

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2508949
<b>Decision Date:</b>	09/08/2025	<b>Hearing Date:</b>	07/02/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Susan Lebreux, 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 SNV MAV
<b>Decision Date:</b>	09/08/2025	<b>Hearing Date:</b>	07/02/2025
<b>MassHealth's Rep.:</b>	Susan Lebreux, RN	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy		

## 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 June 5, 2025, MassHealth modified Appellant's prior authorization requests for skilled nursing visits (SNV's) and medication administration visits (MAV's) ([Exhibit A](#)). Appellant filed for this appeal in a timely manner on June 12, 2025 (see 130 CMR 610.015(B) and [Exhibit A](#)). Modifying a prior authorization request constitutes valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth modified Appellant's prior authorization requests for SNV's and MAV's.

## Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it modified Appellant's prior authorization requests for SNV's and MAV's.

## Summary of Evidence

Both parties appeared by telephone. MassHealth submitted a copy of its prior authorization packet (Exhibit B). Appellant submitted no documentation other than the fair hearing request.

The Masshealth representative testified that the agency received a written prior authorization (PA) request submitted by Appellant's provider, [REDACTED] on behalf of Appellant for skilled nursing services. The request was received on 6/3/2025 and MassHealth made a decision on 6/5/2025.

The provider requested 1 skilled nurse visit per week with 3 PRN/as needed skilled nurse visits and Medication Administration Visits (MAV), 1 visit per week from 6/13/2025 to 9/12/2025. MassHealth approved Skilled Nurse Visits as requested and denied MAV visits 1 visit per week from 6/13/2025 to 9/12/2025.

According to the PA request, Appellant is an adult female in her early [REDACTED]'s who is forgetful and depressed, legally blind, with activity permitted as tolerated, with primary diagnosis of Alcohol abuse with alcohol-induced mood disorder, who has been on service with the provider since 1/31/2022. She is not homebound.

During this certification period, there were no documented hospitalizations, ER visits or psychiatric emergency services (PES). According to the nursing notes (see packet, Exhibit B) there were no communication notes regarding any non-clinical or medical issues. Vital signs are within normal limits per set parameters with no documentation of exacerbation of diagnosis. Appellant is seen between 10:30 am and 11:00 am and is currently on 8 am medication, 2 pm medications, and 1 PRN/as needed medication. Nursing notes do not indicate any non-compliance with any prefilled medications. There is no documentation of missed doses during non-nursing visiting times with notes reporting compliance with self-administration. Appellant is alert and oriented, no pain reported, with nursing prefilling medications, no documentation of nursing need for administration of these medications.

The Masshealth representative testified that at this time, documentation indicates that Appellant is following the Plan Of Care for medication administration. Due to her current status with no exacerbation of diagnosis and no signs or symptoms of decompensation, MassHealth denied medication administration visits and approved the skilled nurse visits 1 visit per week for medication prefill. MassHealth also approved 3 PRN (as needed) visits and can expedite a PA to increase skilled nurse or medication administration visits if member shows non-compliance or signs and symptoms of decompensation.

Appellant was represented by a registered nurse employed by Appellant's requesting provider. Appellant's representative testified that Appellant is deaf and legally blind and has knowledge

deficits concerning her medications. Appellant's representative testified that the attending nurses go to the pharmacy to pick up Appellant's medications, call in for refills for 11 medications as needed, and consult with Appellant's MDs as needed. Appellant's representative also noted that there are no care givers in the home and Appellant lives alone. Appellant's representative testified that Appellant would benefit from the weekly MAV visit to ensure compliance and safety.

## Findings of Fact

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

1. Masshealth received a written prior authorization (PA) request submitted by Appellant's provider, [REDACTED], on behalf of Appellant for skilled nursing services.
2. The request was received on 6/3/2025 and MassHealth made a decision on 6/5/2025.
3. Appellant's attending nurses go to the pharmacy to pick up Appellant's medications, call in for refills for 11 medications as needed and consult with Appellant's MDs as needed.
4. Appellant has no care givers in the home and Appellant lives alone.
5. The provider requested 1 skilled nurse visit per week with 3 PRN/as needed skilled nurse visits and MAV, 1 visit per week from 6/13/2025 to 9/12/2025.
6. MassHealth approved Skilled Nurse Visits as requested and denied MAV 1 visit per week from 6/13/2025 to 9/12/2025.
7. Appellant is an adult female in her early [REDACTED] who is forgetful and depressed, legally blind, with activity permitted as tolerated, with primary diagnosis of Alcohol abuse with alcohol-induced mood disorder, who has been on service with the provider since 1/31/2022; Appellant is not homebound.
8. During this certification period, there were no documented hospitalizations, ER visits or psychiatric emergency services (PES).
9. According to the nursing notes (Exhibit B): there were no communication notes regarding any non-clinical or medical issues; vital signs are within normal limits per set parameters with no documentation of exacerbation of diagnosis; Appellant is seen between 10:30 am and 11:00 am and is currently on 8 am medication, 2 pm medications, and 1 PRN/as needed medication; there is no documented non-compliance with any prefilled medications; and there is no documentation of missed doses during

non-nursing visiting times with notes reporting compliance with self-administration.

10. Appellant is alert and oriented, no pain reported, with nursing prefilling medications, no documentation of nursing need for administration of any medications.
11. At this time, documentation indicates that Appellant is following the Plan Of Care for medication administration.
12. Due to Appellant's current status with no exacerbation of diagnosis and no signs or symptoms of decompensation, MassHealth denied medication administration visits and approved the skilled nurse visits 1 visit per week for medication prefill.
13. MassHealth also approved 3 PRN (as needed) visits and can expedite a PA to increase skilled nurse or medication administration visits if member shows non-compliance or signs and symptoms of decompensation.

## **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 her burden.

The MassHealth *Guidelines for Medical Necessity Determination for Home Health Services* section A.3.c. states:

*A medication administration visit is a skilled nursing visit solely for the purpose of administering medications (other than intravenous medication or infusion administrations) ordered by the prescribing practitioner.*

- 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.**

(Exhibit B, page 32)

130 CMR 450.204: Medical Necessity:

*The MassHealth agency does 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) 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.*

This record supports MassHealth's determination. Given Appellant's diagnoses, past medical history and current limitations, one SNV is clearly needed to assist Appellant with preparing her weekly medication planner and to assess whether Appellant is taking her medications properly. Appellant has failed to demonstrate the need for a weekly MAV visit where the record shows that currently Appellant is in full compliance of self-administering her medications from the prefilled planner on the five days a week when there is no nursing visit and there has been no signs or symptoms of decompensation or exacerbations of her conditions.

On this record, Appellant has failed to meet her burden of demonstrating the invalidity of MassHealth's action. For the foregoing reasons, 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.

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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:

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