

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

██████████, 2019
Signature Confirmation

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

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2019, Community Health Network of Connecticut (“CHNCT”) sent ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of a Bruno Custom Curved Stair Lift for their minor child, ██████████ (“the child”).

On ██████████, 2019, the Appellant requested an administrative hearing to contest the denial of the Bruno Custom Curved Stair Lift for the child.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, 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 attended the hearing:

██████████, Appellant’s mother
██████████, Appellant’s father
Barbara McCoid RN, CHNCT Representative, Appeals, and Grievances Analyst
Miklos Mencseli, Hearing Officer

On ██████████, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for approval of the Bruno Custom Curved Stair Lift, as not medically necessary pursuant to Section 17b-259b of the Connecticut General Statutes, is correct.

FINDINGS OF FACT

1. The child (DOB [REDACTED]) is a recipient of Husky A Medicaid. (Exhibit 1: Prior Authorization form dated [REDACTED]-19, 8 pages)
2. The child has a diagnosis of spastic quadriplegic cerebral palsy. (Summary, Exhibit 1, Appellant's Testimony)
3. Dr. [REDACTED] is the child's Pediatrician (Exhibit 1)
4. On [REDACTED], 2019, Dr. [REDACTED] submitted a prior authorization request form to CHCNT for a Bruno Custom Curved Stair lift. (Exhibit 1)
5. An evaluation from [REDACTED] was included with the request. The evaluation was conducted by [REDACTED], RPT ATP. (Exhibit 1: Evaluation dated [REDACTED]-19)
6. On [REDACTED], 2019, the Medical Reviewer reviewed the information submitted and denied the request. The Medical Reviewer noted "Unable to approve E1399 NU Bruno Custom Curve stair lift for this 4 YO with cerebral palsy and right spastic hemiplegia who resides at home. The custom curved stair lift was requested to address accessibility barriers within the home due to caregivers increasing difficulty carrying the 4 year-old member, 39 inches tall, 30 pounds, diagnosed with spastic quadriplegia with impaired mobility, up/down stairs in home. Based upon the documented clinical information from the evaluating therapist and by telephone, the medical need for a custom curved stair lift cannot be determined as medically necessary as compared to less costly alternatives not considered or evaluated. The multi-level custom curved stair lift type is requested for mobility from the basement to first level and then to the second floor for activities of daily living, access to kitchen, full bathroom, living area on main/1st floor and then to bedroom a full bathroom on second floor. The child is using a gait trainer at home for short distance mobility that can be carried between floors and requires assistance for stand pivot transfers to/from a stair lift an appropriately fitting seat. While this child requires safe access for mobility related activities of daily living at home, the requested custom curved stair lift for access to three levels of the home cannot be determined medically necessary as compared to less costly options not considered or evaluated. Consideration may be given to use of less costly stair lift models, including consideration for use of two stair lifts."

The Reviewers rationale was based on not more costly than Alternative Services. (Exhibit 6: Medical Review dated [REDACTED]-19)

7. On [REDACTED], 2019, CHNCT sent the Appellant a denial notice of action (NOA) for the prior authorization request for approval of Bruno Custom Curved Stair Lift, as it is not medically necessary because it is more costly than an alternative service or sequence of services that may produce equal results as to the treatment of your child's illness, injury or disease. (Exhibit 7: NOA dated [REDACTED]-19)
8. On [REDACTED], 2019, CHNCT received the Appellant's appeal request. (Summary, Exhibit 8: appeal request)
9. On [REDACTED], 2019, CHNCT sent the Appellant an acknowledgment letter regarding her administrative hearing request. (Exhibit 9: letter dated [REDACTED]-19)
10. On [REDACTED], 2019, in an effort to seek additional information as to why the Bruno Custom Curve lift is Medically Necessary for the child in regards to other stair lift models or a two stair lift system, CHNCT contacted, Dr. [REDACTED], [REDACTED], Dr. [REDACTED], Physiatrist, Dr. [REDACTED], Pediatrician, NSM, and [REDACTED] the evaluating Therapist. CHNCT received no new additional information. (Summary, Exhibit 10: request form dated [REDACTED]-19, Exhibit 11: request form dated [REDACTED]-19, Exhibit 13: request form dated [REDACTED]-19, Exhibit 14: request dated [REDACTED]-19)
11. The analysis of the child's situation was determined by a CHNCT therapist in consultation with [REDACTED] and the child's physician. A home visit was not conducted. (CHNCT Representatives Testimony)
12. On [REDACTED], 2019, the Medical Reviewer reviewed the information submitted and denied the request. The Medical Reviewer noted " This is a 4 yr old girl, 39" and 30 lbs, with cerebral palsy and right-sided spastic hemiplegia with a request for a custom curved stair lift. This request is based on her caregivers' stated increasing difficulty carrying her as she grows so that she can more easily access all three levels of their home. She is able to go up and downstairs upright with assistance and is learning to functionally crawl up and down the stairs also. For mobility, she crawls and uses a posterior walker for home and school and a power wheelchair at school for long distances. She is able to ambulate with her walker from outside into the house through the garage and is able to negotiate 2 steps into the house. From this basement level there are 6-7 stairs to a landing and then 6-7 steps to reach the next level. There is a kitchen, full bathroom, and living area on main floor and a bedroom for the child and a full bathroom on second floor. This request for a custom curved stair lift cannot be determined to be medically necessary compared to less costly alternatives to assist this

child in moving around her home. This decision is based on the DSS definition of medical necessity which includes: "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". (Exhibit 15: Medical Review dated [REDACTED]-19)

13. On [REDACTED], 2019, CHNCT sent the Appellant a determination letter upholding the denial of the Bruno Custom Curved Stair Lift for their child. (Exhibit 16: letter dated [REDACTED]19)
14. The child has mobility as she can move around her home by crawling on hands and knees. She has been observed to W-sit and side sit for play with occasional losses of balance while sitting. The child can pull herself up to standing furniture and walk with the help of an adult. She is working on crawling up the stairs however it is not a functional skill currently. The child is able to walk upstairs with moderate assistance and down stairs with moderate/ maximum assistance from her caregivers. The family reports the stair activity is becoming increasingly difficult as the child gets bigger and her spasticity increases. The child is carried up and down the stairs 98% of the time. (Exhibit 1: Evaluation dated [REDACTED]-19)
15. The child is able to transfer safely from chair lift to a wheelchair or walker with moderate assist of one adult. The child can perform stand-pivot and/or stand and step transfers as she can bear weight with adult assistance. The child has a walker that travels to/from school that is used at home. The child has a stroller for use in the home. (Exhibit 4: letter dated [REDACTED]-19 from [REDACTED], Exhibit 5: CHNCT phone conversation with [REDACTED] from [REDACTED] 19)
16. The child is a good candidate to receive an in-home stair lift. The stair lift would benefit the child's "caregivers and allow for safe transition between the 3 levels of her home". (Exhibit 1: Evaluation dated [REDACTED]-19 and Exhibit 3: Video contained on a Memory stick with Password: [REDACTED])
17. A less costly model or the use of a two stair lifts system stair lift is more appropriate for the child because it will assist the child in moving around her home. (CHNCT Representatives Testimony)
18. A less costly model or the use of a two stair lift system stair lift can accomplish the child's needs to access other levels of the home. (CHNCT Representative's Testimony)
19. The Bruno Custom Curved stair lift is one continues system with the child not having to be removed from the seat to access other levels. This is a convenience for the caregivers. (Appellant's Testimony)

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], 2019. Therefore, this decision is due not later than [REDACTED], 2019.

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 (6) 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. Section (§) 17b-262-672 to 17b-262-682 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.

Regulations of Connecticut State Agencies § 17b-262-673(8) provides “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.

Regulations of Connecticut State Agencies § 17b-262-675 provides payment for DME and related equipment is available for Medicaid clients who have a medical need for 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.

Regulations of Connecticut State Agencies § 17b-262-676(a)(1) provides that 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.

A Bruno Custom Curve stair lift meets the definition of durable medical equipment per regulation.

3. Connecticut General Statutes § 17b-259b (a) provides 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.

4. The Bruno Custom Curve stair lift does not meet the requirement of being not primarily for the convenience of the individual, the individual's health care provider or other health care providers.
5. The Bruno Custom Curve Stair Lift is 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.
6. Connecticut General Statutes § 17b-259b (b) provides 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.
7. Regulations of Connecticut State Agencies § 17b-262-342 (12) provides any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition or services not directly related to the client's diagnosis, symptoms or medical history.

CHNCT correctly denied prior authorization for Bruno Custom Curve Stair Lift for the child because it is not medically necessary as it is a convenience for the child, convenience for her caregivers and there are less costly alternatives (stair lift models, use of two stair lift system).

DISCUSSION

CHNCT does not disagree that the child would benefit from a stair lift. However, the particular model requested is not medically necessary as the record reflects that it is primarily for the convenience of the caregivers and there are other less costly models.

DECISION

The Appellant's appeal is Denied.



Miklos Mencseli
Hearing Officer

C: Community Health Network of CT (CHNCT)

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.