

ISSUE

Did Respondent properly deny Petitioner's request for a motorized 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. Petitioner is enrolled to receive services through Respondent.
2. Respondent is a service provider through the Program of All-Inclusive Care for the Elderly (PACE).

3. Petitioner lives at home with his spouse.
4. Petitioner has had his right leg amputated above his knee.
5. Petitioner uses durable medical equipment for mobility.
6. Petitioner has a walker, a manual wheelchair, and a motorized wheelchair.
7. Petitioner normally uses his manual wheelchair to toilet, and he uses his motorized wheelchair for everything else.
8. Petitioner uses his motorized wheelchair both in his home and outside of his home.
9. Petitioner asked Respondent to repair his motorized wheelchair.
10. Respondent denied Petitioner's request.
11. Petitioner appealed Respondent's decision to deny his request to repair his motorized wheelchair, and Petitioner had a hearing before an administrative law judge. The administrative law judge affirmed Respondent's decision after a hearing.
12. On August 21, 2024, Petitioner asked Respondent to replace his motorized wheelchair. Petitioner asserted that he needs his motorized wheelchair because he cannot use his right arm to propel a manual wheelchair since he has an aneurysm in his right arm from his kidney dialysis.
13. On August 28, 2024, a physical therapist went to Petitioner's home to complete an assessment. The physical therapist determined that Petitioner's physical needs were being met as he is able to self-propel his manual wheelchair household and community distances and transfer from all surfaces in his home and at medical appointments. Petitioner's spouse completes Petitioner's meal preparation, laundry, grocery shopping, and housekeeping. The physical therapist determined that Petitioner's social needs could be met by use of Metro Connect door-to-door services, which is free to \$0.75 for those on Medicare. Petitioner has a GrandPad to assist with leisure, emotional, and communication needs. The physical therapist determined that Petitioner's request was not pertinent to his medical needs. The physical therapist determined that Respondent has been providing transportation to Petitioner's appointments, and Respondent has provided Petitioner with appropriate durable medical equipment. The physical therapist determined that Petitioner's motorized wheelchair is used for Petitioner's leisure as a vehicle to get around the community. The physical therapist determined that Petitioner does not use his motorized wheelchair according to the manufacturer's recommendations because he uses it as a vehicle to get around the community, and it is not meant to cover long distances, to climb hills, or to travel uneven terrain. The physical therapist determined that Medicare only covers motorized wheelchairs for use in a

client's home or similar facility. The physical therapist recommended that Respondent deny Petitioner's request for a motorized wheelchair.

14. On August 28, 2024, Respondent issued a denial of service notice to Petitioner to notify him that his request for a motorized wheelchair was denied. The notice stated, "IDT reviewed and team is in agreement with PTs recommendation to deny the request for a motorized wheelchair. ppt does not currently use his powerchair in the way that the manufacturers recommended way, including taking it over inappropriate surfaces that leads to requesting repairs withing at least 6 months of the previous repairs. Participant has the cognition to be able to call and schedule rides with Metro Connect's door to door service for non-medical transports."
15. On August 28, 2024, Petitioner appealed Respondent's denial of service notice.
16. On September 11, 2024, an internal appeals committee comprised of five individuals from various PACE organizations considered Petitioner's appeal, and the internal appeals committee decided to uphold Respondent's denial. The internal appeals committee denied Petitioner's appeal because "the participant's mobility needs are being met with his current medical equipment such as his manual wheelchair, he has demonstrated independence with his mobility and his wife assists with his IADLs within the home. Additionally, PACE does not provide motorized wheelchairs for outdoor use and community resources are available and able to be utilized by the participant."
17. Petitioner requested a hearing to dispute the internal appeals committee's decision.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Petitioner is receiving services through PACE, a program that provides comprehensive care for older adults through Medicaid and Medicare to enhance their quality of life, maximize dignity and respect for them, enable them to live in their community as long as socially feasible, and preserve and support their families. 42 CFR 460.4(b). PACE services provide an alternative to traditional nursing facility care. *MDHHS Medicaid Provider Manual* (July 1, 2024), Program of All-Inclusive Care for the Elderly Chapter, Section 1, p. 1. When an individual enrolls in PACE, PACE becomes the sole source of services for Medicaid and Medicare for the individual. *Id.* at Section 2, p. 2. Petitioner enrolled in PACE, and Respondent is Petitioner's PACE service provider.

In this case, Petitioner is disputing Respondent's decision to deny his request for a motorized wheelchair. Petitioner has not presented sufficient evidence to establish by a

preponderance of the evidence that Respondent's decision was improper. Therefore, Respondent's decision must be affirmed.

A PACE organization is able to coordinate the entire array of services to older adults with chronic care needs while allowing them to maintain independence in the community for as long as possible. *Id.* The PACE service package must include all Medicare and Medicaid covered services, in addition to other services determined necessary by the interdisciplinary team (IDT) for the individual beneficiary. *Id.* Services must include, but are not limited to, all ancillary health services such as audiology, dentistry, optometry, podiatry, speech therapy, prosthetics, durable medical equipment, and medical supplies. *Id.*

Respondent determined that Petitioner's requested motorized wheelchair was not necessary because Petitioner's mobility needs are being met with his current durable medical equipment, and Respondent does not provide motorized wheelchairs for outdoor use. Respondent relied on an assessment completed by a physical therapist on August 28, 2024. The physical therapist's assessment determined that Petitioner's needs are being met with his current durable medical equipment. The physical therapist's assessment determined that Petitioner has a manual wheelchair that meets Petitioner's mobility needs in his home and in the community. The physical therapist's assessment determined that Petitioner uses his current motorized wheelchair as a vehicle to get around the community. The physical therapist determined that Petitioner does not use his motorized wheelchair according to the manufacturer's recommendations because it is not meant to cover long distances, to climb hills, or to travel uneven terrain. The physical therapist determined that Medicare only covers motorized wheelchairs for use in a client's home or similar facility.

Based on the evidence presented, Respondent properly determined that Petitioner's requested motorized wheelchair was not necessary. Petitioner has a manual wheelchair that he is able to use, and it meets his mobility needs. Thus, a motorized wheelchair is not necessary. Additionally, Petitioner has not been using his motorized wheelchair properly because he has been using it as a vehicle to travel the community when it was only meant to be used for mobility in his home or a similar facility. Medicaid does not cover durable medical equipment when it is not used properly. *Id.* at Medical Supplier Chapter, Section 1.11, pp. 25-26. For these reasons, Respondent properly denied Petitioner's request.

Petitioner asserted that he cannot use his right arm to self-propel his manual wheelchair because he has an aneurysm in his right arm from his kidney dialysis, and he is afraid that using his right arm to self-propel his manual wheelchair will cause it to burst. Petitioner requested to have his hearing rescheduled so that he could obtain a supporting letter from his kidney specialist, and Petitioner's request was denied because the letter was not available at the time that Respondent made its decision. If Petitioner obtains new information that may be relevant to Respondent's decision to approve his request for a motorized wheelchair (such as a letter from his kidney

specialist), Petitioner may provide the new information to Respondent and ask Respondent to renew his request for a motorized wheelchair.

DECISION AND ORDER

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

IT IS ORDERED that Respondent's decision is AFFIRMED.