

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2503448
<b>Decision Date:</b>	5/22/2025	<b>Hearing Date:</b>	03/26/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Nellisette Rodriguez, 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

<b>Appeal Decision:</b>	DENIED	<b>Issue:</b>	Prior Authorization – Skilled Nursing Visits
<b>Decision Date:</b>	5/22/2025	<b>Hearing Date:</b>	03/26/2025
<b>MassHealth’s Rep.:</b>	Nellisette Rodriguez, RN	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy	<b>Aid Pending:</b>	Yes

### 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 February 24, 2025, MassHealth notified Appellant that her request for prior authorization for Skilled Nursing Visits (SNV) had been modified ([Exhibit A](#)). Appellant timely appealed the decision on February 28, 2025. Appellant received “Aid Pending” pending status forestalling the modification pending the outcome of this appeal (130 CMR 610.015(B); [Exhibit A](#)). Modification of a prior authorization request constitutes valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth modified Appellant’s request for SNV services.

### Issue

The issue on appeal is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it modified Appellant’s request for prior authorization for SNV and HHA services.

### Summary of Evidence

Both parties appeared by telephone. Prior to hearing, MassHealth field a packet of documentation (Exhibit B).

The MassHealth representative, a registered nurse who works for Optum, the contractor who makes the SNV decisions for MassHealth, testified that the agency received a request submitted by [REDACTED] on behalf of Appellant for nursing services. The request was received on 2/20/2025 and MassHealth made a decision on 2/24/2025.

The provider requested 1 skilled nurse visits with 3 PRN skilled nurse visits and Medication Administration Visits, 1 visit per week from 2/26/2025-5/25/2025. MassHealth approved Skilled Nurse Visits as requested and denied medication administration visits from 2/26/2025-5/25/2025.

According to the request, Appellant is a male in his [REDACTED] who is alert and oriented x3 with a primary diagnosis Type 2 diabetes mellitus. Appellant is not homebound. During the past certification period, there were no documented hospitalizations, ER visits or psychiatric emergency services (PES). There were no communication notes regarding any non-clinical or medical issues. Nursing notes indicate vital signs are all within normal limits per parameters set on 485 with no documentation of exacerbation of diagnosis (Exhibit B, pages 14-16). A narrative note states "Medications dispensed from lockbox, by skilled nurse compliance at skilled nurse visit prefilled until next skilled nurse visit. Patient denies any missed doses, side effects or adverse reactions. Vital signs assessed within normal limits blood glucose monitored. Patient denies any hypo/hyperglycemia patient educated on diabetic diet. Patient denies any pain discomfort or any GUGI issues." (Exhibit B, page 16). There is no documentation of missed doses during non-nursing visiting times.

According to MassHealth, the clinical documentation indicates that at this time, Appellant is stable. Due to Appellant's current status with no exacerbation of diagnosis and no signs or symptoms of decompensation, MassHealth initiated a wean of 1 visit weekly to promote continued independence. Providers have PRN SNV available to them and can expedite a PA to increase SN or MAV if Appellant shows non-compliance or decompensates.

An employee of Appellant's provider, [REDACTED] represented Appellant. Appellant's representative testified that Appellant's stability has been achieved with the 2 weekly nursing visits and she fears that Appellant will decompensate if visits are reduced to only once per week. Upon questioning by the hearing officer as to what the nurses are doing for Appellant during their visits, Appellant's representative testified that the nurses coordinate care with Appellant's medical providers, pick up his medication at the pharmacy and consult with Appellant to ensure compliance. Appellant's representative explained that Appellant also has major depressive disorder, anxiety and autistic disorder which could impact his ability to

maintain his current stability. Appellant's representative acknowledged that Appellant's blood sugar and diabetes are stable at this time.

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. On 2/20/2025 MassHealth received a request submitted by [REDACTED] on behalf of Appellant for nursing services and MassHealth made a decision on 2/24/2025.
2. The provider requested 1 skilled nurse visits with 3 PRN skilled nurse visits and Medication Administration Visits (MAV), 1 visit per week from 2/26/2025-5/25/2025.
3. MassHealth approved Skilled Nurse Visits as requested and denied MAV visits from 2/26/2025- 5/25/2025.
4. Appellant is a male in his [REDACTED] who is alert and oriented x3 with a primary diagnosis Type 2 diabetes mellitus.
5. Appellant also has major depressive disorder, anxiety and autistic disorder.
6. Appellant is not homebound.
7. The nurses coordinate care with Appellant's medical providers, pick up his medication at the pharmacy and consult with Appellant to ensure compliance.
8. During the past certification period, there were no documented hospitalizations, ER visits or psychiatric emergency services (PES).
9. There were no communication notes regarding any non-clinical or medical issues.
10. Nursing notes indicate vital signs are all within normal limits per parameters set on 485 with no documentation of exacerbation of diagnosis (Exhibit B, pages 14-16).
11. A narrative note states "Medications dispensed from lockbox, by skilled nurse compliance at skilled nurse visit prefilled until next skilled nurse visit. Patient denies any missed doses, side effects or adverse reactions. Vital signs assessed within normal limits blood glucose monitored. Patient denies any hypo/hyperglycemia patient educated on diabetic diet. Patient denies any pain discomfort or any GUGI issues." (Exhibit B, page 16).
12. There is no documentation of missed doses during non-nursing visiting times.

13. At this time, Appellant is stable.
14. MassHealth initiated a wean of 1 visit weekly to promote continued independence.
15. Providers have PRN SNV available to them and can expedite a PA to increase SN or MAV if Appellant shows non-compliance or decompensates.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has not met his burden.

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.*

Masshealth medical necessity guidelines governing SNV services state in pertinent part:

### *c. Medication Administration Nursing Visits*

*A medication administration visit (MAV) is a nursing visit that is: 1) ordered by the prescribing practitioner; 2) where the primary purpose of the visit is the nursing intervention of administering medications and assessing the member's response to those administered medications. MAVs do not include intravenous medication or infusion administrations that, in accordance with b. above, are properly categorized as an Intermittent Skilled Nursing Visit.*

*i. Medication administration services may be considered medically necessary when:*

*1) medication administration is prescribed to treat a medical or behavioral health condition,*

*2) a member has no able caregiver present,*

*3) the task requires the skills of a licensed nurse, and*

***4) at least one of the following conditions apply.***

***a) The member is unable to perform the task due to impaired physical or cognitive issues, 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. An MAV visit includes administration of the medication, documentation of that administration, observing for medication effects both therapeutic and adverse, reporting adverse effects to the ordering practitioner and soliciting and addressing whatever questions or concerns the member may have.*

(Emphasis supplied).

Medical necessity has not been demonstrated for the MAV (130 CMR 450.204(A)(1)). According to documentation and testimony of both parties, Appellant is currently stable and there has been no documented incidents of medication non-compliance or decompensation. Appellant is able to take his medications and does so without any assistance on days when there is no nurse in the home. Accordingly, the required elements of section c(i)(4) stated in the medical necessity guideline governing the authorization of MAV's above, have not been met.

On this record, there is no basis in fact or law to overturn MassHealth's determination. The appeal is DENIED.

## **Order for MassHealth**

Remove Aid Pending and proceed with weaning of MAV services pursuant to subject notice.

## **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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:

[REDACTED]

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