

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501277
Decision Date:	4/15/2025	Hearing Date:	02/26/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Nelly Rodriguez, 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:	Denied	Issue:	Prior Authorization, Home Health Services
Decision Date:	4/15/2025	Hearing Date:	02/26/2025
MassHealth's Rep.:	Nelly Rodriguez	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Telephonic		

Authority

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

Through a notice dated 1/9/25, MassHealth modified the appellant's prior authorization for MassHealth home health services (HHS) because MassHealth determined they were a duplication of services. (130 CMR 450.303 and Exhibit 1). The appellant filed this appeal in a timely manner on 1/21/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant's request for home health services (HHS).

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, in determining that the HHS requested by the appellant were a duplication of services.

Summary of Evidence

A prior authorization (PA) request dated 12/10/24 was submitted by Century Homecare, LLC, on behalf of the appellant. The PA requested 1 skilled nursing visit (SNV) every week, and 1 medication administration visit every day. The dates of service are from 1/8/2025 to 7/6/2025.

The appellant is over the age of 65 and lives alone. The appellant's primary diagnoses are major depressive disorder and Type 2 diabetes. (Exhibit 5). The MassHealth representative testified that MassHealth approved 1 SNV per week to prefill the appellant's medication box. The MassHealth representative testified that MassHealth denied the request for medication administration visits (MAVs) because this is a duplication of services. The MassHealth representative testified that the appellant also has PCA services, and medication administration assistance was approved under the PCA program. The MassHealth representative testified that the appellant has 63 hours and 15 minutes per week of PCA services, which includes medication administration 3 times per day, insulin injections 4 times per day, and glucose testing 4 times per day. The MassHealth representative testified that SNVs and HHA services are authorized only if they are medically necessary. The MassHealth representative testified that MassHealth will not pay for both PCA services and HHA services that are duplicative.

The appellant testified that she has a PCA, but the PCA will not administer her insulin injections. The appellant testified that she has difficulty remembering to take her medication, which is why she requires assistance.

The MassHealth representative testified that the appellant can request an adjustment of her PCA services to remove time requested and received for medication administration, and then the services will not be duplicative.

Findings of Fact

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

1. On 12/10/24, a PA request was submitted by [REDACTED] on behalf of the appellant.
2. The PA requested 1 SNV every week, and 1 medication administration visit every day.
3. The dates of service are from 1/8/2025 to 7/6/2025.
4. The appellant is over the age of 65 and lives alone.
5. The appellant's primary diagnoses are major depressive disorder and Type 2 diabetes.

6. MassHealth approved 1 SNV per week to prefill the appellant's medication box.
7. MassHealth denied the request for MAVs because this is a duplication of services.
8. The appellant also has PCA services, and medication administration was approved for the appellant under the PCA program.
9. The appellant has 63 hours and 15 minutes per week of PCA services, which includes medication administration 3 times per day, insulin injections 4 times per day, and glucose testing 4 times per day.
10. SNVs and HHA services are authorized only if they are medically necessary. MassHealth will not pay for both PCA services and HHA services that are duplicative.
11. The appellant can request an adjustment of her PCA services to remove time requested and received for medication administration, and then the services will not be duplicative.

Analysis and Conclusions of Law

On 12/10/24, a PA request was submitted by [REDACTED] on behalf of the appellant, requesting 1 SNV every week, and 1 medication administration visit every day. The dates of service are from 1/8/2025 to 7/6/2025.

MassHealth approved 1 SNV weekly for prefilling the appellant's medication box, but denied the request for medication management visits because this service is a duplication of services provided by the appellant's PCA.

Pursuant to 130 CMR 450.204(A), 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 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.

130 CMR 403.416 defines Home Health Aide Services and under which conditions MassHealth will pay for those services.

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

- (1) home health aide services are medically necessary to
 - (a) directly support curative, rehabilitative, or preventative aspects of nursing or therapy services provided by the home health agency; and/or
 - (b) provide hands-on assistance throughout the task or until completion, with at least two activities of daily living (ADLs) defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.
- (2) the frequency and duration of the home health aide services must be ordered by the physician and must be included in the plan of care for the member;
- (3) the services are medically necessary to provide personal care to the member, to maintain the member's health, or to facilitate treatment of the member's injury or illness;
- (4) prior authorization, where applicable, has been obtained where required in compliance with 130 CMR 403.410; and
- (5) the home health aide is supervised by a registered nurse or therapist for nursing services or therapy services, respectively, employed or contracted by the same home health agency as the home health aide. In the event that the home health agency contracts for, rather than directly employs, home health aides, such aides must be supervised in accordance with 42 CFR § 484.80(h), and 130 CMR 403.419(C);

(6) all services provided by the home health aide must be delivered at the direction of the registered nurse or therapist supervising the home health aide. The individualized patient care instructions must be included in the member's plan of care or attached to the member's plan of care; and

(7) the home health aide has completed a training and competency evaluation program as specified in 42 CFR 484.80(a)(b)(c) and the servicing home health agency has documented the home health aide's competency in all subject areas as described in 42 CFR 484.80(b)(3) within the last 12 months.

(B) Payable Home Health Aide Services. Payable home health aide services include, but are not limited to:

(1) personal-care services; such as bathing, dressing, grooming, caring for hair, nail, and oral hygiene, which are needed to facilitate treatment or to prevent deterioration of the member's health, changing the bed linen, shaving, deodorant application, skin care with lotions and/or powder, foot care, ear care, feeding, assistance with elimination, routine catheter care, and routine colostomy care;

(2) simple dressing changes that do not require the skills of a registered or licensed nurse;

(3) medication reminders for medications that are ordinarily self-administered and that do not require the skills of a registered or licensed nurse;

(4) assistance with activities that are directly supportive of skilled therapy services; and

(5) routine care of prosthetic and orthotic devices.

(C) Payable Home Health Aide Services for ADL Supports Only. Home health aide services for ADL supports are only reimbursable if the member has two or more ADL needs that require hands-on assistance. This service requires a non-skilled nursing visit for assessment of the member and assessment and supervision of the home health aide care plan once every 60 days. Payable home health aide

services for ADL supports only include:

- (1) hands-on assistance with ADLs as described in 130 CMR 403.402;
- (2) IADL support services provided incidental to hands-on ADL assistance;
- (3) monitoring or supervision provided incidental to or concurrently with hands-on ADL support;
- (4) personal care services as described in 130 CMR 403.416(B)(1) if provided in addition to hands-on ADL support as described in 130 CMR 403.402.(D) Incidental Services.

When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing trash). However, the purpose of a home health aide visit must not be to provide these incidental services, since they are not health-related services.

(D) Nonpayable Home Health Aide Services. The MassHealth agency does not pay for homemaker, respite, or chore services provided to any MassHealth member in the absence of ADL needs. It is not permissible for home health agencies to bill MassHealth for home health aide services for the primary purpose of providing nonpayable home health aide services, or incidental services as described in 130 CMR 403.416(E). Additionally, home health aide services are nonpayable for monitoring of anticipatory and unpredictable services.

(E) Incidental Services. When a home health aide visits a member to provide a health-related service, the home health aide may also perform some incidental services that do not meet the definition of a home health aide service (for example, light cleaning, preparing a meal, removing trash). However, the purpose of a home health aide visit must not be to provide these incidental services and home health aide visits are not reimbursable if used to primarily conduct incidental services, since they are not health-related services.

The MassHealth *Guidelines for Medical Necessity Determination for Home Health Services* identifies the clinical information that MassHealth uses to determine medical necessity for HHS. These Guidelines are based on generally accepted standards of practice, review of medical literature, and federal and state policies and laws applicable to the Medicaid programs.

Section 2: Clinical Guidelines

B: NONCOVERAGE

MassHealth does not consider home health services to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The service replicates concurrent services provided in a different setting with similar treatment goals, plans, and therapeutic modalities.
2. **The service replicates concurrent services provided by a different provider in the same setting with similar treatment goals, plans, and therapeutic modalities.**
- ...

(emphasis added, truncated list for brevity)

The appellant has 63 hours and 15 minutes per week of PCA services, which includes medication administration 3 times per day, insulin injections 4 times per day, and glucose testing 4 times per day. If the appellant's PCA is not willing or able to perform medication administration, the appellant may request an adjustment of her current PCA authorization to remove time for medication administration, thus alleviating the duplication of services.

For this reason, the appeal is **denied**.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to court in accordance with Chapter

30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Christine Therrien
Hearing Officer
Board of Hearings

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