

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513590
<b>Decision Date:</b>	12/1/2025	<b>Hearing Date:</b>	10/24/2025
<b>Hearing Officer:</b>	Patrick Grogan	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**  
[Redacted] Appellant,  
[Redacted] Witness

**Appearance for MassHealth:**  
Nelisette Rodriguez, RN, Optum

**Interpreter:**  
N/A



*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, Home Health Services
<b>Decision Date:</b>	12/1/2025	<b>Hearing Date:</b>	10/24/2025
<b>MassHealth's Rep.:</b>	Juan Rodriguez, Thomas Tomko	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote (Tel)	<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

Through a notice dated September 2, 2025, MassHealth informed the Appellant that it modified the Prior Authorization (PA) request for Home Health Services (HHS) (130 CMR 450.204; Exhibit 1). A timely appeal was filed on September 17, 2025. (130 CMR 610.015; Exhibit 2) A change in the level of assistance is valid grounds for appeal. (130 CMR 610.032)

## Action Taken by MassHealth

MassHealth plans to modify the Appellant's request for HHS<sup>1</sup> services.

## Issue

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

---

<sup>1</sup> 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).

## 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 the Appellant's prior authorization (PA) request [REDACTED] was submitted by [REDACTED] (Provider) requesting skilled nursing visits (SNV) 1 time per week, 1 medication administration Visit (MAV) per week, and 1 PRN<sup>2</sup> visit from August 26, 2025 through October 24, 2025. The Appellant is an adult who lives independently in the community. (Exhibit 5) He is not homebound. (Exhibit 5) He has diagnoses of polyp of colon, hypertension, unspecified asthma, other mixed anxiety disorders, major depressive disorder, recurrent, and chronic pain syndrome, among other diagnoses. (Testimony, Exhibit 5, pg. 17)

On September 2, 2025, MassHealth authorized skilled nursing visits (SNV) at 1 visit per week, and 1 PRN visit. (Testimony, Exhibit 1) The MassHealth representative testified that SNVs are authorized only if they are medically necessary. MassHealth maintained that a SNV is a skilled need provided only by a registered or licensed nurse and requiring specialized knowledge and skills acquired from a board-approved school of nursing. MAVs are nursing visits for the purpose of assisting a member to set up and administer medications. MassHealth indicated that after review of the documentation included with the request, it was determined the evidence does not demonstrate medical necessity for the requested frequency of nursing visits. Optum concluded that it is appropriate for the Appellant's nursing services to be weaned to 1 SNV per week with the 1 PRN visit in place. (Testimony)

Within Optum's submission is a recertification report (Exhibit 5, pgs. 40-66), dated August 22, 2025, which indicates that there had been no misuse of medication. (Exhibit 5, pg. 64) Additionally, the report noted that "Med planner filled x7 days, no missed doses noted. Compliant with meds as filled, patient unable to manage meds independently." (Exhibit 5, pgs. 64)

Included within Optum's submission are multiple skilled observation reports. (Exhibit 5). In a skilled observation report, dated, August 5, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.24) In a skilled observation report, dated August 8, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.28) In a skilled observation report, dated August 12, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.32) In a skilled observation report, dated August 15, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.36)

---

<sup>2</sup> PRN means "as needed."

In the Fair Hearing Request, the Appellant stated that he seeks appeal because his doctor indicated the Appellant requires two weekly visits, but that the Appellant was only approved for one. (Exhibit 2) At Hearing, the Appellant requested that someone speak on his behalf. (Testimony) This witness stated that the witness was a physician's assistant, and that the Appellant seeks reinstatement of the MAV as requested. (Testimony) The witness challenged the qualifications of the Optum nurse, who confirmed, on the Record, under oath, that she is a registered nurse within the Commonwealth of Massachusetts. (Testimony) The witness stated that they "assumed" there was fraud within Optum's determination from September 2, 2025. (Testimony) The witness said they would go to [REDACTED] Superior Court to have Optum's decision "thrown out." (Testimony) The witness said that the Appellant would consult an attorney and subpoena multiple people involved in the decision regarding the Appellant's prior authorization request, through [REDACTED] Superior Court. (Testimony) The Appellant abruptly replaced the witness on the telephone. The parties were informed that a decision, addressing PA [REDACTED] modified by Optum to 1 SNV and 1 PRN through Notice dated September 2, 2025, for services from August 26, 2025 through October 24, 2025 would issue.

## 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. He is not homebound. He has diagnoses that include polyp of colon, hypertension, unspecified asthma, other mixed anxiety disorders, major depressive disorder, recurrent, chronic pain syndrome among other diagnoses. (Testimony, Exhibit 5, pg. 17)
2. On September 2, 2025, MassHealth authorized skilled nursing visits (SNV) at 1 visit per week, and 1 PRN visits from August 26, 2025 through October 24, 2025. (Testimony, Exhibit 1)
3. In a skilled observation report, dated August 5, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.24)
4. In a skilled observation report, dated August 8, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.28)
5. In a skilled observation report, dated August 12, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.32)
6. In a skilled observation report, dated August 15, 2025, the report notes that the Appellant demonstrated medication compliance utilizing a prefilled medication box. (Exhibit 5, pg.36)

7. In a recertification report, dated August 22, 2025, the report noted that there had been no evidence of misuse of medications nor any missed doses. (Exhibit 5, pg. 64)
8. The Appellant wishes to keep his current level of MAVs. (Testimony)

## **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 is 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. (Emphasis added.)***

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 skilled nursing visits (SNV) 1 time per week plus medication administration visits (MAV) 1 time per week from August 26, 2025 through October 24, 2025 with 1 PRN. MassHealth modified the request to 1 SNV plus 1 PRN from August 26, 2025 through October 24, 2025. At issue is the denial of 1 MAV per week.

MassHealth cited to the Appellant's records which, according to the documentation included with the PA request, provided evidence that the Appellant has not had any recent reported issues with medication adherence. (Testimony, Exhibit 5) No testimony was offered disputing the accuracy of these records. To the contrary, multiple reports describe the Appellant's compliance with medication through the month of August 2025. (Exhibit 5, pgs. 24-66) Based upon this Administrative Record, the Appellant has not met the burden, by a preponderance of evidence, to show the invalidity of MassHealth's administrative determination. Accordingly, this 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.

---

Patrick Grogan  
Hearing Officer  
Board of Hearings

Cc:

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