

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510491
<b>Decision Date:</b>	10/14/2025	<b>Hearing Date:</b>	August 26, 2025
<b>Hearing Officer:</b>	Stanley Kallianidis		

**Appellant Representative:**



**MBHP Representatives:**



*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>	Massachusetts Behavioral Health Partnership Appeals
<b>Decision Date:</b>	10/14/2025	<b>Hearing Date:</b>	August 26, 2025
<b>MBHP Reps.:</b>	[REDACTED]	<b>Appellant Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Telephonic	<b>Aid Pending:</b>	No

## Authority

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

## Jurisdiction

On June 27, 2025, the appellant received notice of an internal Level 1 appeal denial from the Massachusetts Behavioral Health Partnership (MBHP) for an additional 9 weekly hours of Applied Behavior Analysis (ABA) therapy (Exhibit 1). The appellant appealed the action in a timely manner on July 26, 2025 (130 CMR 610.015(B); Exhibit 2). The denial of MBHP services is valid grounds for appeal (130 CMR 610.032).

Notice of the hearing was sent to the parties on August 5, 2025 (Exhibit 3).

## Action Taken by MBHP

The MBHP denied the appellant's request for coverage of an additional 9 weekly hours of ABA therapy.

## Issue

Was the MBHP correct in denying the appellant's prior authorization request due to a lack of medical necessity?

## Summary of Evidence

The Utilization Review representative from MBHP testified that the appellant's request for an additional 9 hours of ABA therapy for the period May 20, 2025 to November 20, 2025 was denied due to a lack of medical necessity (Exhibit 1). Initially, the appellant requested 29 hours and was approved for 18 hours. After review of the internal appeal, on May 27, 2025 the appellant was approved for 20 hours of ABA therapy (Exhibit 2).

The appellant is a [REDACTED] with a primary diagnosis of autism spectrum disorder. The MBHP representative explained that ABA therapy helps children with autism with skills such as talking, learning, playing and daily activities. The goal of ABA therapy is to help children function as independently as possible. The request was determined to not be medically necessary because a review of the clinical information submitted by the appellant's provider did not indicate the presence of any dangerous or high risk behaviors. The medical evidence did show that the appellant had tantrums, but only when the appellant was denied access or directed to transition. She testified further that his baseline was not measurable on tantrum (Exhibit 4, MBPH packet).

The medical director for MBHP, [REDACTED], testified that she agreed that the approval for 20 hours of ABA therapy is what is medically necessary for the appellant. The basis for the approval is that the appellant has a defect in manding, i.e., verbally communication his wants and needs, and tacting, i.e., identifying objects, sights and sound. However, she explained that while some of the appellant's maladaptive behaviors require ABA therapy, such as his lack of communication, some others, such as tantrums, are age appropriate (Id.).

[REDACTED] also with MBHP, stated that the additional 9 hours requested for ABA therapy lacked clinical justification. He stated that more information would be needed in order to approve more than the allotted 20 hours weekly. Specifically, the appellant would have to demonstrate goals for his defects, show evidence of high risk behavior, and evidence that he was able to tolerate additional hours of ABA therapy (Id.)

[REDACTED], the appellant's representative, testified that the requested 29 hours of ABA therapy are medically necessary as they meet clinical criteria for approval. She stated that the clinic would be the setting for the best outcome of the appellant.

[REDACTED] noted the appellant's diagnosis of autism spectrum disorder and his inability to communicate with his caregivers due to his condition. She testified that the appellant exhibits disruptive behaviors that interfere with his daily activities. He is unable to eat on his own, does

not cooperate with hands and face washing, and relies on tantrums to have his needs known. The appellant's frequent tantrums are what make the request for an additional 9 hours of ABA therapy medically necessary. She stated that the appellant's tantrums are worse than expected of a [REDACTED] his age (Exhibit 5, appellant packet).

In response to the testimony from the MBHP representatives, [REDACTED] testified that the appellant's provider has indeed identified manding and tacting goals, and there is no requirement stating how his baseline should be written. She deemed these tantrums to be significant behaviors that put him at risk for harm (Id.).

The appellant's mother testified that the appellant needs the additional 9 hours of ABA services requested because he is uncommunicative and needs 24 hour care.

## Findings of Fact

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

1. The appellant is a [REDACTED] with a primary diagnosis of autism spectrum disorder (Exhibit 4).
2. The appellant's request for an additional 9 hours of ABA therapy for the period May 20, 2025 to November 20, 2025 was denied due to a lack of medical necessity (Exhibit 1).
3. Initially, the appellant requested 29 hours and was approved for 18 hours. After review of the internal appeal, on May 27, 2025 the appellant was approved for 20 hours of ABA therapy (Exhibit 2).
4. ABA therapy helps children with autism with skills such as talking, learning, playing and daily activities. The goal of ABA therapy is to help children function as independently as possible (testimony).
5. The appellant has a defect in manding, i.e., verbally communicating his wants and needs, and tacting, i.e., identifying objects, sights and sound (Exhibit 4).
6. The appellant has tantrums when redirected or when trying to make his needs known (Exhibits 4 & 5).
7. Tantrums are appropriate behaviors in toddlers (testimony).
8. The appellant's tantrums are worse than expected of a [REDACTED] (Exhibit 5).
9. The appellant's baseline for his tantrums has not been established (testimony).
10. The record did not indicate the presence of any dangerous or high risk behaviors in the

appellant (Exhibits 4 & 5).

## Analysis and Conclusions of Law

The appellant's behavioral healthcare is managed by the Massachusetts Behavioral Health Partnership (MBHP). The appellant's behavioral provider, a member of MBHP, submitted a request for prior authorization for additional ABA therapy. This request was denied in part on the basis that it was not medically necessary.

Initially, the appellant requested 29 hours and was approved for 18 hours. After review of the internal appeal, on May 27, 2025 the appellant was approved for 20 hours of ABA therapy. The dispute is over the request for an additional 9 hours of ABA therapy.

- (A) A service is "medically necessary" if:
- (1) it is reasonably calculated to prevent, diagnose, prevent 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, or 517.007. See 130 CMR 450.204.

I have found that the appellant is a [REDACTED] with a primary diagnosis of autism spectrum disorder. He has a defect in manding, i.e., verbally communicating his wants and needs, and tacting, i.e., identifying objects, sights and sounds. He also has tantrums when redirected or when trying to make his needs known. While tantrums are appropriate behaviors in toddlers to an extent, the appellant's tantrums are worse than expected of a [REDACTED]

Based upon the evidence and testimony given at the hearing, however, I agree with the MBHP that the appellant has not demonstrated by a preponderance that an additional 9 hours of ABA therapy are medically necessary. First of all, a baseline for his tantrums has not been established, so their severity cannot be determined at this time. Also, there is no indication that the tantrums are worsening or increasing. Secondly, the main reason for the denial of the extra 9 hours of ABA therapy was that the clinical record did not show the appellant ever exhibiting any dangerous or high risk behavior. This basis of the denial was never a point of contention at the hearing.

In conclusion, the 20 hours of weekly ABA therapy are what is medically necessary for the appellant at this time.

The appeal is therefore denied.

## Order for MBHP

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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc:

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