

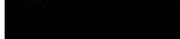
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511673
Decision Date:	11/3/2025	Hearing Date:	09/09/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	09/23/2025

Appearance for Appellant:

 Mother of Minor 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
Decision Date:	11/3/2025	Hearing Date:	09/09/2025
MassHealth’s Rep.:	Nelisette Rodriguez, RN, Optum	Appellant’s Rep.:	Mother of Minor Appellant
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, a minor child, 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’s mother and his home health services are protected at the current levels pending the outcome of this appeal (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).

A fair hearing was held before the Board of Hearings on 09/09/2025. At that time, the appellant’s representative requested an opportunity to submit documents in support of the appellant’s request for HHS. Her request was granted, and the record was held open until 09/16/2025 for the appellant’s submission and until 09/26/2025 for MassHealth’s response (Exhibit 5).

Action Taken by MassHealth

MassHealth plans to modify the appellant’s request for HHS¹ services.

¹ MassHealth’s Home Health Services (HHS) program includes, but is not limited to, skilled nursing visits (SNV),

Issue

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 decisions for MassHealth, testified that on 07/18/2025 the appellant's prior authorization request was submitted by [REDACTED] (Provider) requesting skilled nursing visits (SNV) 1 time every 60 days, and 4 hours and 30 minutes (4:30) of Home Health Aide (HHA) services every week. The dates of service are from 07/28/2025 to 09/26/2025. On 07/28/2025, MassHealth modified the request to 2:00 hours per day of HHA services, 5 days per week, plus 1 skilled nursing visit every 60 days.

The appellant is a young teen, who lives with his family in the community. He is "medically complex with longstanding urinary incontinence both day and night as well as chronic constipation. He has autism, [REDACTED] and [REDACTED] (Exhibit 4). In addition to the HHS services the appellant receives, he also has 21:30 hours per week of time approved for personal care attendant (PCA) services.

Eating

The appellant's Provider requested HHA time to assist him with eating. According to the documentation included with the PA, the appellant has a "history of aspiration" when he eats, he has GERD and frequently vomits. The documentation includes a report that the assessor observed the appellant eating a yogurt independently with a spoon and napkin. The MassHealth representative, a registered nurse, testified that no time was approved for assistance with eating. The MassHealth nurse explained that time is not approved for supervision or cueing, and that it is not an appropriate task for a HHA to feed someone who has a history of aspiration.

The appellant's mother testified that the PCA time is difficult to fill. She would like to cancel the PCA and fill those hours with a HHA.

Meal Preparation and Clean Up

The appellant's provider requested 70 minutes per day for assistance with meal preparation and clean up. The appellant needs assistance with breakfast, dinner and an after-school snack on school days. MassHealth approved 2 hours per day for assistance with meal preparation and clean up.

medication administration visits (MAV), and home health aides (HHA).

The appellant's mother testified that it takes 10 minutes to prepare a meal for the appellant. He "can't eat complicated food." The appellant "requires supervision while eating to prevent choking." He "needs encouragement."

Incidentals

The appellant's provider requested 120 minutes a day for assistance with cleaning, dressing, grooming, and toileting. MassHealth modified the request for HHA time to 30 minutes a day for incidentals. The MassHealth representative testified that the PCA is available to assist with this task and for a child of the appellant's age, meal preparation is a parental responsibility.

The appellant's mother testified that he "pees all over the restroom, he eats, and he vomits."

Toileting

The appellant's Provider requested 60 minutes per day for assistance with toileting. According to the documentation included with the PA, the appellant is "totally dependent" for toileting. He wears absorbent briefs while he is at home. The PCA has been approved for 27 minutes per day for assistance with toileting. MassHealth approved 5 minutes per day of HHA. The MassHealth representative testified that the full time approved for toileting through the HHS program and the PCA program is 30 minutes per day.

The appellant's mother testified that he has a "a lot of accidents." He needs to use the restroom every 30 minutes when he is at school. The mother explained that the appellant uses laxatives because he is constipated. He has about 1 or 2 accidents per day. He cannot wipe himself.

Grooming

The appellant's Provider requested 60 minutes per day for assistance with grooming. His PCA provides 22 minutes per day. MassHealth approved 15 minutes per day of HHA.

The appellant's mother testified that the HHA assists the appellant with brushing his teeth, shaving, wearing deodorant, and applying lotion. It takes 45 minutes to one hour per day for assistance with grooming. His nails grow into his skin and require special care.

Dressing

The appellant's Provider requested 60 minutes per day for assistance with dressing and undressing. The HHA provides encouragement and assist the appellant with dressing himself. According to the time-for-task guidelines, the appellant requires 25 minutes per day for assistance with dressing. The PCA has been approved for 5 minutes per day, so MassHealth approved 25 minutes per day of HHA services.

The appellant's mother testified that the appellant requires assistance with dressing. He "takes off his clothing," and vomits a lot due to a gag reflex. He needs to be dressed twice a day.

Ambulation and Transfers

The appellant's Provider requested 120 minutes per day for assistance with ambulation and 60 minutes per day for assistance with transfers. MassHealth approved no time for ambulation and transfers because the documentation included with the PA states the appellant needs supervision only, which is not a covered services under the HHS program.

The appellant's mother testified that they cannot find PCAs to assist the appellant. She would like to replace the PCA hours with HHA hours. She testified that the PCA does not help bathe the appellant.

The MassHealth representative also testified that the schedules attached with the PA provide no documentation for the required assistance on weekends. The time was adjusted for five days per week.

The appellant's mother testified that there is missing documentation in the PA packet. She asked for an opportunity to provide additional documentation from the appellant's physician. Her request was granted, and the record was held open until 09/16/2025 for the appellant's submission and until 09/26/2025 for MassHealth's response (Exhibit 5).

During the record open period, the appellant provided a letter from the appellant's physician and documentation regarding the PCA and HHA schedules (Exhibit 6). The letter from the physician reads:

[The appellant] has a complex medical history, including [REDACTED] [REDACTED] which significantly impacts his physical function and self-care abilities. He requires ongoing support with the following ADLs:

1. Ambulation:

[The appellant] experiences significant pain and discomfort due to extensive ossifications related to his underlying condition. He is prone to frequent falls and has poor balance, especially on stairs. He requires hands-on assistance and close supervision during ambulation to prevent injury and ensure his safety.

2. Bathing:

Due to nightly incontinence and frequent accidents during the day-often exacerbated by gag reflexes-[the appellant] requires at least two daily bathing sessions. These include a morning wash to clean from the night, and a more thorough evening bath for full-body hygiene and hair care. On some days, additional washes may be required. [The appellant] cannot complete these tasks independently and requires full assistance.

3. Eating:

[The appellant] needs assistance with feeding due to low muscle tone, a history of aspiration, sensory processing difficulties, and dietary restrictions. In addition, he requires support in maintaining adequate hydration, which is medically essential due to his calcium imbalance caused by [REDACTED]

Given these challenges, I strongly recommend the continuation of Home Health Aide services to support [the appellant] in the areas of ambulation, bathing, and eating. These services are essential to ensure his safety, nutritional status, hygiene, and overall well-being.

(Exhibit 6.)

On 09/10/2025, MassHealth submitted its response to the additional materials submitted by the appellant's mother during the record open period. She writes:

At the Appeal Hearing, on September 9, 2025, for the appellant, the record was left open to allow the appellant's mother to communicate with [REDACTED] and request to remove PCA time that duplicates Home Health Aid services, letter of medical necessity from physician and to submit time sheet for dates of service 6/22/2025 and 6/28/2025.

On September 17, 2025, the MassHealth representative received the following documentation in response to open record:

1. Time sheet for the appellant's mother dated 6/23/2025-6/27/2025
2. Time sheet for the appellant's father dated 6/22/2025 and 6/28/2025
3. Letter from physician
4. Email to [REDACTED] for request to remove time and not confirmation that time has been removed from PCA.
5. Time sheet for the appellant's mother 6/29/2025-7/5/2025.

Regarding the email request to [REDACTED] to have time removed from the PCA prior authorization, MassHealth will not be able to make any adjustments to Home Health Prior authorization for duplicative ADL'S at this time. (bathing, grooming, dressing and toileting).

Regarding the matter of Home Health aide time sheet for dates of services 6/22/2025 and 6/28/2025, MassHealth can modify days of services from 5 days a week to 7 days a week. (2 Hours per day 7 days a week)

Lastly, with respect to the letter of medical necessity requesting adding time for ambulation, bathing and eating. Per the new documentation and the MassHealth time for

task tool MassHealth is able to make the following modifications.

1. Ambulation 5 minutes for minimal assistance for “hands-on assistance and close supervision during ambulation” MassHealth does not pay for supervision. Per documentation, the appellant is “prone to frequent falls and has poor balance”, this is anticipatory and is also not covered by MassHealth. However, since the physician indicated “hands on,” we can approve for minimal assistance.
2. No time will be given for Bathing as this is a duplication with PCA. The appellant is currently approved for bathing with PCA and Home Health. (Home Health 25 minutes per day and PCA 20 minutes per day) This would address the request for bathing twice a day.
3. Lastly, addressing the matter of eating, MassHealth will be able to approve minimal assistance, which is 10 minutes for this task.

In conclusion, based on the new documentation provided, a total of 15 minutes can be added to the appellant’s current prior authorization, bringing the total approved time to 2 hours and 15 minutes per day 7 days a week.

(Exhibit 7.)

Findings of Fact

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

1. The appellant is a minor child who is in his early teens. He lives independently in the community with his family and attends school 5 days per week. He is “medically complex with longstanding urinary incontinence both day and night as well as chronic constipation. He has autism, [REDACTED], and [REDACTED] (Exhibit 4).
2. In addition to the HHS services the appellant receives, he also has 21:30 hours per week of time approved for personal care attendant (PCA) services (Testimony; Exhibit 4).
3. On 07/18/2025 the appellant’s prior authorization request was submitted by [REDACTED] (Provider) requesting skilled nursing visits (SNV) 1 time every 60 days, and 4 hours and 30 minutes (4:30) of Home Health Aide (HHA) services every week. The dates of service are from 07/28/2025 to 09/26/2025 (Testimony; Exhibit 4).
4. On 07/28/2025, MassHealth modified the request to 2:00 hours per day of HHA services, 5 days per week, plus 1 skilled nursing visit every 60 days (Testimony; Exhibit 4).

5. The appellant's Provider requested HHA time to assist him with eating. According to the documentation included with the PA, the appellant has a "history of aspiration" when he eats, he has GERD and frequently vomits. The documentation includes a report that the assessor observed the appellant eating a yogurt independently with a spoon and napkin.
6. The MassHealth representative, a registered nurse, testified that no time was approved for assistance with eating. The MassHealth nurse explained that time is not approved for supervision or cueing, and that it is not an appropriate task for a HHA to feed someone who has a history of aspiration (Testimony; Exhibits 1 and 4).
7. The appellant's provider requested 70 minutes per day for assistance with meal preparation and cleaning up. The appellant needs assistance with breakfast, dinner and an after-school snack on school days (Exhibit 4).
8. MassHealth approved 2 hours per day for assistance with meal preparation and clean up (Exhibit 4).
9. The appellant's provider requested 120 minutes a day for assistance with cleaning, dressing, grooming, and toileting (Exhibit 4).
10. MassHealth modified the request for HHA time to 30 minutes a day for incidentals. The MassHealth representative testified that the PCA is available to assist with this task and for a child of the appellant's age, meal preparation is a parental responsibility (Exhibit 4).
11. The appellant's Provider requested 60 minutes per day for assistance with grooming.
12. The appellant's PCA provides 22 minutes per day. MassHealth approved 15 minutes per day of HHA for a total of 37 minutes per day of assistance with toileting (Testimony).
13. During the record open period, the appellant's provided additional documentation in addition to a letter from the appellant's physician (Exhibits 4 – 6).
14. MassHealth approved an additional 5 minutes per day for assistance with ambulation 5 minutes for minimal assistance for "hands-on assistance and close supervision during ambulation."
15. Based on the additional documentation, MassHealth determined that no additional time will be given for bathing as this is a duplication with PCA. The appellant is currently approved for bathing with PCA and Home Health. (Home Health 25 minutes per day and PCA 20 minutes per day) This would address the request for bathing twice a day.
16. For the task of assistance with eating, MassHealth approved minimal assistance, which is

10 minutes for this task.

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.

Regulations at 130 CMR 403.410 address 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.

Regulations at 130 CMR 403.402 define the following terms:

Medication Administration Visit – a nursing visit for the sole purpose of administration of medications where the targeted nursing assessment is medication administration and patient response only, and when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or the task including the route of administration of medication requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication, but does not include intravenous administration.

Nursing Services – the assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

Skilled Nursing Visit – a nursing visit that is necessary to provide targeted skilled nursing assessment for a specific member medical need, and/or discrete procedures and/or treatments, typically for less than two consecutive hours, and limited to the time required to perform those duties.

403.409 Clinical Eligibility Criteria for Home Health Services

Regulations at 130 CMR 403.409 address clinical eligibility criteria for home health services, as follows:

(C) Medical Necessity Requirement. In accordance with 130 CMR 450.204: Medical Necessity, and MassHealth Guidelines for Medical Necessity Determination for Home Health Services, the MassHealth agency pays for only those home health

services that are medically necessary. Home health services are not to be used for homemaker, respite, or heavy cleaning or household repair.

(D) Availability of Other Caregivers. When a family member or other caregiver is providing services, including nursing services, that adequately meet the member's needs, it is not medically necessary for the home health agency to provide such services.

(E) Least Costly Form of Care. The MassHealth agency pays for home health agency services only when services are no more costly than medically comparable care in an appropriate institution and the least costly form of comparable care available in the community.

Clinical criteria are set out in regulations at 130 CMR 403.415, as follows:

(B) Clinical Criteria.

(1) A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, to be safe and effective, considering the inherent complexity of the service, the condition of the member, and accepted standards of medical and nursing practice.

(2) Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered nurse or licensed practical nurse can safely and effectively provide the service.

(3) When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct supervision of a registered or licensed practical nurse, the service is not considered a nursing service, unless there is no one trained, able, and willing to provide it.

(4) Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety, or avoiding deterioration.

(5) Medical necessity of services is based on the condition of the member at the time the services were ordered, what was, at that time, expected to be appropriate treatment throughout the certification period, and the ongoing condition of the member throughout the course of home care.

(6) A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

(7) Medication Administration Visit. A nursing visit for the sole purpose of administering medication and where the targeted nursing assessment is medication administration and patient response only may be considered medically necessary when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or the task of the administration of medication, including the route of administration, requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication.

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).

The appellant's home health services provider submitted a request to MassHealth for 1 SNV every 60 days and 4:30 hours per week of HHA assistance. The appellant is a minor child who lives with his family. He has other services in the home; specifically, he has PCA time approved at 21:30 hours per week.

The MassHealth representative's testimony was unclear as to how MassHealth determined that the appellant was not eligible for the requested HHA time. The MassHealth representative testified that the requested HHA time was not medically necessary because the appellant could seek assistance with certain tasks from his parents, as a parental responsibility, or through the PCA program, which has approved him for assistance with certain tasks.

MassHealth initially modified the request for HHA services from the requested 4:30 hours per week to 2:00 hours per week for five days. During the hearing process, upon review of the appellant's submission, including a letter from his physician, MassHealth adjusted the hours to 2:15 hours per week, 7 days per week.

MassHealth calculated the time necessary for the appellant's care based on the information provided in the PA request and the supplemental documentation submitted during the record open period. The appellant's mother was equally unhelpful in trying to explain how much time the appellant needs from the HHS program. She testified that she is not filling her PCA hours and she is seeking to cancel the PCA program, in the hopes that the time can be filled by an HHA.

As a result, I conclude that the appellant has not met the burden of showing MassHealth's decision is incorrect or not supported by the regulations and the facts in the hearing record. MassHealth's modification is based on the regulations and the relevant facts. Accordingly, this appeal is denied.

Order for MassHealth

Release aid pending. Proceed with modifications.

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

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