

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

Client ID # ██████████
Request # 744393

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, LogistiCare Solutions, LLC (“LogistiCare”) sent ██████████ (the “Appellant”) a notice of action (“NOA”) denying a request for non-emergency medical transportation to the Appellant’s chosen medical provider for the reason that there are other Medicaid providers who can provide the same care who are closer to the Appellant’s home.

On ██████████ 2015, the Appellant requested an administrative hearing to contest LogistiCare’s denial of her request for non-emergency medical transportation.

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

On ██████████ 2016, at the Appellant’s request, OLCRAH issued a notice rescheduling the hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17b-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
Jasper Redd, LogistiCare’s representative
██████████, Friend of the Appellant, Observing
James Hinckley, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether LogistiCare's denial of non-emergency medical transportation to the Appellant's chosen medical provider because it was not the nearest appropriate medical provider, was correct.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)
2. LogistiCare is a transportation broker for the State of Connecticut, providing non-emergency medical transportation to Medicaid eligible clients for Medicaid eligible services. (Hearing Record)
3. Approximately two years ago, the Appellant had oral surgery to correct problems with her jaw that was performed by Dr. [REDACTED] at [REDACTED] Department, [REDACTED] CT ("[REDACTED]"). (Appellant's testimony)
4. The Appellant has recently been suffering from pain in her jaw and ear, and made an appointment to be seen at [REDACTED] on [REDACTED] 2015 to be evaluated for the pain. (Appellant's testimony, Hearing Record)
5. On [REDACTED] 2015, the Appellant requested that LogistiCare provide transportation to an appointment with Dr. [REDACTED] at [REDACTED]. (Hearing Record)
6. On [REDACTED] 2015, LogistiCare sent the Appellant a NOA notifying her that her [REDACTED] 2015 request for non-emergency medical transportation to Dr. [REDACTED] CT [REDACTED]s) on [REDACTED] 2015 was denied for the reason: There are other Medicaid providers who can give you the care you need and who are closer to your home. (Ex. 2: [REDACTED] 2015 NOA from LogistiCare)
7. On [REDACTED] 2016, LogistiCare received a Grievance and Administrative Hearing request from the Appellant appealing the denial of her request for non-emergency medical transportation to [REDACTED]. (LogistiCare Representative's testimony)
8. On [REDACTED] 2016, LogistiCare left a voice mail attempting to contact Dr. [REDACTED] at [REDACTED] so that he could complete a "Closest Provider Certification" form indicating the medical necessity for the Appellant to receive care at the specific facility, [REDACTED] (Hearing Summary, LogistiCare Representative's testimony)

9. On [REDACTED] 2016, the Oral Surgery Department at [REDACTED] reported back to LogistiCare that Dr. [REDACTED] no longer practices at the hospital and has not practiced there in over two years. (Hearing Summary, LogistiCare Representative's testimony)
10. On [REDACTED] 2016, LogistiCare sent the Appellant a letter informing her that medical transportation for Medicaid covered services will be approved to any one of four closer providers accepting new patients within a 15 mile service area, including [REDACTED] and [REDACTED]. (Ex. 3: Letter from LogistiCare dated [REDACTED] 2016)
11. [REDACTED] is more than 15 miles from the Appellant's home. (Appellant's testimony)
12. The Appellant did not contact any of the four closer providers suggested by LogistiCare to arrange for treatment; the Appellant has had previous experience with one of the four suggested providers, [REDACTED], and was not satisfied with the care she received from the provider. (Appellant's testimony)
13. The Appellant's reasons for wanting to be treated by [REDACTED] are that she was satisfied with her past treatment there, that she feels [REDACTED] may possess better equipment than other providers, and that [REDACTED] is familiar with her and already has the records from her prior oral surgery that was performed there. (Appellant testimony)

CONCLUSIONS OF LAW

1. Connecticut General Statutes (Conn. Gen. Stat.) §17b-262 provides that the Department may make such regulations as are necessary to administer the medical assistance program.
2. Conn. Gen. Stat. §17b-276(b) provides that notwithstanding any other provision of the general statutes, for purposes of administering medical assistance programs, including, but not limited to, the state-administered general assistance programs and programs administered pursuant to Title XIX or Title XXI of the Social Security Act, the Department of Social Services shall be the sole state agency that sets emergency and nonemergency medical transportation fees or fee schedules for any transportation services that are reimbursed by the Department for said medical assistance programs.
3. Section 17-134d-33 of the Regulations of Connecticut State Agencies (Regs. Conn. State Agencies) sets forth the requirements for payment of Medical Transportation Services rendered to persons determined eligible for such services under provisions of Connecticut's Medical Assistance Program in

accordance with Section 17-134d of the General Statutes of Connecticut. Regs. Conn. State Agencies § 17-134d-33(a)

5. Payment for medical transportation services is available for all Medicaid eligible recipients subject to the conditions and limitations which apply to these services. Regs. Conn. State Agencies § 17-134d-33(d)
6. Payment for transportation may be made for eligible recipients under the Medicaid program, except as otherwise provided in these regulations, when needed to obtain necessary medical services under Medicaid, and when it is not available from volunteer organizations, other agencies, personal resources, or is not included in the medical provider's Medicaid rate. Regs. Conn. State Agencies § 17-134d-33(e)(1)(B)
7. The Department reserves the right to limit its payment of transportation to the nearest appropriate provider of medical services when it has made a determination that traveling further distances provides no medical benefit to the recipient. Regs. Conn. State Agencies § 17-134d-33(e)(2)(B)
8. There is no evidence that traveling a greater distance to be treated at ■. ■ will provide a medical benefit to the Appellant.
9. LogistiCare was correct when it denied the Appellant's request for non-emergency medical transportation to ■ because it made a determination that four other medical providers closer to the Appellant's home could provide her with equivalent care.

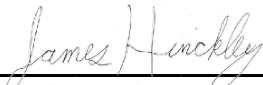
DISCUSSION

There may be one or more valid reasons why the Appellant might receive a medical benefit from being treated at ■ rather than by a provider nearer her home, but absent any proof of the reasons, LogistiCare was correct to deny her request.

If ■ possesses special equipment or special knowledge necessary to appropriately treat the Appellant, they may submit a Closest Provider Certification form to LogistiCare documenting the medical benefit to the Appellant of specific treatment there and her medical transportation may be approved. Otherwise, transportation to medical appointments is limited to the nearest provider who can provide appropriate care.

DECISION

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



James Hinckley
Hearing Officer

cc: Carol Lynn Gironda, LogistiCare
Mary Ann Gunn, LogistiCare
Brenda Wilder, LogistiCare
Holly Novicelli, LogistiCare

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 Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105.

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 his 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.