursing services are payable only if all of the following conditions are met:

(1) there is a clearly identifiable, specific medical need for nursing services;

(2) the services are ordered by the member's physician or ordering non-physician practitioner and are included in the plan of care;

(3) the services require the skills of a registered nurse or of a licensed practical nurse under the supervision of a registered nurse, in accordance with 130 CMR 403.415(B);

(4) the services are medically necessary to treat an illness or injury in accordance with 130 CMR 403.409(C); and

(5) prior authorization is obtained where required in compliance with 130 CMR 403.410.

(B) Clinical Criteria.

(1) A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, to be safe and effective, considering the inherent complexity of the service, the condition of the patient, and accepted standards of medical and nursing practice.

(2) Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered or licensed nurse can safely and effectively provide the service.

(3) When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct supervision of a registered or licensed practical nurse, the service is not considered a nursing service, unless there is no one trained, able, and willing to provide it.

(4) Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered nurse of licensed practical nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety, or avoiding deterioration.

(5) Medical necessity of services is based on the condition of the patient at the time the services were ordered and what was, at that time, expected to be appropriate treatment throughout the certification period, and the ongoing condition of the member throughout the course of home care.

(6) A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

(7) Medication Administration Visit. A nursing visit for the sole purpose of administering medication and where the targeted nursing assessment is medication administration and patient response only may be considered medically necessary when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or the task of the administration of medication, including the route of administration, requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication

In conjunction with these regulatory provisions, MassHealth's Guidelines for Medical Necessity Determination for Home Health Services detail the clinical criteria for each type of home health service. These include "intermittent" skilled nursing visits, which are defined as follows:

Intermittent skilled nursing refers to direct skilled nursing services that are needed to provide a targeted skilled nursing assessment for a specific medical need, and/or discrete procedures and/or treatments to treat the medical need. Intermittent skilled nursing visits are typically less than two consecutive hours, are limited to the time required to perform the designated procedures/treatments, and are based on the member's needs, whether the illness or injury is acute, chronic, terminal, or expected to extend over a period of time.

Intermittent skilled nursing services may be considered medically necessary when the member's medical condition requires one or more of the following:

i. evaluation of nursing care needs;
ii. development and implementation of a nursing care plan and provision of services that require the following specialized skills of a nurse:
    a) skilled assessment and observation of signs and symptoms;
    b) performing skilled nursing interventions including administering skilled treatment ordered by the prescribing practitioner;
    c) assessing patient response to treatment and medications;
    d) communicating changes in medical status to the prescribing practitioner; and
    e) educating the member and caregiver

Intermittent skilled nursing services can be provided when the member requires treatment that falls within the scope of nursing practice and is required in Massachusetts to be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse; or when the member requires treatment at a level of complexity and sophistication that can only be safely and effectively performed by a Licensed Registered Nurse or a Licensed Practical Nurse working under the supervision of a Registered Nurse.

Medication administration may occur as part of an intermittent skilled nursing visit for the purpose of the administration of medications ordered by the prescribing practitioner that

generally requires the skills of a licensed nurse to perform or teach a member or caregiver to perform independently.

The guidelines define a "Medication Administration Skilled Nursing Visit" as a skilled nursing visit solely for the purpose of administrating medications (other than intravenous medication or infusion administrations) ordered by the prescribing practitioner. The guidelines set forth the following provisions regarding medication administration visits:

i. Medication administration services may be considered medically necessary when medication administration is prescribed to treat a medical condition; no able caregiver is present; the task requires the skills of a licensed nurse; and at least one of the following conditions applies:
   a. The member is unable to perform the task due to impaired physical or cognitive issues, or behavioral and/or emotional issues;
   b. The member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition.

ii. Medication administration of the medication, documentation of that administration, observing for medication effects both therapeutic and adverse, and reporting adverse effects to the ordering practitioner. Intramuscular, subcutaneous, and other injectable medication administrations are considered skilled nursing tasks and will be treated as medication administration visits. Visits for medication administration via routs other than intravenous, intramuscular and/or subcutaneous including inhalers, nebulized medications, eye drops or topical medications will be considered as a medication administration visit only when the conditions below in [iii] are met.

iii. Certain medication administration tasks are not considered skilled nursing tasks, unless the complexity of the member's condition or medication regiment [sic] requires the observation and assessment of a licensed nurse to safely perform. Such conditions include:
   a. Administration of oral, aerosolized, eye, ear and topical medication, which requires the skills of a licensed nurse only when the complexity of the condition(s) and/or nature of the medication(s) require the skilled observation and assessment of a licensed nurse and/or the member/caregiver is unable to perform the task.
   b. Filling of weekly/monthly medication box organizers, which requires the skills of a licensed nurse only when the member/caregiver is unable to perform the task.

iv. Members receiving medication administration visits should be provided, at a minimum, one skilled nursing visit every 60 days to assess the plan of care and the member's ongoing need for medication administration visits. Home health providers must request any additional skilled nursing visits along with their request for medication administration visits. The authorized number of skilled nursing visits

will be determined based on medical necessity and submitted supporting documentation.

v. Documentation of Medication Administration for Intermittent Skilled Nursing Visits and Medication Administration visits: Documentation requirements include the time of the visit; drug identification; dose, and rout/or reference to the member's medication profile as ordered by the physician; teaching as applicable; documentation indicating that teaching was unsuccessful or unnecessary and why further teaching is not reasonable; the member's response to the medication/s and the signature of the licensed nurse administering the medication. Documentation of skilled procedures performed in addition to medication administration during an intermittent skilled nursing visit should also occur. (Exhibit 4 at 42-43)

At issue in this case is a prior authorization request from the appellant's home health agency for five skilled nursing visits per week. MassHealth modified the request to allow one skilled nursing visit and four medication administration visits per week, maintaining the level of services that is already in place. MassHealth contends that the appellant has been stable with the current services and that there is no medical necessity to change the MAVs to full skilled nursing visits. The appellant's representatives argue not that his condition has worsened, but rather that the care the nurses already provide is more akin to a skilled nursing visit than an MAV.

As set forth in the regulations above, a medication administration visit is defined as a skilled nursing visit that is "for the sole purpose of administering medication and where the targeted nursing assessment is medication administration and patient response only." Pursuant to the guidelines, MAV tasks include administering the medication, documenting that administration, observing for medication effects both therapeutic and adverse, and reporting adverse effects to the ordering practitioner.

In this case, the record indicates that the services provided by the home health nurses go beyond these MAV-defined tasks. While a large part of the nursing here does involve tasks related to the appellant's medications – administering and organizing the medications, assessing for therapeutic benefit and side effects, and educating the appellant as to their proper use and possible risks – this is not the *sole* purpose of the appellant's in-home nursing care. Consistent with the tasks listed in the plan of care, the nurses also, for example, complete regular assessments of his mental health and functional status, take his vital signs, and provide hands-on examinations where indicated.[1] They also provide education and instruction on topics unrelated to medication administration (such as behavioral modifications aimed at helping his gastro-intestinal problems), and sometimes have to provide repeated instruction due to the appellant's disorganized thought process and forgetfulness. Overall, the nursing notes make clear that the scope of the tasks the nurses perform is not strictly

[1] Though it is not clear from the record how often these abdominal (or other) hands-on assessments may be needed, the inclusion of "SN Gastrointestinal Interventions" as a category in the plan of care suggests the appellant may have recurring GI issues that require regular attention from the nurse.

limited to medication administration. Accordingly, the record supports the appellant's request for five skilled nursing visits per week as requested.

This appeal is therefore approved.

Order for MassHealth

Approve the appellant's request for prior authorization of home health services for the period of October 16 through December 17, 2022.

Implementation of this Decision

If this decision is not implemented within 30 days after the date hereon, you should contact MassHealth. If you experience further problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Office of Medicaid, at the address on the first page of this decision.

Rebecca Brochstein
Hearing Officer
Board of Hearings

cc: Optum/MassHealth Prior Authorization Unit

[redacted]