

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2508953
Decision Date:	09/08/2025	Hearing Date:	07/02/2025
Hearing Officer:	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

Appeal Decision:	DENIED	Issue:	Prior Authorization SNV MAV
Decision Date:	09/08/2025	Hearing Date:	07/02/2025
MassHealth's Rep.:	Susan Lebreux, RN	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy	Aid Pending:	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 June 6, 2025, MassHealth modified Appellant's prior authorization request 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 (PA) packet (Exhibit B). Appellant submitted no documentation other than the fair hearing request.

The MassHealth representative testified that the agency received a written PA request submitted by [REDACTED] on behalf of Appellant for nursing services. The request was received on 6/3/2025 and MassHealth made a decision on 6/5/2025.

Appellant's provider requested 1 skilled nurse visit (SNV) per week with 3 PRN skilled nurse visits and Medication Administration Visits (MAV), 1 visit per week from 6/12/2025 to 9/11/2025. MassHealth approved SNVs as requested and denied MAVs from 6/12/2025 to 9/11/2025.

According to the PA request, Appellant is a male in his [REDACTED], oriented with depression primary diagnosis Schizoaffective Disorder, secondary diagnosis of Bipolar Disorder. Appellant is not homebound. Appellant has been on service with his provider since 5/9/2023. Appellant is ordered for 6 medications: 1 in am, 1 in pm, 1 at bedtime, 1 at 2x/day, 2 at 3x/day.

During this 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 set parameters with no documentation of exacerbation of diagnosis. Appellant is seen between 10:30 and 11:00 am with nursing administering am medication and prefilling medications until next nursing visit. Documentation reports Appellant is alert and oriented, and self-reports no problems with mental status. Nursing notes indicate that Appellant makes eye contact, long and short-term memory intact, neat/appropriate, difficulty with coping skills due to anxiety and knowledge deficit. Nursing notes do not indicate non-compliance with any medications since the previous nursing visit. There is no documentation of missed doses during non-nursing visiting times. In the nursing summary there is a note concerning non-compliance, but no detail is provided as to when and the effect on Appellant's health/mental status. There is no documentation of exacerbation or signs and symptoms of decompensation.

Based on the documentation of care, MassHealth concluded that at this time, Appellant is able to function and follow the Plan of Care concerning medication compliance; therefore, MassHealth denied the request for MAV's while approving to continue with the weekly SNV along with the 3 PRN's. The MassHealth representative testified that the agency can expedite a PA to increase SNV or MAV if Appellant shows non-compliance or signs and symptoms of decompensation.

Appellant was represented by a registered nurse employed by his provider. Appellant's representative testified that the nurses cannot effectively manage on only one visit per week

given that Appellant is on a significant regimen of psychiatric medications. Appellant's representative testified that the nurses currently fill Appellant's medication planner, pick up his medications from the pharmacy, call in refills as needed and consult with Appellant's physicians as needed. Appellant's representative also noted that the nursing summary did note a history of non-compliance, but when asked about the missing specifics as to when, duration and effects, Appellant's representative stated she could not provide the specifics and acknowledged that the non-compliance was not recent.

Findings of Fact

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

1. MassHealth received a written PA request submitted by [REDACTED] on behalf of Appellant for nursing services.
2. The request was received on 6/3/2025 and MassHealth made a decision on 6/5/2025.
3. Appellant's provider requested 1 skilled nurse visit (SNV) per week with 3 PRN skilled nurse visits and Medication Administration Visits (MAV), 1 visit per week from 6/12/2025 to 9/11/2025.
4. MassHealth approved SNVs as requested and denied MAVs from 6/12/2025 to 9/11/2025.
5. Appellant is a male in his [REDACTED] oriented with depression primary diagnosis Schizoaffective Disorder, secondary diagnosis of Bipolar Disorder; he is not homebound; he has been on service with his provider since 5/9/2023 and ordered for 6 medications: 1 in am, 1 in pm, 1 at bedtime, 1 at 2x/day, 2 at 3x/day.
6. Appellant's nurses fill Appellant's medication planner, pick up his medications from the pharmacy, call in refills as needed, and consult with Appellant's physicians as needed.
7. During this certification period, there were no documented hospitalizations, ER visits, or psychiatric emergency services (PES).
8. There are no communication notes regarding any non-clinical or medical issues.
9. Nursing notes indicate vital signs are all within normal limits per set parameters with no documentation of exacerbation of diagnosis.
10. Appellant is seen between 10:30 and 11:00 am with nursing administering morning medication and prefilling medications until next nursing visit.

11. Documentation reports Appellant is alert and oriented, and self-reports no problems with mental status.
12. Nursing notes indicate that Appellant makes eye contact, long and short-term memory intact, neat/appropriate, difficulty with coping skills due to anxiety and knowledge deficit.
13. Nursing notes do not indicate non-compliance with any medications since the previous nursing visit.
14. There is no documentation of missed doses during non-nursing visiting times.
15. In the nursing summary there is a note concerning non-compliance, but no detail is provided as to when and the effect on Appellant's health/mental status.
16. Incidents of medication non-compliance are not recent.
17. There is no documentation of exacerbation or signs and symptoms of decompensation.
18. Based on the documentation of care, MassHealth concluded that at this time, Appellant is able to function and follow the Plan of Care concerning medication compliance; therefore, MassHealth denied the request for MAV's while approving to continue with the weekly SNV along with the 3 PRN's.
19. MassHealth can expedite a PA to increase SNV or MAV if Appellant 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 his 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 his weekly medication planner and to assess whether Appellant is taking his 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 his 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 his conditions.

On this record, Appellant has failed to meet his 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings


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