

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P.O. Box 30763, Lansing, MI 48909
(517) 335-3997; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 15-002395 MHP

████████████████████

██████████

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Appellant.

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DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for a hearing filed by Appellant. After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified. ██████████, Manager of Medicaid Operations, appeared and testified on behalf of ██████████, the Respondent Medicaid Health Plan ("MHP").

ISSUE

Did the MHP properly deny Appellant's request for a power wheelchair?

FINDINGS OF FACT

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

1. Appellant is a ██████████-year-old female who is reportedly a double amputee. (Respondent's Exhibit A, page 1).
2. On or about ██████████, the MHP received a prior authorization request made on behalf of Appellant for a power wheelchair. (Respondent's Exhibit A, p. 6).
3. The prior authorization request included the following supporting documentation: a Prescription for Mobility Device; a completed Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices form; and a completed Mobility Home Assessment Evaluation Form. (Respondent's Exhibit A, pages 7-17).
4. The Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices form, which was completed by a physical therapist, indicated that Appellant **is able to propel a manual wheelchair 100 feet.** (Respondent's Exhibit A, page 12).

5. On [REDACTED], the MHP sent written notice to Appellant that her request for a power wheelchair could not be approved on the basis that the information reviewed by the MHP does not show that she meets the criteria for a power wheelchair. (Respondent's Exhibit A, pages 1 &19).
6. The applicable Medicaid and internal policy that was relied upon in denying Appellant's request for the power wheelchair was provided to Appellant with the letter of denial. (Respondent's Exhibit A, pages 22-29)
7. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received Appellant's request for hearing, protesting the denial of the power wheelchair.

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.

In 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 MHPs and Appellant and Appellant's family are enrolled as members in it.

As provided in the Medicaid Provider Manual (MPM), the MHP is responsible for providing covered services pursuant to its contract with the Department and the provisions of the MPM:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH

website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*MPM, April 1, 2014 version
Medicaid Health Plans Chapter, page 1
(Emphasis added)*

2.48.B. STANDARDS OF COVERAGE

Power Wheelchair or Power-Operated Vehicle (POV)

May be covered if the beneficiary meets **all** of the following:

- Lacks ability to propel a manual wheelchair, or has a medical condition that would be compromised by propelling a manual wheelchair, for at least 60 feet over hard, smooth, or carpeted surfaces with or without rest intervals.
- Requires use of a wheelchair for at least four hours throughout the day,
- Is able to safely operate, control and maneuver the wheelchair in their environmental setting, including through doorways and over thresholds up to 1 ½ " as appropriate.
- Has a cognitive, functional level that permits safe operation of a power mobility device with or without training.
- Has a visual acuity that permits safe operation of a power mobility device.
- For a three-wheeled power mobility device, has sufficient trunk control and balance.

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Pursuant to the above policy, the MHP has developed prior authorization requirements or utilization management and review criteria regarding requests for supplies or durable medical equipment. The MHP's certificate of coverage guidelines clearly require that only medically necessary supplies or equipment are covered. (See Respondent's Exhibit A, page 28).

Appellant had the burden of proving by a preponderance of the evidence that the MHP erred in denying her prior authorization request. Moreover, the undersigned Administrative Law Judge's jurisdiction is limited to reviewing the MHP's decision in light of the information it had at the time it made that decision.

Here, given the information submitted to the MHP, Appellant has failed to meet her burden of proof, and the MHP's decision must be affirmed. Based on the information received by the MHP at the time of the denial, Appellant did not meet the criteria for a power wheelchair. According to the completed Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices form, Appellant **is able to propel a manual wheelchair 100 feet**. The applicable Medicaid policy states clearly that the individual must lack the ability to propel a manual wheelchair, or have a medical condition that would be compromised by propelling a manual wheelchair, for at least 60 feet over hard, smooth, or carpeted surfaces with or without rest intervals in order to be eligible for a power wheelchair. Claimant failed to establish that she meets this requirement.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's request for a power wheelchair.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



Marya A. Nelson-Davis
Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Health and Human Services

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

[REDACTED]
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SK/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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.