

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515024
Decision Date:	01/27/2026	Hearing Date:	11/13/2025
Hearing Officer:	Casey Groff	Record Closed:	11/21/2025; Re-opened to 1/26/2026

Appearance for Appellant:



Appearance for MassHealth:

Susan Lebreux, R.N., Clinical Appeals Reviewer, 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:	Home Health Services
Decision Date:	01/27/2026	Hearing Date:	11/13/2025
MassHealth's Rep.:	Susan Lebreux, R.N.	Appellant's Rep.:	[REDACTED]
Hearing Location:	Board of Hearings (Telephonic)	Aid Pending:	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 10/6/25, MassHealth modified Appellant's prior authorization request for home health services because it determined that clinical documentation did not establish medical necessity for the full amount of home health aide (HHA) services being requested. See 130 CMR 450.204(A)(1); Exhibit 2. Appellant, through her parent, filed this appeal in a timely manner on 10/14/25. See 130 CMR 610.015(B); Exhibit 1. Denial and/or modification of a prior authorization request for home health services are valid grounds for appeal. See 130 CMR 403.411(B) and 130 CMR 610.032.

Action Taken by MassHealth

MassHealth modified Appellant's request for home health services.

Issue

The appeal issue is whether MassHealth was correct, pursuant to MassHealth regulations at 130 CMR §§ 450.204, 403.00 *et. seq.* in modifying Appellant's prior authorization request for home health services.

Summary of Evidence

MassHealth was represented at the hearing by a registered nurse and clinical appeals reviewer. Appellant, a minor, was represented at the hearing by her mother and her special education teacher (collectively “Appellant’s representatives”). Through documentary submissions and testimony, the parties presented the following evidence:

Appellant is a minor child and a MassHealth member. On 10/1/25, MassHealth received a prior authorization (PA) request on behalf of Appellant, seeking coverage for home health services for dates of service 10/3/25 through 1/1/26. The PA request, which was submitted by Appellant’s home health service provider/agency, [REDACTED], sought coverage of one (1) skilled nursing visit (SNV) as needed every 60 days and 7 hours and 30 minutes per day of home health aide (HHA) services. *See* Ex. 4, pp. 5-10. The MassHealth representative testified that the CMS-485/Plan of Care, signed by Appellant’s physician, certified Appellant as only requiring 21 hours per week of assistance with activities of daily living (ADLs). *Id.* at 11. The MassHealth representative testified that due to this inconsistency, the maximum MassHealth could authorize under the PA request was 21 hours per week, or 3 hours per day, pursuant to the physician certification.

Through a notice dated 10/6/25, MassHealth informed Appellant that it approved the requested SNV but modified the requested HHA services by approving one (1) hour per day, or seven (7) hours per week. *See* Ex. 1. MassHealth’s decision was based on the clinical information in the PA request, including the HHA timesheet, CMS-485/Plan of Care, nursing assessment, and HHA service sheet, as well as MassHealth home health regulations at 130 CMR 403.00 *et. seq.*, medical necessity regulations at 130 CMR 450.204(A)(1), the MassHealth *Medical Necessity Guidelines for Home Health Services (Guidelines)*, and the time-for-task tool.

The information included in the PA request indicates that Appellant is a [REDACTED] child who lives at home with her parents, older brother, two aunts and her grandparents. *See* Ex. 4, p. 5. In the PA request, the home health agency listed Appellant’s primary diagnosis as [REDACTED]

[REDACTED] *Id.* at 5-10. The Plan of Care includes orders for 24-hour supervision, aspiration precautions, fall precautions, seizure precautions, and nutritional requirements, including orders that her food be cut into bite-sized pieces. *Id.*

The MassHealth representative testified that the home health agency’s request for 7 hours and 30 minutes of HHA services per day was based on the following ADL time allocations:

- Transfer assistance was requested at 3 minutes per day, and walking assistance at 5

minutes per day, based on Appellant's need for minimal assistance with transfers, supervision, and occasional hand-holding due to developmental delays.

- Bathing assistance was requested at 120 minutes per day based on Appellant's need for every-other-day full baths and as-needed sponge bathing due to incontinence and developmental delays.
- Grooming assistance was requested at 60 minutes per day, noting that Appellant requires total assistance with all grooming tasks due to developmental delays.
- Dressing assistance was requested at 60 minutes per day, based on assessment findings that Appellant is able to lift her arms but otherwise requires total assistance with dressing the upper and lower body.
- Toileting assistance was requested at 120 minutes per day based on urinary and bowel incontinence and her need for total assistance with toileting care, including diaper changes and hygiene.
- Incidental services related to bathing, grooming, dressing, toileting were requested at 10 minutes per day for moderate support.
- Eating assistance was requested at 60 minutes per day, and incidental services for meal set up were requested at 10 minutes per day based on assessment findings that Appellant was able to feed herself but required supervision due to choking risk, and assistance with meal preparation to ensure food was cut into safe, bite-sized pieces.

See Exh. 4, pp. 7-9.

In its 10/6/25 determination, MassHealth approved the time for transfer and walking assistance as requested but modified bathing assistance to 15 minutes per day; grooming to 10 minutes per day; dressing to 15 minutes per day; toileting to 5 minutes per day; and incidental ADL assistance for these tasks to 10 minutes per day. MassHealth denied the requests for assistance with eating and incidental meal setup. *Id.* at 9.

MassHealth explained that HHA services are authorized only when supported by medical necessity and are within the scope of covered home health services; it does not authorize time for assistance that constitutes age-appropriate parental responsibility, citing 130 CMR 403.409(D), which provides that when a family member or other caregiver adequately meets the member's needs, home health services are not medically necessary.

The MassHealth representative testified that the documentation showed that Appellant resides in the home with her parents and grandparents, who can assist with care. In addition, MassHealth explained that because a [REDACTED] child would ordinarily require parental assistance with most ADLs and incidental services like cutting up food, MassHealth authorized one hour per day, representing the amount of assistance required beyond routine parental care. In addition, the representative testified that pursuant to program regulations, MassHealth pays only for hands-on assistance with ADLs. For eating, this involves assistance bringing food to the member's mouth. Here, the documentation showed that Appellant is able to eat

independently and that the time requested was primarily for supervision due to her aspiration risk. Because supervision is not covered through the home health program, eating and related meal preparation was denied.

Appellant's representatives testified, as a preliminary matter, that the diagnosis of [REDACTED] listed by the home health agency in the PA request was incorrect. Pointing to medical documentation from Appellant's treating provider, they testified that Appellant was diagnosed with [REDACTED] disorder. They explained that the primary diagnosis listed does not accurately reflect the severity of Appellant's needs.

With respect to eating, Appellant's representatives testified that Appellant has a feeding disorder characterized by food avoidance, restrictive intake, and significant gagging. She is currently being evaluated through a feeding clinic and undergoing testing, including a scheduled endoscopy. They explained that, due to her extreme gagging tendencies and choking risk, her food must be cut into pieces significantly smaller than expected for a [REDACTED] of average functional capabilities.

Appellant's special education teacher testified that during meals, she routinely helps Appellant bring food to her mouth. She also testified that she assists Appellant with toileting at school. Because Appellant is unable to verbalize when she needs to use the bathroom, she experiences accidents, requiring clothing changes and increased diaper changes during the day. Appellant is unable to perform hygiene tasks or adjust her clothing independently, and therefore assistance is provided hand-over-hand. She requires hand-holding assistance while on the toilet to prevent falls.

During the hearing and post-hearing record period, Appellant's representatives submitted medical documentation from her providers, summarized as follows:

- A letter of medical necessity dated 10/27/25, signed by Appellant's pediatrician, indicates that Appellant has significant healthcare needs, including [REDACTED]. The letter identifies Appellant as a high-needs child who requires comprehensive assistance with all ADLs such as bathing, feeding, and dressing, noting that she has experienced status epilepticus on multiple occasions and cannot be left unattended under any circumstances. As a result, it is stated that "she requires multiple hours of home-based care in order for her needs to be met." See Exh. 6.
- A progress note dated 12/23/24, signed by a physician from [REDACTED] states that the Appellant has been diagnosed with a [REDACTED]. Appellant has had seizures that are difficult to control, and despite medication, she still experiences breakthrough clinical seizures. The note emphasizes the importance of

managing seizures and controlling prolonged episodes with respiratory compromise to prevent hippocampal injury. *See* Exh. 7.

- A letter dated 11/12/25 from Appellant's physician in [REDACTED] department states that the Appellant is receiving treatment for gastroesophageal reflux and feeding difficulties; she experiences gagging and spitting up during meals, requires close supervision and assistance while eating, and is undergoing additional diagnostic tests related to swallowing; and recommends that Appellant continue receiving 3 hours per day of home health services to ensure proper support and monitoring during mealtimes. *See* Exh. 8.
- A physician note dated 11/12/25 from [REDACTED] that Appellant requires anti-seizure medications up to three times daily, close seizure monitoring, and multiple sessions per week of physical, occupational, and speech therapy, along with additional developmental support. *See* Exh. 9.
- An 11/1/23 neurology encounter note documents the evaluating physician's diagnosis of level [REDACTED] reviews Appellant's recent history, EEG/MRI results, current medications, exam findings, and recommends intensive services such as ABA, early intervention, occupational therapy, and speech therapy. *See* Exh. 10.
- Treatment notes from a clinical swallow evaluation on 11/12/25 report that the Appellant has moderate to marked [REDACTED], frequent refusal of non-preferred foods, disruptive mealtime behavior, hypervigilance about food, and delayed oral-motor development. The physician recommended speech-language pathology and occupational therapy to address these issues, focusing on structured mealtimes, environmental changes, cueing, redirection, upright positioning, and one-to-one supervision during meals. *See* Exh. 12.

Upon review of the additional clinical documentation submitted, MassHealth responded that while the records show that Appellant requires encouragement and supervision for eating, they do not demonstrate that she requires physical assistance to eat and drink. Because MassHealth only covers the time for physical assistance, not supervision, the documentation did not support additional HHA time under this PA period. *See* Exh. 13.

Findings of Fact

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

1. Appellant is [REDACTED] and lives at home with her parents, brother, two aunts and her grandparents.
2. Appellant's relevant medical history includes diagnoses of [REDACTED]
[REDACTED]
3. Due to her diagnoses, Appellant's recommended treatment plan includes medication, speech therapy, occupational therapy, physical therapy, ABA services, seizure monitoring, and mealtime interventions including cueing, redirection, upright positioning, and one-to-one supervision during meals.
4. On 10/1/25, MassHealth received a PA request from Appellant's home health provider, seeking coverage of one (1) SNV as needed every 60 days, and 7 hours and 30 minutes per day of HHA services for dates of service 10/3/25 through 1/1/26.
5. The total requested HHA hours was based on the following ADL time allocations:
 - a. Three (3) minutes per day for transfer assistance and 5 minutes per day for walking assistance based on Appellant's need for minimal assistance with transfers, supervision, and occasional hand-holding due to developmental delays.
 - b. Bathing assistance was requested at 120 minutes per day based on Appellant's need for every-other-day full baths and as-needed sponge bathing due to incontinence and developmental delays.
 - c. Sixty (60) minutes per day for total assistance with grooming tasks.
 - d. Sixty (60) minutes per day for total assistance with dressing upper and lower body, noting that Appellant is unable to lift arms.
 - e. Toileting assistance was requested at 120 minutes per day based on urinary and bowel incontinence and her need for total assistance with toileting care, including diaper changes and hygiene.
 - f. Ten (10) minutes per day for moderate support with incidental services related to bathing, grooming, dressing, and toileting.
 - g. Eating assistance was requested at 60 minutes per day with an additional 10 minutes requested for incidental meal setup assistance, noting that Appellant is able to feed herself but, due to her risk of choking, requires supervision during meals and having food cut into safe, bite-sized pieces.
6. Despite the request for 7.5 hours per day of HHA services, the underlying CMS-485/Plan of Care only certified Appellant as requiring 21 hours per week, or 3 hours per day, of ADL assistance.
7. The Plan of Care includes orders for 24-hour supervision, aspiration precautions, fall

precautions, seizure precautions, and nutritional requirements, including orders that her food be cut into bite-sized pieces.

8. On 10/6/25, MassHealth approved the requested SNV but modified the requested HHA services to one (1) hour per day based on its approval of the request for transfer and walking assistance, and modifying or denying the time for bathing assistance (15 minutes per day), grooming (10 minutes per day), dressing (15 minutes per day), toileting (5 minutes per day), incidental mobility/bathing/dressing/toileting assistance (10 minutes per day), eating assistance (0 minutes) and incidental meal preparation (0 minutes).

Analysis and Conclusions of Law

MassHealth pays only for services that are medically necessary. Under 130 CMR 450.204(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, 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.

Medical necessity must be supported by clinical documentation, including evidence of the member’s condition and the specific need for the requested services. *See* 130 CMR 450.204(B). Where required, services must also be supported by prior authorization, which, in the case of home health services, includes a completed request identifying the primary diagnosis, the services being requested, the severity of symptoms, and a written assessment supporting the need for services. *See* 130 CMR §§ 450.303, 403.410(A).

Home health services are skilled and supportive care services provided in the member’s home to address identified medical needs and associated activities of daily living (ADLs) to allow the member to remain in the community. MassHealth pays for home health services, including nursing, home health aide, and certain therapeutic services, subject to medical necessity requirements and the restrictions and limitations set forth in 130 CMR §§ 403.00, 450.00, and MassHealth’s *Guidelines for Medical Necessity Determination for Home Health Services (Guidelines)*.

Payable home health aide (HHA) services are limited to medically necessary “*health-related personal care*” tasks provided under a physician-ordered plan of care and in conjunction with a concurrent skilled nursing or therapy need. See *Guidelines*, p. 6 (Exh. 4, p. 30). HHA services must (a) directly support curative, rehabilitative, or preventative aspects of nursing or therapy services provided by the home health agency; and/or (b) provide hands-on assistance throughout the task or until completion, with at least two activities of daily living (ADLs) defined as: bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating. See 130 CMR 403.416(A)(1) and *Guidelines*, pp6-7. 30-31 (Exh. 4, pp. 30-31). The frequency and duration of HHA services must be ordered by the prescribing provider and must be included in the member’s plan of care. *Id.*

MassHealth does not pay for homemaker, respite, or chore services. See 130 CMR 403.416(D)-(E) and *Guidelines*, p. 7 (Exh. 4, p. 31). Accordingly, services incidental to the delivery of health-related personal care, such as light cleaning, preparing a meal, or removing trash, do not qualify as HHA services. *Id.*

Additionally, MassHealth has identified certain circumstances under which home health services are *not* considered medically necessary. Per 130 CMR 403.409(D), “[w]hen a family member or other caregiver is providing [home health 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.” The *Guidelines* further state that home health services are not medically necessary if they are for a disorder not associated with a medical or behavioral health condition; are primarily educational emotional, or psychological in nature; or replicate concurrent services provided in a different setting with similar treatment goals, plans and therapeutic modalities. See *Guidelines*, p. 7 (Exh. 4, p. 31).

The present appeal concerns whether MassHealth properly modified Appellant’s request for HHA services for the PA period of 10/3/25 through 1/1/26. While Appellant’s provider requested 7 hours and 30 minutes of HHA services per day, it is uncontested that the maximum allowable hours for this request are 21 per week, or 3 hours daily, as certified by the physician within the Plan of Care.¹ See Exh. 4, p. 11; 130 CMR 403.416(A)(2). Through its 10/6/25 notice, MassHealth authorized only one hour per day. *Exh. 1*. By filing this appeal, it is the Appellant’s

- burden “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228 (2007). Moreover, “[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings.” *Craven v. State Ethics Comm’n*, 390 Mass. 191, 200 (1983).

¹ In accordance with 130 CMR 403.416(A)(2), the frequency and duration of HHA services must be ordered by the physician or ordering non-physician practitioner and must be included in the plan of care for the member. Because Appellant’s representative was only seeking 3 HHA hours per day, the discrepancy between the hours identified in the PA request and the plan of care is not in dispute. Accordingly, this appeal addresses the two additional hours per day that were not authorized by MassHealth.

The record demonstrates that MassHealth did not err in modifying Appellant's request for HHA services to one (1) hour per day. Appellant is a [REDACTED] child with complex medical and developmental [REDACTED]

[REDACTED] See Exhs. 4, 6-12. It is undisputed that Appellant requires significant care, including seizure monitoring, aspiration precautions, and close supervision. *Id.* However, MassHealth reasonably concluded that much of the time requested represented assistance typically required for a child of Appellant's age, regardless of disability, when performing ADL tasks such as bathing, dressing, toileting, and eating. Rather than denying the PA request in its entirety, MassHealth attributed a portion of the request, i.e., one hour, to the *health-related* hands-on tasks Appellant required because of her medical condition, and which exceeded expected levels of parental responsibility. MassHealth reasonably attributed the remaining portion of the request to services that involved routine parental care, supervision, or incidental tasks, which are explicitly identified as non-covered home health services.² As Appellant did not sufficiently establish that MassHealth erred in its PA determination, 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.

² It is noted that while Appellant does have a documented feeding disorder, the evidence did not suggest that she is unable to physically feed herself. Rather, the recommended strategies focus on routines, cueing, environmental modifications, and supervision. MassHealth reasonably determined that this portion of the request did not represent covered hands-on assistance under the home health program.

Casey Groff
Hearing Officer
Board of Hearings

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