

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████ 2016
SIGNATURE CONFIRMATION

REQUEST #742338

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

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██████████
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██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, Community Health Network of Connecticut (“CHNCT”), the Administrator of request for Durable Medical Equipment (“DME”) for the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) stating that it had denied a prior authorization request for repair and replacement of the Quickie Xtender power assist system for his wheelchair, pursuant to Section 17b-259b(a)(5) of the Connecticut General Statutes, based on not receiving enough information from his provider to show that the repair and replacement of the Quickie Xtender power assist system on the Appellant’s wheelchair was medically necessary.

On ██████████ 2015, the Appellant requested an administrative hearing to contest CHNCT’s denial of his prior authorization request for approval of the repair and replacement of the Quickie Xtender power assist system for his wheelchair.

On ██████████ 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████, Appellant
Fabiola Goin, Clinical Quality Analyst for CHNCT
Rosa Maurizo, RN, Representative for CHNCT
Hernold C. Linton, Hearing Officer

The hearing record remained open for the submission of additional information. The hearing record was closed on [REDACTED] 2016.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for repair and replacement of the Quickie Xtender power assist system on his wheelchair as not medically necessary was correct and in accordance with the statute and regulations.

FINDINGS OF FACT

1. The Appellant is a recipient of medical assistance under the Medicaid/Husky C program. (Appellant's testimony; Hearing Summary)
2. The Appellant is 47 years of age (DOB [REDACTED]/68), and lives with his family in the community. (Appellant's testimony; Hearing Summary)
3. The Appellant is wheelchair bound following a gunshot wound in 2003 that left him paraplegic, and with chronic lower back pain. (Appellant's testimony; Appellant's Exhibit A: [REDACTED]/16 Letter from Dr. Maughan)
4. On [REDACTED] 2015, CHNCT, the administrative services organization ("ASO") subcontractor for the Department received a prior authorization request from Hudson Seating and Mobility for a replacement power assist system for the Appellant's manual wheelchair. (Hearing Summary; Dept.'s Exhibit #1: Prior Authorization Request)
5. On [REDACTED] 2015, a Medical Director for CHNCT evaluated the medical information submitted with the Appellant's prior authorization request, and determined that due to a lack of clinical documentation submitted there was an inability to confirm that a manual wheelchair with power assist system meets the Appellant's complex medical needs. (Hearing Summary; Dept.'s Exhibit #2: [REDACTED]/15 Medical Review)
6. On [REDACTED] 2015, CHNCT sent a Notice of Action to the Appellant advising him that the prior authorization request received from his provider for approval of repair and replacement of the Quickie Xtender power assist system was denied because his provider did not provide enough information to show that the Quickie Xtender power assist system was medically necessary. (Hearing Summary; Dept.'s Exhibit # 3: [REDACTED]/15 Notice of Action)
7. From [REDACTED] 2015 through [REDACTED] 2015, CHNCT received additional clinical information from the Appellant's providers. (Hearing Summary; Dept.'s Exhibits #10 through #21: Additional Clinical Information)
8. CHNCT conducted an appeal review of the Appellant's medical records and determined that although a wheeled mobility device was medically necessary for the Appellant to achieve independent functional mobility due a spinal cord injury with paraplegia, there was a lack of evidence in the documentation submitted that the

specific component requested (a replacement of the Quickie Xtender power assist system) and labor to install the power assist system to the Appellant's existing 2005 manual wheelchair) was medical necessary. (Hearing Summary; Dept.'s Exhibit #22: ██████/15 Medical Review)

9. CHNCT recommended that the Appellant receives a comprehensive seating and mobility evaluation as his existing seating system is not effective in addressing the Appellant's medical needs. (Hearing Summary; Dept.'s Exhibit #22)
10. On ██████ 2015, CHNCT sent a Notice of Action to the Appellant advising him that the prior authorization request received from his provider for approval of the repair and replacement of the Quickie Xtender power assist system was once again denied. (Dept.'s Exhibit #23: ██████/15 Notice of Action)
11. The Appellant has bilateral heel wounds related to his wheelchair use, and which is caused by the dragging of his feet on the ground. (Hearing Summary; Dept.'s Exhibit #22)
12. The Appellant suffers from chronic sacral ulcers. (Hearing Summary; Dept.'s Exhibit #20: ██████/15 Clinical Information)
13. There is a lack of evidence that the existing seating system on the Appellant's wheelchair is clinically appropriate for the Appellant. (Hearing Summary; Dept.'s Exhibit #22)
14. There is a lack of evidence that the Appellant's 2005 Quickie 2 manual wheelchair is appropriate and effective in addressing his extensive medical needs related to his impairments. (Hearing Summary; Dept.'s Exhibit #22)
15. On ██████ 2014, CHNCT approved and paid \$7,000.00 to Hudson Seating and Mobility for the repair and replacement of the Quickie Xtender power assist system for the Appellant's manual wheelchair. (Hearing Summary)
16. The previous repair and replacement of the Quickie Xtender power assist system on the Appellant's manual wheelchair, paid for by Medicaid, was expected to last for approximately five (5) years, depending on the use. (Dept.'s Exhibit #21, pg. 3: ██████/15 Medical Review Request)
17. The previous repair and replacement of the Quickie Xtender power assist system on the Appellant's manual wheelchair may still be under warrantee by the manufacture or supplier. (Testimony of CHNCT's Representative)

CONCLUSIONS OF LAW

1. The Department is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b-2; Conn. Gen. Stat. §17b-262]

2. For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. [Conn. Gen. Stat. § 17b-259b (a)]

Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity. [Conn. Gen. Stat. 17b-259b (b)]

Upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity. [Conn. Gen. Stat. 17b-259b (c)]

3. Durable medical equipment" or "DME" means equipment that meets all of the following requirements:
 - (A) can withstand repeated use;
 - (B) is primarily and customarily used to serve a medical purpose;
 - (C) generally is not useful to a person in the absence of an illness or injury;
 - (D) is nondisposable[Conn Agencies Regs. § 17b-262-673(8)]

4. Payment for DME and related equipment is available for Medicaid clients who have a medical need for equipment that meets the department's definition of DME when the item is prescribed by a licensed practitioner, subject to the conditions and limitations set forth in sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies. [Conn Agencies Regs. § 17b-262-675]

5. The department shall pay for the purchase or rental and the repair of DME, except as limited by sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies, that conforms to accepted methods of diagnosis and treatment and is medically necessary and medically appropriate. [Conn Agencies Regs. § 17b-262-676(a)(1)]

Examples of DME covered by Medicaid are, but not limited to:

- (A) wheelchairs and accessories;
 - (B) walking aides, such as walkers, canes, and crutches;
 - (C) bathroom equipment such as commodes and safety equipment;
 - (D) inhalation therapy equipment such as IPPB machines, suction machines, nebulizers, and related equipment;
 - (E) hospital beds and accessories; and
 - (F) enteral/parenteral therapy equipment.
- [Conn Agencies Regs. § 17b-262-676(a)(3)]

6. The repair and replacement of the Quickie Xtender power assist system for the Appellant's manual wheelchair as requested in the prior authorization request is considered a DME that is covered by Medicaid.
7. Although the Appellant's ability to function independently both at home and in the community depends on him having a fully functioning wheelchair, a review of the medical information submitted led to the conclusion that based on the age of his current wheelchair and his complex medical needs, a second repair and replacement of the Quickie Xtender power assist system for his manual wheelchair is not medically necessary.
8. CHNCT correctly determined that a second repair and replacement of the Quickie Xtender power assist system for the Appellant's manual wheelchair that is 10 years old, is not the most cost effective solution to meet the Appellant's functional needs stemming from his multiple impairments.
9. CHNCT correctly determined that based on an assessment of the Appellant and his impairments, repair and replacement of the Quickie Xtender power assist system for his manual wheelchair is not medically necessary.
10. CHNCT correctly determined that a second repair and replacement of the Quickie Xtender power assist system for the Appellant's manual wheelchair is not medically necessary for the Appellant because the clinical information submitted claiming to meet the Appellant's complicated medical needs does not validate this request.

DISCUSSION

CHNCT's denial of the prior authorization request for approval of a second repair and replacement of the Quickie Xtender power assist system for the Appellant's 10 years old manual wheelchair as not medically necessary is correct and in accordance with the statute and regulation. The prior repair and replacement of the Quickie Xtender power assist system

for the Appellant's manual wheelchair was expected to last for at least five (5) years. However, it has been only a year since CHNCT paid for repair and replacement of the Quickie Xtender power assist system currently on the Appellant's manual wheelchair.

CHNCT is recommending a comprehensive medical evaluation of the Appellant's seating and mobility needs to determine if his 2005 manual wheelchair is still clinically appropriate and effective in addressing the Appellant's impairments as enough information was not received from his providers to show that a second repair and replacement of the power assist system is medically necessary in meeting his functional needs. Consequently, CHNCT denied the prior authorization request as not being medically necessary.

DECISION

The Appellant's appeal is **DENIED**.



Hernold C. Linton
Hearing Officer

cc: **CHNCT Appeals**, @chnct.org
Fatima Williams, DSS, Central Office
Robert Zavoski, M.D., Medical Director, DSS, Central Office

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.