

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**
P. O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax (517) 373-4147

IN THE MATTER OF:

Docket No. 14-012804 PCE

██████████

██████████

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 upon the Appellant's request for a hearing.

After due notice, a telephone hearing was held ██████████ appeared and testified on behalf of the Appellant. The Appellant was present but declined to testify. ██████████, Center Manager for ██████████ PACE appeared and testified on behalf of ██████████

ISSUE

Did the Department properly determine that a wheel chair ramp for the Appellant was not medically necessary?

FINDINGS OF FACT

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

1. The Appellant is a ██████-year-old (DOB ██████████) Medicaid beneficiary. (Exhibit A, pp. 3 and testimony).
2. ██████████ is a contract agency of the Michigan Department of Community Health (Department) responsible for the Program of All-Inclusive Care for the Elderly (PACE) which is geared to the provision of socially and clinically supervised services for an elderly population diagnosed with chronic medical conditions.
3. The Appellant is enrolled in the ██████████ PACE and continues to receive service through the PACE program. (Exhibit A, p. 1 and testimony).

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4. On ██████████ PACE sent the Appellant an Adequate Action Notice of her denial of a wheelchair ramp at home effective ██████████, which stated there was no medical necessity for the installation of a ramp. (Exhibit A, p. 6-7).
5. On ██████████, Appellant filed an internal appeal with ██████████ (Exhibit A, p. 9 and testimony).
6. On ██████████, Appellant's internal appeal was denied by ██████████ and Appellant was sent a letter notifying her that the internal appeal had upheld the denial of the requested wheelchair ramp. The reason for the denial was that the Appellant was able to enter and exit her home without the use of a wheelchair ramp. A ██████████ Physical Therapist did a home visit and determined the Appellant was able to use the (back) stairs to enter and exit her home. Therefore the IDT Team determined the wheelchair ramp was not medically necessary. (Exhibit A, pp. 9, 11-12).
7. On ██████████, the Michigan Administrative Hearing System received Appellant's request for a hearing. (Exhibit 1).

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 Michigan Department of Community Health (MDCH) implemented functional/medical eligibility criteria for Medicaid nursing facilities, MI Choice, and the Program of All-Inclusive Care for the Elderly (PACE) program. Federal regulations require that Medicaid pay for services only for those beneficiaries who meet specified level of care criteria.

The *Medicaid Provider Manual, Program of All-Inclusive Care for the Elderly* chapter provides in part:

SECTION 2 – SERVICES

The PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll in a PACE organization.

The PACE organization is able to coordinate the entire array of services to older adults with chronic care needs while allowing elders to maintain independence in the community for as long as possible. The PACE

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service package must include all Medicare and Medicaid covered services, in addition to other services determined necessary by the interdisciplinary team for the individual beneficiary. Services must include, but are not limited to:

- Adult day care that offers nursing, physical, occupational and recreational therapies, meals, nutritional counseling, social work and personal care
- All primary medical care provided by a PACE physician familiar with the history, needs and preferences of each beneficiary, all specialty medical care, and all mental health care
- Interdisciplinary assessment and treatment planning
- Home health care, personal care, homemaker and chore services
- Restorative therapies
- Diagnostic services, including laboratory, x-rays, and other necessary tests and procedures
- Transportation for medical needs
- All necessary prescription drugs and any authorized over-the-counter medications included in the plan of care
- Social services
- All ancillary health services, such as audiology, dentistry, optometry, podiatry, speech therapy, prosthetics, durable medical equipment, and medical supplies
- Respite care
- Emergency room services, acute inpatient hospital and nursing facility care when necessary
- End-of-Life care [*Medicaid Provider Manual, Program of All-Inclusive Care for the Elderly, Section 2 – Services, July 1, 2014, p. 2*].

The following items and services are excluded unless medically necessity is demonstrated:

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§460.96 Excluded services.

The following services are excluded from coverage under PACE:

(a) Any service that is not authorized by the interdisciplinary team, even if it is a required service, unless it is an emergency service.

(b) In an inpatient facility, private room and private duty nursing services (unless medically necessary), and nonmedical items for personal convenience such as telephone charges and radio or television rental (unless specifically authorized by the interdisciplinary team as part of the participant's plan of care).

(c) Cosmetic surgery, which does not include surgery that is required for improved functioning of a malformed part of the body resulting from an accidental injury or for

(d) Experimental medical, surgical, or other health procedures.

(e) Services furnished outside of the United States, except as follows:

(1) In accordance with §424.122 and §424.124 of this chapter.

(2) As permitted under the State's approved Medicaid plan. [42 CFR 460.96, emphasis supplied].

The Department's witness, ██████████ Center Manager for ██████████ PACE presented testimony and documentary evidence demonstrating that the Appellant's request for a wheelchair ramp was denied by their Interdisciplinary Team (IDT) for lack of medical necessity. ██████████ stated the wheelchair ramp requested by the Appellant is not a required service under Medicaid for the PACE program. A program participant would not qualify if they were found to be independent in their ability to enter and exit their home. ██████████ established that one of ██████████ Physical Therapists went out to the Appellant's home and determined the Appellant was able to use the (back) stairs to enter and exit her home. Accordingly, the ██████████ IDT Team determined the wheelchair ramp was not medically necessary.

██████████ stated the Appellant was sent an Adequate Action Notice on ██████████ denying her request for a wheelchair ramp, which stated there was no medical necessity for the installation of a wheelchair ramp. ██████████ stated the Appellant filed an internal appeal with ██████████, which upheld the earlier denial. The Appellant was sent a letter on ██████████ advising her that the previous denial was upheld.

The Appellant's representative testified that she agreed with everything ██████████ said during his testimony. ██████████ indicated she was concerned that if there was a fire

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in the kitchen, the Appellant would not be able to exit the back door. She further testified that the Appellant was not able to use the front door to exit the home because there is no railing on the front steps and they are too steep for the Appellant to use. [REDACTED] stated she is concerned of a possible safety issue in case of a fire since the Appellant does not have the use of a second exit from the home. The Appellant declined to provide any additional testimony.

I find, based on the information available at the time of the review, that the Department correctly determined the Appellant was not eligible for the requested PACE services. The [REDACTED] IDT Team fully reviewed the matter and determined that the wheelchair ramp was not medically necessary.

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 a wheelchair ramp at her home under the PACE program.

IT IS THEREFORE ORDERED that:

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

William D Bond

William D. Bond
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

cc: [REDACTED]

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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 mailing date of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.