

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|-------------------|
| Appeal Decision: | Denied | Appeal Number: | 2516073 |
| Decision Date: | 12/29/2025 | Hearing Date: | December 01, 2025 |
| Hearing Officer: | Brook Padgett | Aid Pending: | Yes |

Appellant Representative:



MassHealth Representative:

Susan Lebreux, RN



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth of Medical Assistance
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

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|--------------------------|----------------|------------------------|--|
| Appeal Decision: | Denied | Issue: | Prior Authorization; Home Health Care; 130 CMR 450.204 |
| Decision Date: | 12/29/2025 | Hearing Date: | December 01, 2025 |
| MassHealth Rep.: | S. Lebreux, RN | Appellant Rep.: | [REDACTED] |
| Hearing Location: | Quincy | | |

Authority

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

Jurisdiction

The Appellant received a notice dated October 24, 2025 stating: Your request for prior authorization for Medical Administration Visits (MAV) has been modified from October 25, 2025 to January 24, 2026. (Exhibit 1). The Appellant appealed this action timely on October 30, 2025. (130 CMR 610.015(B); Exhibit 2). Modification of prior approval is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth modified the Appellant's request for Medical Administration Visits.

Issue

Did MassHealth correctly reduce the Appellant's Medical Administration Visits as the request did not meet the requirements set forth in the medical necessity regulation?

Summary of Evidence

The MassHealth representative testified that a prior authorization (PA) request dated October 20, 2025 was submitted by [REDACTED] requesting 1 Skilled Nursing Visits (SNV) per week and 3 Medical Administration Visits (MAV) per week from October 20, 2025 to January 24, 2026 with 3 additional SNV per month as needed (PRN). MassHealth modified the request to 1 SNV per week with 3 SNV PRN and no MAV. The representative stated the Appellant is a [REDACTED] female with a diagnosis of paranoid schizophrenia. MassHealth stated the Appellant's medical records indicate the Appellant's current condition is stable and even when there is no able caregiver present, and that she is compliant with her medication with no evidence of any unused medications in her prefilled pill box on non-MAV days. Further, there is no medical evidence that the Appellant is unable to perform the task of taking her own medication due to impaired physical, cognitive, behavioral, and/or emotional issues. MassHealth stated based on the medical evidence in the record, the Appellant should be weaned from any MAVs; however, if it is determined the Appellant becomes noncompliant or there is evidence of decomposition, the Appellant's provider can submit an expedited request for coverage and the weaning of the MAV will be reviewed.

The Appellant's representative acknowledged the Appellant is compliant with taking her medication, but argued that this compliance is because she has medical administration three times a week. She stated the Appellant has poor insight and is unable to manage medications due to her attention deficits and anxiety. The representative stated the Appellant has no support system and has no available caregiver or family member to assist. The representative argued the Appellant receives SNV on Tuesday and Thursday and it is too long a period of time between visits for the Appellant to be safe. The representative says the Appellant requires the 3 MAV days to maintain her baseline.

MassHealth responded that the SNV days should be spread out for better coverage and reiterated that if there is evidence of decomposition, or noncompliance, [REDACTED] can immediately contact MassHealth to request additional MAV.

Findings of Fact

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

1. The Appellant is [REDACTED] old with a diagnosis of paranoid schizophrenia. (Exhibit 4).
2. The Appellant's provider agency submitted a PA request for 1 SNV and 3 MAV per week. (Exhibit 4).
3. The Appellant is provided with a prefilled pill box. (Exhibit 4 and Testimony).

4. The medical records indicate the Appellant is compliant with taking her medications. (Exhibit 4 and Testimony).
5. The Appellant's current medical condition is stable. (Exhibit 4 and Testimony).

Analysis and Conclusions of Law

MassHealth will pay a provider only for services that are medically necessary. Pursuant to 130 CMR 450.204(A), as 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.

Within the home health services program, in order to approve a nursing visit for the sole purpose of administering medication, the applicable regulations require evidence of a history of failed medication compliance resulting in a documented exacerbation of the condition or when the individual is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues. (130 CMR 403.402).

In this instance, the medical evidence shows no such history of noncompliance and the record confirms that the Appellant is currently stable and following with her medication regimen using a prefilled pill box. Further, while the Appellant has a psychiatric diagnosis, the MassHealth clinician found no medical evidence that her current level of impairment prevents her from performing the task of taking pills from a prefilled container.

130 CMR 403.415(B)(3), establishes that when a task can be safely and effectively performed (or self-administered) by the average nonmedical person, it is not considered a nursing service unless there is no one trained, able, and willing to provide it. Therefore the Appellant's argument hinges on her potential future non-compliance, which does not satisfy the current, objective medical necessity standard and having "no able caregiver" alone does not automatically support the

approval of a skilled MAV for medications.¹

The Appellant is currently utilizing a pre-filled pill box which, combined with the offer to authorize an expedited request for coverage should the Appellant's condition deteriorate or non-compliance occur, makes the current denial a safe and conservative determination. This safeguard ensures that services will be reinstated immediately upon documented medical need.

The Appellant's request fails to meet the criteria for medical necessity, that there is no other medical service or site of service that is more conservative or less costly to MassHealth (130 CMR 450.204(A)(2)) as the Appellant can administer her medication on her own from a pillbox. Based on a review of the current medical record, the MassHealth action is upheld and this appeal is DENIED.

Order for the MassHealth

Proceed with modification of the appellant's request - 1 SNV per week with 3 SNV PRN and no MAV.

¹ The regulations governing nursing services are found at 130 CMR 403.415, and provide in relevant part 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 patient, 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 or licensed 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 or licensed practical 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 patient at the time the services were ordered and 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 skilled nursing visit for the sole purpose of administering medication 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.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc:

MassHealth representative: Optum

