

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2518850
Decision Date:	2/9/2026	Hearing Date:	01/09/2026
Hearing Officer:	Kenneth Brodzinski		

Appearance for Appellant:



Appearance for MassHealth:

Suzanne Lynch, RN; Kelly Wetherell, RN; and Julie Arena, RN



*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:	SNF Screening
Decision Date:	2/9/2026	Hearing Date:	01/09/2026
MassHealth's Rep.:	Suzanne Lynch, RN	Appellant's Rep.:	Pro se
Hearing Location:	Springfield MEC		

Authority

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

Jurisdiction

Through notice dated October 30, 2025, MassHealth's agent, Aging Services of Northern Mass, notified Appellant that it had determined that she is no longer clinically eligible for MassHealth payment of nursing facility services because her medical need is less than required by regulations ([Exhibit A](#)). Appellant filed this appeal in a timely manner on November 14, 2025 (see 130 CMR 610.015(B) and [Exhibit A](#)). A determination of clinical eligibility for benefits constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth determined that Appellant is no longer clinically eligible for MassHealth payment of nursing facility services because her medical need is less than required by regulations.

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it determined that Appellant is not clinically eligible for the payment of nursing facility services.

Summary of Evidence

Both parties appeared by telephone. Prior to hearing MassHealth's agent filed a packet of documentation (Exhibit B). Prior to hearing Appellant made several submissions (collectively, Exhibit C).

MassHealth was represented by three registered nurses employed by its agent, Aging Services of North Central Mass, an Aging Services Access Point (ASAP). The nurses testified that a request for service (RSF) for a skilled nursing facility (SNF) short term review to determine if Appellant remains clinically eligible for MassHealth payment of Nursing Facility services was received on 9/30/2025 from a Licensed Social Worker at [REDACTED]

The clinical review revealed the following: Appellant is a [REDACTED] female with [REDACTED]

[REDACTED] Appellant is functionally capable and allowed to have independent leaves of absences from the facility utilizing the MART bus for weekly Department of Transitional Assistance (DTA) appointments and religious services. Appellant can omit diet restrictions on special occasions. Services being provided include being monitored for pain each shift, application of moisture barrier cream to buttocks each shift, monthly vital signs, weekly nurse's note every Wednesday, weight monitoring 1st-5th of each month. Appellant underwent physical therapy and occupational therapy which were both completed in 2024.

Appellant has no scheduled medications. She takes the following medications on an as needed basis: Acetaminophen 325mg 2 tabs every 4 hours; bisacodyl suppository for constipation, one fleet enema per day as needed; and Hydroxide suspension 30ml daily as needed for constipation.

Appellant's skin condition is intact, she stands 60 inches tall, weighs 125 pounds, is on a regular diet with thin consistency liquids, and does not receive regular lab work.

Regarding functional status, Appellant reported being independent with bed mobility, transfers, locomotion in wheelchair, dressing, toileting (continent of bowel and of bladder), bathing and hygiene. She requires set-up for meals. Appellant was observed wheeling her wheelchair independently. On two previous visits, Appellant was unavailable as she was out of the facility at appointments on her own (via MART bus). Appellant has consistently scored 15/15 on Brief Interview for Mental Status indicating her cognition is intact.

Appellant has no current informal supports; however, she hopes to have her mother move in with her when she gets an apartment.

An on-site assessment of Appellant was conducted on 10/30/2025. A CDS 2NF was completed based upon an in-person interview and assessment with the resident, discussion with staff (nurse [REDACTED]) and review of the clinical record including Request for Services, Admission Face Sheet, MDS 3.0, Physician's Orders, PASRR Level I and II, and ADL Flow Sheets (collectively, Exhibit B). Appellant is working with MFP Demo and awaiting housing. Appellant was revisited at the facility on 12/31/2025. When reviewing ADLs Appellant stated: *"I do not need help with those things"*. Appellant also stated, *"I just want to have my own place so I can live in peace."*

The nurses summarized that based upon the information provided through the record review, and consultation with nursing staff and Appellant, it was determined that Appellant does not meet clinical eligibility to remain in a skilled nursing facility under Medicaid Regulations 130 CMR 456.409 at this time.

Lastly, Appellant was referred to the Community Transition Liaison Program in January of 2025. She was assigned an MFP Demo Case Manager in April of 2025 and awaits housing.

Appellant appeared on her own behalf accompanied by a licensed social worker from the facility. Appellant did not dispute any of nurses' testimony and indicated that she is homeless and needs a place to stay. The social worker testified Appellant still requires sporadic physical assistance. According to the social worker, a CNA (certified nurse assistant) assists Appellant with all ADLs except feeding.


In response, the ASAP nurses testified that there is no documentation whatsoever indicating that Appellant requires assistance with any ADLs. Additionally, they noted that even if such assistance were needed, it does not constitute a required skilled nursing need.

A review of the documentation filed by Appellant prior to hearing reveals that it pertains to her homeless situation and efforts with federal immigration to seek asylum (Exhibit C).

Findings of Fact

By a preponderance of the evidence, this record supports the following findings:

1. A request for service (RSF) for a skilled nursing facility (SNF) short term review to determine if Appellant remains clinically eligible for MassHealth payment of Nursing Facility services was received on 9/30/2025 from a Licensed Social Worker at [REDACTED]
[REDACTED]
2. Appellant is a [REDACTED] female with [REDACTED]
[REDACTED]

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3. Appellant is functionally capable and allowed to have independent leaves of absences from the facility utilizing the MART bus for weekly Department of Transitional Assistance (DTA) appointments and religious services.
 4. Appellant can omit diet restrictions on special occasions.
 5. Services being provided include being monitored for pain each shift, application of moisture barrier cream to buttocks each shift, monthly vital signs, weekly nurse's note every Wednesday, weight monitoring 1st-5th of each month.
 6. At the SNF, Appellant underwent physical therapy and occupational therapy which were both completed in 2024.
 7. Appellant has no scheduled medications.
 8. Appellant takes the following medications on an as needed basis: Acetaminophen 325mg 2 tabs every 4 hours; bisacodyl suppository for constipation, one fleet enema per day as needed; and Hydroxide suspension 30ml daily as needed for constipation.
 9. Appellant's skin condition is intact, she stands 60 inches tall, weighs 125 pounds, is on a regular diet with thin consistency liquids, and does not receive regular lab work.
 10. Appellant reported being independent with bed mobility, transfers, locomotion in wheelchair, dressing, toileting (continent of bowel and of bladder), bathing and hygiene.
 11. There is no documentation indicating that Appellant requires assistance with any ADLs.
 12. Assistance with ADLs do not constitute a skilled nursing service.
 13. Appellant requires set-up for meals.
 14. Appellant was observed wheeling her wheelchair independently.
 15. On two previous visits, Appellant was unavailable as she was out of the facility at appointments on her own (via MART bus).

16. Appellant has consistently scored 15/15 on Brief Interview for Mental Status indicating her cognition is intact.
17. Appellant has no current informal supports; however, she hopes to have her mother move in with her when she gets an apartment.
18. An on-site assessment of was conducted on 10/30/2025.
19. A CDS 2NF was completed based upon an in-person interview and assessment with the resident, discussion with staff (nurse Marie) and review of the clinical record including the Request for Services, Admission Face Sheet, MDS 3.0, Physician's Orders, PASRR Level I and II, and ADL Flow Sheets (collectively, Exhibit B).
20. Appellant is working with MFP Demo and awaiting housing.
21. Appellant was revisited at the facility on 12/31/2025.
22. When reviewing ADLs, Appellant stated: *"I do not need help with those things"*. Appellant also stated, *"I just want to have my own place so I can live in peace."*
23. The reviewers determined that Appellant does not meet clinical eligibility to remain in a skilled nursing facility under Medicaid Regulations 130 CMR 456.409 at this time.
24. Appellant was referred to the Community Transition Liaison Program in January of 2025. She was assigned an MFP Demo Case Manager in April of 2025 and awaits housing.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has failed to meet her burden.

This appeal is limited to the determination that Appellant's medical need was less than required for MassHealth to pay for nursing facility services arising from the review performed in October and December, 2025.

Eligibility requirements for skilled nursing services are set forth with specificity at 130 CMR 456.409(A)(B) and (C) as follows (emphasis supplied):

456.409: Services Requirement for Medical Eligibility

To be considered medically eligible for nursing-facility services, the member or applicant must require one skilled service listed in 130 CMR 456.409(A) daily or the member must have a medical or mental condition requiring a combination of at least three services from 130 CMR 456.409(B) and (C), including at least one of the nursing services listed in 130 CMR 456.409(C).

(A) Skilled Services. Skilled services must be performed by or under the supervision of a registered nurse or therapist. Skilled services consist of the following:

- (1) intravenous, intramuscular, or subcutaneous injection, or intravenous feeding;
- (2) nasogastric-tube, gastrostomy, or jejunostomy feeding;
- (3) nasopharyngeal aspiration and tracheostomy care, however, long-term care of a tracheotomy tube does not, in itself, indicate the need for skilled services;
- (4) treatment and/or application of dressings when the physician has prescribed irrigation, the application of medication, or sterile dressings of deep decubitus ulcers, other widespread skin disorders, or care of wounds, when the skills of a registered nurse are needed to provide safe and effective services (including, but not limited to, ulcers, burns, open surgical sites, fistulas, tube sites, and tumor erosions);
- (5) administration of oxygen on a regular and continuing basis when the member's medical condition warrants skilled observation (for example, when the member has chronic obstructive pulmonary disease or pulmonary edema);
- (6) skilled-nursing observation and evaluation of an unstable medical condition (observation must, however, be needed at frequent intervals throughout the 24 hours; for example, for arteriosclerotic heart disease with congestive heart failure);
- (7) skilled nursing for management and evaluation of the member's care plan when underlying conditions or complications require that only a registered nurse can ensure that essential unskilled care is achieving its purpose. The complexity of the unskilled services that are a necessary part of the medical treatment must require the involvement of skilled nursing personnel to promote the member's recovery and safety;
- (8) insertion, sterile irrigation, and replacement of catheters, care of a suprapubic catheter, or, in selected residents, a urethral catheter (a urethral catheter, particularly one placed for convenience or for control of incontinence, does not justify a need for skilled-nursing care). However, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled-nursing care. In such instances, the need for a urethral catheter must be documented and justified in the member's medical record (for example, cancer of the bladder or a resistant bladder infection);
- (9) gait evaluation and training administered or supervised by a registered physical therapist at least five days a week for members whose ability to walk has recently been impaired by a neurological, muscular, or skeletal abnormality following an acute condition (for example, fracture or stroke). The plan must be designed to achieve specific goals within a specific time frame. The member must require these services in an institutional setting;
- (10) certain range-of-motion exercises may constitute skilled physical therapy only if they are part of an active treatment plan for a specific state of a disease that has

resulted in restriction of mobility (physical-therapy notes showing the degree of motion lost and the degree to be restored must be documented in the member's medical record);

(11) hot pack, hydrocollator, paraffin bath, or whirlpool treatment will be considered skilled services only when the member's condition is complicated by a circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications; and (12) physical, speech/language, occupational, or other therapy that is provided as part of a planned program that is designed, established, and directed by a qualified therapist. The findings of an initial evaluation and periodic reassessments must be documented in the member's medical record. Skilled therapeutic services must be ordered by a physician and be designed to achieve specific goals within a given time frame.

(B) Assistance with Activities of Daily Living. Assistance with activities of daily living includes the following services:

- (1) bathing when the member requires either direct care or attendance or constant supervision during the entire activity;*
- (2) dressing when the member requires either direct care or attendance or constant supervision during the entire activity;*
- (3) toileting, bladder or bowel, when the member is incontinent of bladder or bowel function day and night, or requires scheduled assistance or routine catheter or colostomy care;*
- (4) transfers when the member must be assisted or lifted to another position;*
- (5) mobility/ambulation when the member must be physically steadied, assisted, or guided in ambulation, or be unable to propel a wheelchair alone or appropriately and requires the assistance of another person; and*
- (6) eating when the member requires constant intervention, individual supervision, or direct physical assistance.*

(C) Nursing Services. Nursing services, including any of the following procedures performed at least three times a week, may be counted in the determination of medical eligibility:

- (1) any physician-ordered skilled service specified in 130 CMR 456.409(A);*
- (2) positioning while in bed or a chair as part of the written care plan;*
- (3) measurement of intake or output based on medical necessity;*
- (4) administration of oral or injectable medications that require a registered nurse to monitor the dosage, frequency, or adverse reactions;*
- (5) staff intervention required for selected types of behavior that are generally considered dependent or disruptive, such as disrobing, screaming, or being physically abusive to oneself or others; getting lost or wandering into inappropriate places; being unable to avoid simple dangers; or requiring a consistent staff one-to-one ratio for reality orientation when it relates to a specific diagnosis or behavior as determined by a mental-health professional;*
- (6) physician-ordered occupational, physical, speech/language therapy or some combination of the three (time-limited with patient-specific goals);*
- (7) physician-ordered licensed registered nursing observation and/or vital-signs*

*monitoring, specifically related to the written care plan and the need for medical or nursing intervention; and
(8) treatments involving prescription medications for uninfected postoperative or chronic conditions according to physician-ordered, or routine changing of dressings that require nursing care and monitoring.*

As stated above, a member must require at least one of the 12 skilled services listed under subsection (A) on a daily basis or the member must have a medical or mental condition requiring a combination of at least three services from subsections (B) and (C), including at least one of the nursing services listed in subsection (C).

Relative to the above-cited regulation, MassHealth's agent have adequately demonstrated that Appellant neither requires at least one of the 12 skilled services listed under subsection (A) on a daily basis nor does she have a medical or mental condition requiring a combination of at least three services from subsections (B) and (C), including at least one of the nursing services listed in subsection (C).

At hearing Appellant herself made no effort to dispute the nurses' testimony, findings and conclusion. Instead, she focused on her state of homelessness. The social worker who accompanied Appellant claimed that Appellant still needed assistance with all ADLs but failed to provide any documentation or third-party opinions to support her claim. Neither Appellant nor the social worker asserted any facts that would amount to meeting the requirements set forth above.

On this record Appellant has not met her burden of demonstrating the invalidity of MassHealth's decision. Accordingly, the 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

cc:

[REDACTED]

[REDACTED]

MassHealth Representative: Desiree Kelley, RN, BSN, Massachusetts Executive Office of Elder Affairs, 1 Ashburton Pl., 3rd Floor, Boston, MA 02108, 617-222-7410