

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

██████████, 2018
Signature Confirmation

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

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Community Health Network of Connecticut (“CHNCT”) sent ██████████, (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization for a Quantum Q6 Edge HD power wheelchair stating that the requested power wheelchair has been denied as not medically necessary because it is not the right type or considered effective for your illness, injury or disease.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the CHNCT decision to deny the prior authorization request.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2018, at the home of the Appellant.

On ██████████, 2018, 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 at the home of the Appellant.

The following individuals were present at the hearing:

██████████ Appellant
██████████, National Seating and Mobility, DME Vendor
Robin Goss, CHNCT Representative
Shelley Starr, Hearing Officer

The hearing record was held open for the submission of additional evidence from the Appellant and to allow time for the Department's review and response. The Department responded on [REDACTED], 2018. On [REDACTED] 2018, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT correctly denied prior authorization for payment through the Medicaid program for a Quantum Q6 Edge HD power wheelchair.

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. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of durable medical equipment ("DME"). (Hearing Record)
3. The Appellant is [REDACTED] years old ([REDACTED]), and is pending Social Security disability. (Exhibit 1: Prior Authorization Request; Appellant's Testimony)
4. The Appellant has multiple medical diagnoses some of which include rheumatoid arthritis, osteoarthritis, fibromyalgia, diabetes with neuropathy, seizure disorder, edema, back pain, myocardial infarction, sciatica, hypertension, hyperlipidemia, spinal stenosis, cardiac problems, tachycardia, anxiety and a history of carpal tunnel. (Hearing Summary; Appellant's Exhibit 1: Letter of Medical Necessity dated [REDACTED], 2017 from [REDACTED]; Hearing Record)
5. The Appellant is independent with activities of daily living and functioning skills, except bathing. [REDACTED] has a CNA who comes to his home six out of seven days for approximately an hour and a half to assist with bathing. (Appellant's Testimony; Exhibit 2: [REDACTED] Letter of Medical Necessity dated [REDACTED] 2017)
6. The Appellant has lived at [REDACTED] current address several years and rents a room. He shares the apartment with two others who are also renting a room. (Appellant's Testimony)
7. The Appellant ambulates within [REDACTED] apartment independently using a rollator walker to assist with [REDACTED] navigation. [REDACTED] also utilizes a cane, bedside commode, a CPAP machine and hospital bed. (Appellant's Testimony; Hearing Record; Exhibit 2: [REDACTED] Letter of Medical Necessity)

8. The Appellant has 13 steps to access entry to his second floor apartment. The apartment has no ramp or elevator access and it is not handicapped accessible. (Appellant's Testimony; Hearing Summary; Exhibit 2: [REDACTED] Letter of Medical Necessity; Exhibit 17: Reconsideration Review Request)
9. The Appellant navigates to and from [REDACTED] apartment independently by carrying [REDACTED] rollator walker up and down a full flight of stairs, while holding on to the stairwell rails. (Appellant's Testimony; Hearing Summary; Exhibit 17: Reconsideration Review Request)
10. The Appellant experiences difficulty using the stairs and walking long distances. [REDACTED] has a history of falling and has been using public transportation and medical transportation services for errands and medical appointments. (Appellant's Testimony; Hearing Record)
11. The Appellant would like a power wheelchair for [REDACTED] community use to help [REDACTED] safely go shopping and attend [REDACTED] numerous medical appointments. (Appellant's Testimony; Exhibit 1: Prior Authorization Request and Assessment)
12. The Appellant does not plan to utilize a power wheelchair in [REDACTED] current home environment. [REDACTED] has arranged to store and charge the requested power wheelchair at a hardware store two buildings down from [REDACTED] apartment, and to utilize a taxi or bus to access the community using the power wheelchair. (Appellant's Testimony; Hearing Summary; Hearing Record)
13. On [REDACTED], 2017, CHNCT received a prior authorization request from [REDACTED] a durable medical equipment ("DME") vendor, for a Quantum Q6 Edge HD power wheelchair with power tilt, power elevating foot platform and seating components for diagnoses of rheumatoid arthritis, osteoarthritis and fibromyalgia. (Exhibit 1: Prior Authorization Request ; Exhibit 2: [REDACTED] Letter of Medical Necessity)
14. On [REDACTED], 2017, CHNCT completed an internal review of the medical information submitted and denied the prior authorization request for a Quantum Q6 Edge power wheelchair as not medically necessary stating the requested wheeled mobility device type cannot be determined to meet [REDACTED] medical needs. (Exhibit 3: Medical Review dated [REDACTED], 2017)
15. On [REDACTED] 2018, CHNCT denied the request for a Quantum Q6 Edge HD power wheelchair with power tilt, power elevating foot platform and seating components because it is not the right type, or considered

- effective for your illness, injury or disease. (Exhibit 4: Notice of Action for Denied Services dated [REDACTED] 2018)
16. On [REDACTED] 2018, the Appellant requested an administrative hearing. (Exhibit 5: Administrative Hearing Request)
 17. On [REDACTED], 2018, CHNCT notified providers of the Appellant's appeal and requested additional clinical information supporting the medical need for the requested wheelchair from [REDACTED] DME vendor, and [REDACTED] physician. The information was due by [REDACTED], 2018. (Exhibit 7, 8 & 9: Medical Record Requests dated [REDACTED], 2018)
 18. On [REDACTED], 2018, CHNCT sent the additional information received from [REDACTED] and the medical records obtained by the Appellant for an appeal review. (Exhibits 10 & 11: Medical Records; Exhibit 13: Medical Records)
 19. On [REDACTED] 2018, CHNCT completed an internal review and the denial was upheld because it could not determine that a power wheelchair could address the medical conditions since a power wheelchair does not address the primary barrier of having access to appropriate housing for safe activities of daily living needs, home mobility needs, and existing medical conditions. (Department's Testimony; Exhibit 15: Medical Review dated [REDACTED] 2018)
 20. On [REDACTED], 2018, CHNCT sent new information submitted by the Appellant at the hearing for a reconsideration review. The information included a letter of Medical Necessity from [REDACTED] dated [REDACTED], 2018, and a prescription dated [REDACTED] 2018, for an oversized motorized wheelchair by [REDACTED]. (Exhibit 17: Reconsideration Review Request dated [REDACTED], 2018)
 21. On [REDACTED] 2018, an internal review by CHNCT was completed and the denial was upheld because it could not be determined that a power wheelchair can address the Appellant's medical conditions since a power wheelchair does not address [REDACTED] primary barrier of having access to appropriate housing for safe activities of daily living needs, home mobility needs and to address existing medical conditions. (Exhibit 18: Reconsideration Review Results dated [REDACTED], 2018)
 22. There is lack of evidence in the hearing record, that the Quantum Q6 Edge HD power wheelchair is medically necessary and clinically appropriate for the Appellant. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Connecticut General Statutes § 17b-262 provides that the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.
3. Sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for the payment of durable medical equipment (DME) to providers, for clients who are determined eligible to receive services under Connecticut Medicaid pursuant to section 17b-262 of the Connecticut General Statutes (CGS).

“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; and
- D. Is not disposable. [Conn. Agencies Regs. § 17b-262-673(8)]

Payment for “DME” and related equipment is available for Medicaid client 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]

The Department shall pay for the purchase or rental and 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)]

A Quantum Q6 Edge HD power wheelchair with power tilt, power elevating foot platform and seating components meets the definition of durable medical equipment per the regulations.

4. State statute provides that 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. Stats. § 17b-259b(a)]

State statute provides that 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. Stats. § 17b-259b(b)]

State statute provides that 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. Stats. § 17b-259b(c)]

5. Regulation defines medical appropriateness or medically appropriate as health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate setting; and is the least costly of multiple, equally-effective, alternative treatments or diagnostic modalities. [Conn. Agency Regs. § 17b-262-673(15)]

Regulation defines medical necessity or medically necessary as health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health; to diagnose a condition; or to

prevent a medical condition from occurring. [Conn. Agency Regs. § 17b-262-673(17)]

Regulation defines prior authorization or PA as approval for the service or the delivery of goods from the department before the provider actually provides the service or delivers the goods. [Conn. Agency Regs. § 17b-262-673(20)]

6. Regulation provides that the department shall not pay for anything of an unproven, experimental or research nature or for services in excess of those deemed medically necessary by the department to treat the recipient's condition or for services not directly related to the recipient's diagnosis, symptoms, or medical history. [Conn. Agency Regs. § 17b-262-676(b)(1)]

CHNCT correctly determined that the Appellant does not meet the criteria to authorize payment for the Quantum Q6 Edge HD power wheelchair because the Appellant has not substantiated the need for the Quantum Q6 Edge HD power wheelchair as medically necessary.

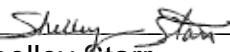
CHNCT correctly determined that the Quantum Q6 Edge HD power wheelchair is not clinically appropriate because the Appellant has not addressed [REDACTED] safe mobility needs within [REDACTED] apartment and apartment building, as the requested power wheelchair cannot be safely accessed for [REDACTED] community use.

CHNCT correctly denied the Appellant's request for prior authorization of the Quantum power wheelchair because the Appellant does not meet the medical necessity criteria for the purchase of the Quantum Q6 Edge HD power wheelchair in accordance with state statutes and regulations.

On [REDACTED] 2018, CHNCT correctly denied the Appellant's request for prior authorization of the Quantum Q6 Edge HD power wheelchair.

DECISION

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



 Shelley Starr
 Hearing Officer

cc: appeals@chnct.org
 Fatmata Williams, DSS

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.

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.