

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

██████████ 2018  
SIGNATURE CONFIRMATION

REQUEST ██████████

CLIENT ID ██████████  
CASE ID ██████████

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████ 2018, Veyo, the medical transportation broker for the Department of Social Services (the "Department") responsible for authorizing and arranging non-emergency medical transportation ("NEMT") for Medicaid recipients sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying her ██████████ 2018 request for livery services as her mode of non-emergency medical transportation service on ██████████ 2018 due to missing the required documentation to support livery services, pursuant to section 17b-262-528(d) of the Regs. of Conn. State Agencies.

On ██████████ 2018, the Appellant requested an administrative hearing to contest Veyo's denial of her request for livery service as her mode of non-emergency medical transportation service.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling an administrative hearing for ██████████ 2018 @ 11:00 AM.

On ██████████ 2018, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████ Appellant  
Norma Drennen, Representative for Veyo, a Total Transit Company  
Hernold C. Linton, Hearing Officer

The hearing record was held open for the submission of additional evidence. The hearing record was closed on [REDACTED] 2018.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether Veyo's denial of the Appellant's request for livery services as her mode of non-emergency medical transportation ("NEMT") service is correct and in accordance with state law.

### **FINDINGS OF FACT**

1. The Appellant is an eligible recipient of medical assistance under the Medicaid program. (Appellant's testimony; Hearing Summary)
2. The Appellant had been receiving approved livery service to travel to her non-emergency medical appointments covered by Medicaid. (Appellant's testimony; Hearing Summary)
3. Veyo, the Department's non-emergency medical transportation broker determined that a Medically Appropriate Mode Form was not completed and provided to Veyo by the Appellant's provider indicating why she is not medically able to travel via Public Transit. (Hearing Summary)
4. On [REDACTED] 2018, Veyo sent a Notice of Action to the Appellant stating that her [REDACTED] 2018 request for NEMT on [REDACTED] 2018 had been denied for not receiving the required documentation to support her level of NEMT need, or other supporting documentation was not received, pursuant section 17b-262-528(d) of the Regs. Conn. State Agencies." (Hearing Summary; Dept.'s Exhibit #1: [REDACTED] 18 Notice of Action)
5. Veyo did not provide the Appellant with an alternate mode of transportation, such as bus pass for the Public Transit system, to travel to her non-emergency medical appointments. (Appellant's testimony)
6. Veyo did not send prior notice to the Appellant requesting documentation of her medical need for livery service to travel to her non-emergency medical appointments. (Appellant's testimony)
7. On [REDACTED] 2018, Veyo received a Medically Appropriate Mode Form stating that livery service is suited for the Appellant's transportation needs over the next 12 month. (Hearing Summary; Dept.'s Exhibit #2: Medically Appropriate Mode Form)
8. Veyo determined that the Medically Appropriate Mode Form provided is missing the reason under the Diagnosis/Medically Necessity section as to why the Appellant needs livery service to travel to her non-emergency medical appointments. (Hearing Summary, Dept.'s Exhibit #2)

9. On [REDACTED] 2018, Veyo contacted the Appellant's provider and requested Medically Necessity documentation listed on the Medically Appropriate Mode Form for their Clinical Coordinator to review regarding the Appellant's medical need for livery service to travel to her non-emergency medical appointments. (Hearing Summary)
10. The Appellant ambulates with the assistance of a cane. (Appellant's testimony)
11. Veyo did not receive evidence from the Appellant's provider to support her need to travel by livery service to her non-emergency medical appointments. (Hearing Summary; Dept.'s Exhibit # 2)
12. Veyo determined based on the lack of medical evidence for the Appellant's need for livery service that the Appellant's non-emergency medical transportation needs could be met with the use of mass transit and other forms of public transportation, which is less costly and as effective. (Hearing Summary)

### **CONCLUSIONS OF LAW**

1. The Department is the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act. The Commissioner may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. § 17b-2; Conn. Gen. Stat. § 17b-3]
2. Any transportation providers awarded a contract or subcontract by the Commissioner for the direct provision of such services shall meet state licensure or certification requirements and the non-emergency transportation requirements established by the Department of Social Services and shall provide the most cost effective transportation service. [Conn. Gen. Stat. §17b-276(a)]
3. The Commissioner of Social Services shall only authorize payment for the mode of transportation service that is medically necessary for a recipient of assistance under a medical assistance program administered by the Department of Social Services. [Conn. Gen. Stat. § 17b-276c]
4. Section 17b-259b of the Connecticut General Statutes states that "Medically necessary" and "medical necessity" defined. Notice of denial of services Regulations. (a) 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.

(b) 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.

(c) 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.

5. Payment for medical transportation services is available for all Medicaid eligible recipients subject to the conditions and limitations that apply to these services. [Conn. Agencies Reg. § 17-134d-33(d)]
6. Medicaid assures that necessary transportation is available to recipients to and from providers of medical services covered by Medicaid, and subject to regulations, may pay for such transportation. [Conn. Agencies Reg. § 17-134d-33(e)(1)]
7. 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 covered by 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. [Conn. Agencies Reg. § 17-134d-33(e)(1)(B)]
8. Transportation may be paid only for trips to or from a medical provider for the purpose of obtaining medical services covered by Medicaid. If the medical service is paid for by a source other than the Department, the Department may pay for the transportation as long as the medical service is necessary and is covered by Medicaid. [Conn. Agencies Reg. §17-134d-33(e)(1)(C)]
9. The Department reserves the right to make the determination as to which type of transportation is the most appropriate for a recipient. [Conn. Agencies Reg. § 17-134d-33(e)(2)(A)]
10. The Department may pay for only the least expensive appropriate method of transportation, depending on the availability of the service and the physical and

medical circumstances of the patient. [Conn. Agencies Reg. § 17-134d-33(e)(2)(C)]

11. The Department may pay for transportation services which are required in order for a recipient to receive necessary medical care which is covered under the Medicaid Program. [Conn. Agencies Reg. § 17-134d-33(f)(1)]

12. Medical Services Policy § 175E Medical Transportation Services:

I. Services Covered

(a) Medicaid assures that necessary transportation is available for recipients to and from providers of medical services covered by Medicaid, and subject to this regulation, may pay for such transportation.

(b) 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 covered by Medicaid, and when it is not available from volunteer organizations, other agencies, personal resources, or is not included in the provider's Medicaid rate.

(c) Transportation may be paid only for trips to and from a medical provider for the purpose of obtaining medical services covered by Medicaid. If the medical service is paid for by a source other than the Department, the Department may pay for the transportation as long as the medical service is necessary and is covered by Medicaid.

II Service Limitations

(a) The Department reserves the right to make the determination as to which type of transportation is the most appropriate for the recipient.

(b) 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.

(c) The Department may pay for only the least expensive appropriate method of transportation, depending on the availability of the service and the physical and medical, circumstances of the patient.

(g) Livery

1. Payment may be made for livery transportation if:
  - aa. the patient is ambulatory and may require assistance; or
  - bb. no alternative less expensive means of transportation is available as determined by the Department.
13. There is no medical evidence that the severity of the Appellant's medical condition meets the statutory definition of medically necessary for receiving livery service to travel to her non-emergency medical appointments.
14. Veyo correctly concluded that the Appellant's non-emergency medical transportation needs could be met with the use of mass transit, which is less costly and as effective.
15. Veyo correctly changed the Appellant's non-emergency medical transportation type from livery service to mass transit.
16. Veyo correctly determined that livery service is not medically necessary to meet the Appellant's transportation needs for her non-emergency medical appointments.

### **DECISION**

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



Hernold C. Linton  
Hearing Officer

Pc: **Veyo**, [CTHearings@Veyo.com](mailto:CTHearings@Veyo.com)  
**Theresa Rugens**, DSS, Central Office  
**Hunter Griendling**, Veyo, [hgriendling@veyo.com](mailto:hgriendling@veyo.com)  
**Norma Drennen**, Veyo, [ndrennen@veyo.cpm](mailto:ndrennen@veyo.cpm)

### **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.