

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 2011-11528 PAC
Case No. 87418133

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████, ██████████, Appellant's ██████████ appeared as the Appellant's representative. ██████████, ██████████ represented the Department.

ISSUE

Did the Department properly deny the Appellant's prior-authorization request for a wheelchair accessory (wheelchair tray)?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Appellant is ██████████ Medicaid beneficiary, with muscular dystrophy. (Exhibit 1, pages 3-4)
2. The Appellant uses a wheelchair as a result of muscular dystrophy.
3. On ██████████ the Department received a prior-approval request and supporting documentation for a wheelchair accessory (wheelchair tray with joy stick cut out) needed as a functional workspace. (Exhibit 1, pages 7-8).
4. On ██████████, the Department denied the prior-authorization request because under Medicaid policy, wheelchair accessories are not covered if requested for functional purposes as opposed to for positioning

purposes. (Exhibit 1, pages 1, 9-12).

5. On ██████████, the State Office of Administrative Hearings and Rules received the hearing request filed on the Appellant's behalf. (Exhibit 1, pages 3-4)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

The Medicaid Provider Manual policy regarding wheelchair accessories states:

1.10 NONCOVERED ITEMS

Items that are not covered by Medicaid include, but are not limited to:

- Adaptive equipment (e.g., rocker knife, swivel spoon, etc.)

- Equipment for social or recreational purposes

- School Items (e.g., computers, writing aids, book holder, mouse emulator, etc.)

2.47.B WHEELCHAIR ACCESSORIES

A **wheelchair accessory (wheelchair/wheelchair tray)** may be coded when provided in conjunction with the purchase of a manual wheelchair, power wheelchair, or an addition to an existing wheelchair if:

- It is required to provide safety.
- It is required for appropriate positioning.

- It is the most economic alternative.

*MDCH Medicaid Provider Manual,
Medical Supplier Sections,
October 1, 2010, pages 16 -18, 88.*

The wheelchair tray requested by Appellant's physician was requested to be used as a functional workspace; for writing or eating lunch at school. The Medicaid Provider Manual criteria indicate that Medicaid does not cover wheelchair accessories if used for school items, adaptive equipment, or for social or recreational purposes. The Department denied the prior-authorization request because it was not requested to assist with positioning and the Appellant's stated need was for functional purposes.

The Appellant's ██████████ explained that the Appellant must use a wheelchair because of his muscular dystrophy, but he is determined to go to the ██████████ and improve himself. The Appellant's ██████████ emphasized that the tray is needed for him to participate at school whether with writing or with eating in the cafeteria.

The Department's witness established that the documentation submitted for Appellant did not indicate it was being requested for a reason that is covered in Medicaid policy.

The Appellant does not meet the Medicaid coverage criteria for the wheelchair tray. The Appellant's ██████████ indicated she would pursue the wheelchair tray through other organizations or programs.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for a wheelchair accessory (wheelchair tray).

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Lisa K. Gigliotti
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

Docket No. 2011-11528 PAC
Decision and Order

cc:

Date Mailed: 3/7/2011

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.