

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

[REDACTED] 2024
Signature Confirmation

[REDACTED]
[REDACTED]
[REDACTED]

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2024, MTM, inc., the medical transportation provider for the Department of Social Services (the "Department"), sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying his request for transportation reimbursement.

On [REDACTED] 2024, the Appellant requested an administrative hearing to contest MTM's denial of transportation reimbursement.

On [REDACTED] 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [REDACTED], 2024.

On [REDACTED] 2024, in accordance with sections 17b-60, 17-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, OLCRAH held an in person administrative hearing.

The following individuals participated in the hearing:

[REDACTED], Appellant
Akriti Rai, Program Director MTM, Department's Representative
Selena Edwards, Department's liaison, observer only
Amy MacDonough, Hearing Officer

The hearing record remained open for the submission of additional evidence by the Appellant and MTM. On [REDACTED], 2024, the Appellant provided the following documents through email from a Department employee: statement of medical assistance paid by the state from [REDACTED] 2022, through present. MTM did not provide any additional information and the record closed.

STATEMENT OF THE ISSUE

The issue is whether MTM correctly denied the Appellants request for reimbursement of medical transportation for failing to notifying MTM two business days prior to his appointments.

FINDINGS OF FACT

1. The Appellant is a Medicaid recipient and eligible for medical transport through MTM. *(Hearing Record; Department's Testimony; Exhibit 1: MTM Protocols)*
2. On [REDACTED] 2024, the Appellant called MTM to request medical transportation for an appointment on [REDACTED], 2024. *(Exhibit 3: MTM Notice of Denial)*
3. On [REDACTED] 2024, MTM issued a notice to the Appellant informing him that his request for medical transportation services for [REDACTED], 2024, was denied for the following reason: not enough advance notice (48 business hours required)-Conn. Agencies Regs. 17-134d(e)(3)(C). *(Exhibit 3)*
4. On [REDACTED] 2024, the Appellant called MTM to request medical transportation for an appointment on [REDACTED] 2024. *(Exhibit 4: MTM Notice of Denial)*
5. On [REDACTED] 2024, MTM issued a notice to the Appellant informing him that his request for medical transportation services for [REDACTED] 2024, was denied for the following reason: not enough advance notice (48 business hours required)- Conn. Agencies Regs. 17-134d(e)(3)(C). *(Exhibit 4)*
6. The Appellant submitted 113 Lyft transportation receipts for medical appointments to MTM to review for potential reimbursement for the service dates of [REDACTED] 2022, through [REDACTED] 2023. *(Department's Testimony; Appellant's Testimony; Exhibit 5: Transportation Receipts)*
7. On [REDACTED] 2024, the Appellant filed a complaint with MTM regarding a protocol dispute for the 113 receipts submitted for potential reimbursement. *(Exhibit 2: Notice of Protocol Dispute)*
8. On [REDACTED], 2024, MTM issued a notice to the Appellant informing him that the 113 receipts he submitted had been reviewed. MTM determined that on one occasion, the

driver did not show up and the Appellant was approved for reimbursement for the [REDACTED], 2022, trip in the amount of \$9.97. MTM determined that the remaining receipts were not scheduled through MTM or did not result in a failure due to an MTM error; therefore, it was not able to issue reimbursement. (*Department's Testimony; Exhibit 2*)

9. MTM requires Medicaid members to provide a two-business day notice to schedule transportation for a routine medical appointment. If a member calls less than required days, the trip will be denied. MTM only reimburses a member when the out-of-pocket expense occurs due to an MTM error, or a driver failing to show for a scheduled appointment. (*Department's Testimony; Exhibit 1*)
10. The Appellant indicated that the appointments were considered medically necessary and required transportation to and from the appointments, however, he did not schedule the transportation through MTM two business days in advance. (*Appellant's Testimony*)
11. On [REDACTED] 2024, MTM issued a determination letter to the Appellant indicating it had reviewed the denial of his non-emergency medical transportation services and determined that the denial was upheld. (*Department's Testimony; Exhibit A: Determination Letter*)
12. On [REDACTED] 2024, the Appellant provided a statement of medical assistance paid through the Medicaid program which correlate with the transportation receipts. (*Appellant's Testimony; Exhibit C: Statement of Medical Assistance*)
13. The hearing record is void of evidence that the Appellant placed calls to MTM two-business days prior to each appointment for which he requested reimbursement. (*Hearing Record*)
14. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that the agency issue a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] 2024. With the 31 delay days, this decision is due no later than [REDACTED] 2024.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes 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.

Section 17b-262 of the Connecticut General Statutes provides the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.

2. Section 17b-276a of the Connecticut General Statutes provides for amendment to Medicaid state plan to reduce expenditures for Medicaid nonemergency medical transportation and states notwithstanding any provision of the general statutes, on or before June 30, 2003, the Commissioner of Social Services, in consultation with the Secretary of the Office of Policy and Management, may submit an amendment to the Medicaid state plan or implement changes necessary to reduce expenditures for Medicaid nonemergency medical transportation, provided in implementing such efficiencies or reduction of services no category of eligible need shall be eliminated other than the reimbursement for personal vehicle use.

The Department of Social Services has the authority to contract with MTM to be its NEMT administrator for covered services under the State of Connecticut's medical assistance program.

3. Section 17b-276(c) of the Connecticut General Statutes provides for payment for medically necessary mode of transportation service and states 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.

Section 17b-259(b) of the Connecticut General Statutes provides for "medically necessary" and "medical necessity" and states for the 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.

Section 17b-259b(b) of the Connecticut General Statutes 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.

Section 17b-259b(c) of the Connecticut General Statutes 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.

MTM correctly determined the dates for the 113 receipts submitted as medically necessary.

4. Section 17-134d-33(d) of the Regulations of Connecticut State Agencies provides for eligibility and states payment for medical transportation services is available for all Medicaid eligible recipients subject to the conditions and limitations which apply to these services.
5. Section 17-134d-33(e)(1)(A) of the Regulations of Connecticut State Agencies provides 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.

Section 17-134d-33(e)(1)(B) of the Regulations of Connecticut State Agencies provides 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.

6. Section 17-134d-33(e)(2)(A) of the Regulations of Connecticut State Agencies provides the Department reserves the right to make the determination as to which type of transportation is the most appropriate for a recipient.

Section 17-134d-33(e)(2)(C) of the Regulations of Connecticut State Agencies provides 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.

7. Section 17-134d-33(e)(3)(C) of the Regulations of Connecticut State Agencies provides payment shall not be made for transportation services that are not approved, which require prior authorization by the Department.

MTM Protocols require two (2) business days' notice for routine medical appointments.

MTM correctly determined that protocol requires two business days notification for routine medical appointments.

8. Section 17-134d-33(f)(1) of the Regulations of Connecticut State Agencies provides for need for service authorization process and states 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.

Section 17-134d-33(f)(2) of the Regulations of Connecticut State Agencies provides for prior authorization and states all transportation services require written prior authorization, except emergency ambulance, non-emergency ambulance with designated medical conditions, in-state invalid coach and wheelchair accessible livery services with designated diagnoses, bus, train, and private transportation within the same town. Prior authorization for transportation services is required as listed below. Prior authorization, when required, may be given for single or multiple trips, depending on the circumstances. Multiple trips, where medical need has been shown, can be authorized for periods up to a maximum of three months at a time. An example would be a recipient receiving dialysis services.

MTM correctly determined that the Appellant failed to obtain prior authorization for his scheduled medical appointments, two business days prior to the appointment, as required in Regulations of Connecticut State Agencies Section 17-134d(e)(3)(C).

MTM correctly denied reimbursement for the 113 medical appointments for which the Appellant did not obtain prior authorization.

DISCUSSION

MTM is not disputing the medical necessity of the transportation for the Appellant as evidenced by the correlation between the Medicaid payments for doctors' visits and the transportation receipts; however, the record is void of evidence that the Appellant followed the MTM protocol of scheduling medical transportation two business days prior to each routine medical appointment.

The Appellant's testimony that his appointments were known to the Department and considered medically necessary does not substantiate that MTM was informed of the need for medical transportation for these appointments. It is the responsibility of the Appellant or a person acting as an authorized representative for the Appellant to contact MTM to schedule the required transportation two business days prior to the appointment.

The Appellants request for review of the previous 167 grievances filled with Veyo, the Department's previous contractor, and MTM are not addressed in the hearing as they occurred outside of the scope of this hearing.

DECISION

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


Amy MacDonough
Fair Hearing Officer

CC: Srinivas Bangalore, DSS, Central Office
Yvonne Pallotto, DSS Manager NEMT
Jessy Elledge, Corporate Compliance Coordinator
Kelsey Shannon, Corporate Compliance Supervisor
Akriti Rai, MTM Representative

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, 165 Capitol Avenue, 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.