

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

Signature confirmation

Client #:
Request #:

NOTICE OF DECISION

PARTY

PROCEDURAL BACKGROUND

On , Community Health Network of Connecticut (“CHNCT”) issued (the “Appellant”) a notice stating that it had denied her medical provider’s request for prior authorization of a Quantum Q6 Edge custom power wheelchair with power tilt/recline combination and seating components because it was not medically necessary.

On , the Appellant’s requested an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) because she disagrees with the CHNCT’s decision.

On , the OLCRAH issued a notice to the Appellant scheduling an administrative hearing for .

On , 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. These individuals participated in the hearing:

- *, the Appellant
 - , Physical Therapy Assistant,
 - , Assisted Technology Professional (“ATP”), National Seating and Mobility
 - Barbara McCoid, RN, Appeals & Grievances Analyst, CHNCT
 - Maureen Foley-Roy, Hearing Officer
- *(since requesting the hearing, was divorced and has changed her surname to)

The hearing officer held the hearing record open to give the Appellant an opportunity to review the hearing summary. The hearing record closed on .

STATEMENT OF ISSUE

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

tilt/recline combination with seating and other related components because it is not medically necessary.

FINDINGS OF FACT

1. The Appellant was admitted to the skilled nursing facility where she currently resides with a pressure sore. (Exhibit 1: Prior Authorization request and PT assistant's testimony)
2. The Appellant is thirty nine years old and her diagnoses upon admittance to the facility included muscle weakness, cerebral palsy, hypertension, afib, low back pain, post-traumatic stress disorder and abscess of back. (Exhibit 1)
3. For approximately five years, the Appellant had a wheelchair with many of the same features, including the tilt/recline combination of the chair that she is requesting but it broke. The chair was repaired with loaner parts and the Appellant continued to use it. (Appellant's testimony, Assisted Technology Professional's testimony)
4. In [REDACTED], the Appellant's wheelchair broke beyond repair and the company provided a loaner Quantum Q6 Edge custom power wheelchair with power tilt/recline combination and seating components. The chair is a loaner and was not fit to the Appellant's measurements or specifications. (Exhibit 3: Letter from OTR, Appellant's testimony, Assisted Technology Professional's testimony)
5. The Appellant has used the loaner wheelchair with power tilt/recline combination and seating components successfully since she has had it. (Exhibit 3, Appellant's testimony)
6. The Quantum Q6 Edge custom power wheelchair with power tilt/recline combination and seating components allows the Appellant to recline. This allows her to reposition herself in the chair, which helps with relieving pain in her arthritic hip and relieves pressure on the pressure points, helping with skin integrity issues. (Exhibit 1, Appellant's testimony and PT assistant's testimony)
7. The Appellant uses the tilt and recline features on her loaner wheelchair to promote proper body alignment and to prevent sacral sitting and relieve pressure. (Exhibit 10: Physical therapy notes)
8. The pressure ulcer that the Appellant had on her back upon admission has healed [REDACTED] her skin was intact at the time at the time of the prior authorization request. She has not had an issue with pressure sores/abscesses since she has been using the loaner chair. (Exhibit 1 and Appellant's testimony)
9. The Appellant has medical coverage through HUSKY C Medicaid programs. (Hearing Summary)
10. CHNCT is the Medicaid program's medical reviewer with respect to assessing requests for prior authorization of medical equipment for program participants. (Exhibit 1 and Exhibit 8: Request for medical documentation)
11. On [REDACTED], CHNCT received a prior authorization request for a Quantum Q6 Edge custom power wheelchair with power tilt/recline combination with seating and other related components for the Appellant.(Exhibit 1)
12. On [REDACTED], the CHNCT Medical Reviewer reviewed the information submitted and determined that the Appellant required replacement of her power wheelchair. The Reviewer denied the request for the Quantum Q6 edge power wheelchair with power tilt and

power recline combination as not clinically appropriate and therefore not medically necessary. The reviewer stated that the pictures of the Appellant in the chair displayed excessive posterior pelvic tilt causing her to slide anteriorly on the seat. The reviewer also stated that pictures showed an inappropriately long seat depth. The reviewer noted that consideration could be given to a fixed seat rather than a power recline. (Exhibit 4: Medical Review dated [REDACTED])

13. The chair that the Appellant is currently using and was photographed in is a loaner chair, provided to her because her own chair was beyond repair. It is not a custom chair, designed to the Appellant's specifications and measurements, as a new chair would be. (Assisted Technology Professional's testimony)
14. On [REDACTED] CHNCT denied the Appellant's medical provider's request for prior authorization of the Quantum Q6 edge power wheelchair with power tilt and power recline combination. The notice stated that the wheelchair was not the right type or considered effective for the Appellant's injury, illness or disease. The notice stated that the chair could lead to increased sliding in her seat which could lead to more skin problems. The notice advised her to consider a custom power wheelchair with a fixed backrest. (Exhibit 5: Notice of Action for Denied Services, [REDACTED])
15. On [REDACTED], the Appellant requested an administrative regarding the denial of the wheelchair. She stated that her previous wheelchair with similar features had worked well for five years but was no longer functioning. (Exhibit 6: Hearing request)
16. On [REDACTED], CHNCT requested additional medical information from the Appellant's facility. (Exhibit 8: Fax to [REDACTED])
17. On [REDACTED], CHNCT submitted additional medical information for an appeal review. (Exhibit 11: Appeal review request)
18. On [REDACTED], CHNCT upheld the denial of the Quantum Q6 edge power wheelchair with power tilt and power recline systems. The denial stated specifically that the power recline system was not clinically appropriate and therefore not medically necessary. The notice stated that use of a power recline system in the presence of existing skin integrity impairments could result in additional medical compromise. (Exhibit 12: Medical review of [REDACTED])
19. On [REDACTED], CHNCT sent a notice to the Appellant notifying her that denial of the wheelchair with the power tilt and power recline features had been upheld because the recline feature was not medically appropriate as shown in the wheelchair trials. (Exhibit 13: HUSKY Health letter sent [REDACTED])
20. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] [REDACTED]. Therefore this decision was initially due not later than [REDACTED]. However, the hearing record, which had been anticipated to close on [REDACTED], actually closed on [REDACTED] to allow the Appellant an opportunity to review the hearing summary and supporting documents submitted by CHNCT. Because of this 12 day extension, the final decision was not due until [REDACTED] and is therefore timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes designates the Department of Social Services to be the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
3. Section 7b-262 of the Connecticut General Statutes, states in part, that the Commissioner may make such regulations as are necessary to administer the Medical Assistance Program.
4. 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.
5. "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 non-disposable. Conn Agencies Regs. § 17b-262-673.
6. The Quantum Q6 Edge custom power wheelchair with power tilt/recline combination and seating components meets the definition of durable medical equipment, per the regulations.
7. Payment for DME and related equipment is available for Medicaid clients who have a medical need for such equipment which 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.
8. When the item for which Medicaid coverage is requested is not on the department's fee schedule, prior authorization is required by the department. The recipient requesting Medicaid coverage for a prescribed item not on the list shall submit such prior authorization request to the department through an enrolled provider of DME. Such request shall include a signed prescription and shall include documentation showing the recipient's medical need for the prescribed item. If the item for which Medicaid coverage is requested is not on the department's fee schedule, the provider shall also include documentation showing that the item meets the department's definition of DME and is medically appropriate for the client requesting coverage of such item. Conn Agencies Regs. 17b-262-676(a)(4).
9. 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).
10. 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).

11. The Quantum Q6 Edge custom power wheelchair with power tilt/recline combination with seating and other related components accommodates the Appellant's needs for positioning, mobility and support related to her various medical diagnoses as evidenced by the fact that she has used a wheelchair with such successfully for at least five years.
12. The Quantum Q6 power wheelchair with power tilt and power recline features is medically necessary for the Appellant.
13. CHNCT incorrectly determined that the Quantum Q6 power wheelchair with power tilt and power recline is not medically necessary for the Appellant.

DISCUSSION

The rationale for denying the Quantum 6 with the power recline feature was that it is not clinically appropriate "as confirmed by the results of the trials". The rationale upholding the denial states that use of a power recline system "could result in additional medical compromise for this member, including positioning impairments, increased pain and skin integrity impairments." But testimony from the Appellant and the physical therapy assistant indicate that the Appellant has been using this particular wheelchair successfully since it was first loaned to her in ██████████ 2018. (Her old chair, which she successfully used until it wore out, had the recline feature.) There have been no skin integrity issues since she has been using the loaner chair. The medical necessity forms submitted with the prior authorization request note that the Appellant's skin is intact. The rationale for the denial also references the positioning of The Appellant in the photographs and appears to rely heavily on those photographs. There was concern that she was sliding forward in the chair. But those photographs were of the Appellant in the loaner chair, which was not designated to her specifications. And still, the Appellant has successfully used this chair for four months which makes the reviewer's statement that the "chair is not clinically appropriate as confirmed by the results of the trials" puzzling. In addition, the chair that the Appellant had used successfully for the previous 5 years had the recline feature.

Given the Appellant's skin integrity issues, her arthritic hip and other medical diagnoses, it is beneficial for her to be able to reposition herself throughout the day by using both the tilt and the reclining features. There was no evidence in the record to indicate otherwise.

DECISION

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

ORDER

CHNCT will approve the Appellant's medical provider's [REDACTED] prior authorization request for the Quantum Q6 Edge custom power wheelchair with power tilt/recline combination with seating and other related components.

Compliance with this order is due by [REDACTED] to the undersigned and shall consist of documentation that the Quantum Q6 Edge custom power wheelchair with power tilt/recline combination with seating and other related components has been approved.



Maureen Foley-Roy,
Hearing Officer

Cc: Robert Zavoski, MD, DSS Medical Director
Barbara McCoid, CHNCT Appeals & Grievances

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.