

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



| | | | |
|-------------------------|----------------|-----------------------|------------|
| Appeal Decision: | Denied | Appeal Number: | 2511671 |
| Decision Date: | 11/3/2025 | Hearing Date: | 09/09/2025 |
| Hearing Officer: | Marc Tonaszuck | | |

Appearance for Appellant:




Appearance for MassHealth:

Nelisette Rodriguez, RN, 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 – Skilled Nursing Visits |
| Decision Date: | 11/3/2025 | Hearing Date: | 09/09/2025 |
| MassHealth’s Rep.: | Nelisette Rodriguez, RN, Optum | Appellant’s Rep.: |  |
| Hearing Location: | Quincy Harbor South | 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 07/29/2025, MassHealth informed the appellant that it modified his prior authorization (PA) request for Home Health Services (130 CMR 450.204; Exhibit 1). A timely appeal was filed on 08/08/2025 by the appellant (130 CMR 610.015; Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the appellant’s request for HHS¹ services.

Issue

¹ MassHealth’s Home Health Services (HHS) program includes, but is not limited to, skilled nursing visits (SNV), medication administration visits (MAV), and home health aides (HHA).

Did MassHealth correctly modify appellant's prior authorization request for HHS hours due to a lack of medical necessity?

Summary of Evidence

The MassHealth representative, a registered nurse who works for Optum, the contractor who makes the home health services (HHS) decisions for MassHealth, testified that on 07/23/2025, the appellant's prior authorization request was submitted by [REDACTED] (Provider) requesting one skilled nursing visits (SNV) per week from 08/05/2025 to 11/04/2025 with 3 PRN². The appellant is an adult who lives in the community with his family. He has diagnoses including schizophrenia, Bi-Polar Disorder, and Gastro-Esophageal Reflux Disorder (GERD).

On 07/29/2025, MassHealth modified the appellant's request for HHS to 1 skilled nursing visit (SNV) every other week, with 3 PRN visits. The MassHealth representative testified that the appellant's prior authorization (PA) request indicates that he has had no recent hospitalizations, he is not homebound, no recent medication changes, and he has had no recent psychological emergency services. The MassHealth representative reviewed the nursing notes that were included with the PA request from the Provider. The notes include information that the appellant's vital signs are within normal limits, he does not suffer from hallucinations or suicidal ideations. He has an issue with his sleep patterns; however, he has refused medications to assist him to sleep. The appellant requires nursing visits every three months to assist him with injectable medications. There are no new doctors' orders, and the appellant is compliant with his psychological appointments, and he is noted to be "stable." There are no physical issues noted in the nursing notes state that the appellant is "doing okay."

The MassHealth representative concluded that the documentation included with the appellant's PA does not support a weekly nursing visit. MassHealth approved 1 SNV every other week, with 3 additional visits, as needed.

The appellant was represented at the fair hearing by his advocate, who is employed by the Provider. She stated that the appellant was referred to the agency in October 2024. The advocate testified that the appellant is "very non-compliant with medications," He currently has one SNV per week, and he is "doing well – it works." The nurse is needed to give the appellant medications and assess his condition. The nurse assists the appellant to take his medications, oversee the effect of the medications, to monitor his vital signs, to monitor his mental status, and to coordinate the appellant's care with his physician. The appellant's advocate concluded that in her opinion, the appellant requires weekly SNVs. A modification to one SNV every other week would put the appellant's health at risk.

² PRN means "as needed."

Findings of Fact

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

1. The appellant is an adult who lives independently in the community with his family. He has diagnoses including schizophrenia, Bi-Polar Disorder, and Gastro-Esophageal Reflux Disorder (GERD) (Testimony; Exhibit 4).
2. On 07/23/2025, the appellant's prior authorization request was submitted by [REDACTED] (Provider) requesting one skilled nursing visits (SNV) per week, with 3 PRN, from 08/05/2025 to 11/04/2025 (Testimony; Exhibit 4).
3. On 07/29/2025, MassHealth modified the request for SNV to 1 visit every other week plus 3 PRN from 08/05/2025 to 11/04/2025 (Testimony; Exhibits 1 and 4).
4. On 08/08/2025, the appellant filed a timely request for a hearing with the Board of Hearings (Exhibit 2).
5. On 09/09/2025, a fair hearing was held before the Board of Hearings (Exhibit 3).
6. The appellant has had no recent hospitalizations, he is not homebound, no recent medication changes, and he has had no recent psychological emergency services (Testimony; Exhibit 4).
7. The notes include information that the appellant's vital signs are within normal limits, he does not suffer from hallucinations or suicidal ideations. He has an issue with his sleep patterns; however, he has refused medications to assist him to sleep (Testimony; Exhibit 4).
8. The appellant requires nursing visits every three months to assist him with injectable medications. There are no new doctors' orders, and the appellant is compliant with his psychological appointments, and he is noted to be "stable." There are no physical issues noted in the nursing notes state that the appellant is "doing okay" (Exhibit 4).

Analysis and Conclusions of Law

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 403.410: Prior-Authorization Requirements

(A) General Terms.

(1) Prior authorization must be obtained from the MassHealth agency or its designee as a prerequisite to receipt of home health services as described in 130 CMR 403.410(C) and 403.410(F), below. For all other home health services prior authorization must be obtained from the MassHealth agency or its designee as a prerequisite to payment after certain limits are reached, as described in 130 CMR 403.410. Without such prior authorization, the MassHealth agency will not pay providers for these services.

(2) Prior authorization determines only the medical necessity of the authorized service, and does not establish or waive any other prerequisites for payment such as member eligibility or resort to health insurance payment.

(3) Approvals for prior authorization specify the number of hours, visits, or units for each service that are medically necessary and payable each calendar week and the duration of

For members not enrolled in a managed care entity, prior authorization for any and all home health skilled nursing services is required whenever the services provided exceed one or more of the following PA requirements:

- (a) more than 30 intermittent skilled nursing visits in a 90 day period;
- (b) more than 240 home health aide units in a 90 day period; or
- (c) more than 30 medication administration visits in a 90 day period.

(See 130 CMR 403.410(B)(5).)

130 CMR 403.416: Home Health Aide 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 and are provided pursuant to skilled nursing or therapy services;
- (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 skilled 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).

(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) Nonpayable Home Health Aide Services. The MassHealth agency does not pay for homemaker, respite, or chore services provided to any MassHealth member.

(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.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." See *Andrews vs. Division of Medical Assistance*, 68 Mass. App. Ct. 228. Moreover, the burden is on the appealing party to demonstrate the invalidity of the administrative determination. See *Fisch v. Board of Registration in Med.*, 437 Mass. 128, 131 (2002); *Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn.*, 11 Mass. App. Ct. 333 , 334 (1981); *Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance*, 45 Mass. App. Ct. 386 , 390 (1998).

On 07/23/2025, the appellant's prior authorization request was submitted by [REDACTED] (Provider) requesting one skilled nursing visit (SNV) per week, with 3 PRN, from 08/05/2025 to 11/04/2025. On 07/29/2025, MassHealth modified the request for SNVs to 1 visit every other week plus 3 PRN from 08/05/2025 to 11/04/2025. MassHealth based its modification of SNVs on the information included with the PA. According to that documentation, the appellant has had no recent hospitalizations, he is not homebound, no recent medication changes, and he has had no recent psychological emergency services. The notes include information that the appellant's vital signs are within normal limits, he does not suffer from hallucinations or suicidal ideations. He has an issue with his sleep patterns; however, he has refused medications to assist him to sleep. The appellant requires nursing visits every three months to assist him with injectable medications. There are no new doctors' orders, and the appellant is compliant with his psychological appointments, and he is noted to be "stable." There are no physical issues noted in the nursing notes state that the appellant is "doing okay."

The appellant's advocate testified that the appellant is not compliant with his medication, and he needs SNVs once a week to monitor his medications, his mental status, his physical condition and to assist him to take the medications.

There is no evidence in the hearing record to show that more than 1 SNV every other week is medically necessary. There is some dispute about whether the appellant is compliant with his medications; however, even with 1 SNV per week, the appellant is left on his own to take his daily medications. There is no evidence to show that his condition will not improve with 1 SNV every other week. Accordingly, MassHealth's modification is supported by the material facts in the hearing record and the above regulations. This appeal is therefore denied.

Order for MassHealth

Release aid pending. Proceed with modification of SNVs.

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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

CC: [REDACTED]

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