

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████

Docket No. 14-016580 MHP

Case No. ██████████

Appellant.

_____ /

DECISION AND ORDER

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

After due notice, a hearing was held ██████████. ██████████, Appellant's father, appeared and testified on Appellant's behalf. ██████████, Supports Coordinator, appeared as a witness.

██████████, Inquiry Dispute Appeals Resolution Coordinator, represented ██████████, the Medicaid Health Plan ("MHP"). Dr. ██████████, Medical Director, appeared as a witness for the MHP.

ISSUE

Did the Department properly deny Appellant's prior-authorization request for a car seat and accessories?

FINDINGS OF FACT

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

1. Appellant is a ██████ year old Medicaid beneficiary, born ██████████, enrolled with ██████████. (Exhibit A, p 12; Testimony)
2. On ██████████, Appellant's physician sought prior approval for a car seat and accessories. (Exhibit A, pp 14-22)
3. ██████████ reviewed the request and issued a denial on ██████████, citing internal and Medicaid policy. The denial notice included Appellant's right to a hearing. (Exhibit A, pp 27-31; Testimony)

4. On ██████████, the Michigan Administrative Hearing System received Appellant's hearing request. (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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

*Section 1.022(E)(1), Covered Services.
MDCH contract (Contract) with the Medicaid Health Plans,
October 1, 2009.*

(1) The major components of the Contractor's utilization management (UM) program must encompass, at a minimum, the following:

- (a) Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.

- (b) A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- (c) Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- (d) An annual review and reporting of utilization review activities and outcomes/interventions from the review.
- (e) The UM activities of the Contractor must be integrated with the Contractor's QAPI program.

(2) Prior Approval Policy and Procedure

The Contractor must establish and use a written prior approval policy and procedure for UM purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that UM decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.

*Section 1.022(AA)(1) and (2),
Utilization Management, Contract,
October 1, 2009.*

As it says in the above Department - MHP contract language, a MHP such as ██████████ may limit services to those that are medically necessary and that are consistent with applicable Medicaid Provider Manuals. It may require prior authorization for certain procedures. The process must be consistent with the Medicaid Provider Manual.

With regard to Children's Products, the Medicaid Provider Manual provides, in pertinent part:

2.7 CHILDREN'S PRODUCTS

Definition Children's products that may be considered for coverage include, but are not limited to, equipment that is used in the home or vehicle by children under age 21 for the purposes of positioning, safety during activities of daily living, or assisted mobility. Examples of these items include:

bath supports, specialized car seats, corner chairs, dynamic standers, feeder seats, gait trainers, pediatric walkers, positioning commodes, side lyers, standers, and toileting supports.

Medicaid Provider Manual
Medical Supplier Chapter
October 1, 2014, p 27

The MHP's Medical Director testified that specialized car seats are not covered for Medicaid beneficiaries over age 21 per the Medicaid Provider Manual. The MHP's Medical Director also testified that custom seating is also not covered. The MHP's Medical Director indicated that the MHP covers medical transportation and that all Appellant's family needs to do is call 72 hours in advance to arrange transportation in a wheelchair accessible van. The MHP's Medical Director also testified that if there is an emergency, ambulance transportation is a covered service. The MHP's Medical Director indicated that the requested car seat is a convenience item, is not medically necessary, and is not covered by the MHP for persons over 21 years of age.

Appellant's supports coordinator testified that the family did receive the bath chair that was requested and that it has been very helpful. Appellant's supports coordinator indicated that a car seat was requested because the family cannot transport Appellant in his wheelchair in their own vehicle because the vehicle is too small and does not have wheelchair tie-downs. Appellant's supports coordinator testified that Appellant cannot be transported without external supports and that the family's only alternative for transportation often times is an ambulance. Appellant's supports coordinator indicated that she has been working on integrating Appellant into the community for the past few years and that without the car seat Appellant's family has very limited options for transporting Appellant into the community. Appellant's supports coordinator testified that because of the high cost of vehicle conversion, the family cannot afford that option. Appellant's supports coordinator pointed out that this past summer Appellant had a seizure and had to be transported to the hospital via ambulance and the ambulance simply did not arrive fast enough to avoid complications. Appellant's supports coordinator indicated that if the family had the car seat they could transport Appellant quicker during emergencies also.

Appellant's father testified that in over 30 years the family has never asked for anything for Appellant that is not absolutely necessary and that the requested car seat is a necessity. Appellant's father indicated that the car seat is critical if they are to take Appellant out into the community. Appellant's father also pointed out that sometimes the ambulance takes too long to get to Appellant when he has a seizure and that their car is too small to take Appellant in. Appellant's father testified that if they had known the car seat was only covered up until age 21, they would have requested it sooner.

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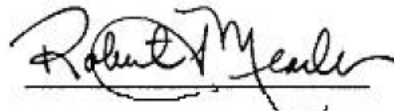
Based on the evidence presented, the MHP properly denied Appellant's request for a car seat and accessories. As indicated above, policy clearly indicates that car seats such as the one requested here are not covered for Medicaid beneficiaries over 21 years of age. Here, Appellant is [REDACTED] years old, so he does not qualify for a car seat. The MHP does cover Appellant's medical transportation on both a routine and emergency basis, however, the requested car seat is a convenience item not covered by Medicaid for someone of Appellant's age. As such, the MHP's decision must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the denial of Appellant's request for prior-authorization for a car seat was proper.

IT IS THEREFORE ORDERED that:

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



Robert J. Meade
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

cc:

[REDACTED]

RJM [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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 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.