

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2313190
Decision Date:	03/07/2024	Hearing Date:	01/10/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Katina Dean, Transportation



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Approved	Issue:	Transportation; Walking Distance
Decision Date:	03/07/2024	Hearing Date:	01/10/2024
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated November 23, 2023, MassHealth denied the Appellant's Provider Request for Transportation (PT-1) on the grounds that the Appellant was within walking distance (0.75 miles) of the treatment facility. *See* 130 CMR 407.411 and Exhibit 1. The Appellant filed this appeal in a timely manner on December 15, 2023. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's PT-1 because the Appellant lives within 0.75 miles of the treatment facility.¹

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411, in denying the Appellant's PT-1s.

¹ The appeal record includes one denial on November 23, 2023, and another denial on December 18, 2023, for the same reason. Exhibit 1.

Summary of Evidence

The hearing was held telephonically. The Appellant verified her identity and testified that she has limited mobility due to severe arthritis in her knees, neuropathy in her back, and uses a cane. The Appellant testified that her hearing in her right ear has deteriorated, which has caused many dizzy spells. The fire department was called to assist her. The Appellant testified that to travel to her two appointments, she had to pay \$6 roundtrip for the Council on Aging bus each time.

The MassHealth representative testified that the Appellant's physician submitted another PT-1 on December 5, 2023, for the same treatment facility, which MassHealth approved because it indicated the Appellant could not walk to the facility. The MassHealth representative testified that the Appellant's treating provider needs to indicate on the PT-1 that the Appellant has a disability, and that the Appellant cannot ambulate freely to walk the distance to the medical appointments. The MassHealth representative directed the Appellant to have her provider resubmit the denied PT-1 request to include that the Appellant cannot ambulate freely.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The Appellant has a disability and uses a cane. Testimony.
2. The Appellant is unable to ambulate freely with or without an escort. Testimony.
3. MassHealth denied the Appellant's PT-1s on November 23, 2023, and December 18, 2023, because the Appellant lives within walking distance of the treatment facility. Exhibit 1.
4. On December 5, 2023, MassHealth approved the Appellant's PT-1 for transportation to the same treatment facility. Testimony.
5. The Appellant incurred \$12 in transportation costs to travel to her two appointments. Testimony.

Analysis and Conclusions of Law

130 CMR 407.411: Transportation Utilization Requirements:

(A) Covered Services. The MassHealth agency pays for transportation services that meet the requirements of 130 CMR 407.000 only when such services are covered under the

member's MassHealth coverage type and only when members are traveling to obtain medical services covered under the member's coverage type (see 130 CMR 450.105: Coverage Types).

(B) Noncovered Services. The following are examples of transportation services that are not covered by MassHealth.

....

(8) transportation to a medical service that is within 0.75 miles of the member's home or other MassHealth agency-approved point of origin, when the member is able to ambulate freely with or without an escort;

130 CMR 407.411(A), (B)(8).

Here, based on the testimony and evidence presented, MassHealth agrees that the Appellant is unable to ambulate freely to travel to medical services that are within 0.75 miles of the Appellant's home. Accordingly, the Appellant's PT-1s denied on November 23, 2023, and December 18, 2023, are *not* noncovered services under 130 CMR 407.411(B)(8). Therefore, the Appellant's appeal is approved. 130 CMR 407.411(A).

130 CMR 407.431: Reimbursement to Members for Transportation Expenses

(A) Reimbursable Expenses. Members may obtain direct reimbursement from the MassHealth agency in accordance with 130 CMR 407.431(B) for public transportation expenses that the member incurred when traveling to services covered by MassHealth.

(B) Method and Amount of Reimbursement.

(1) In order to obtain reimbursement for public transportation expenses, a member must obtain documentation from an authorized provider, a day habilitation program representative, an early intervention program representative, a managed-care representative, a registered nurse, a licensed practical nurse, a social worker, a case manager, or another medical professional who provided services for which the member seeks reimbursement of public transportation costs. The documentation must demonstrate that medical services covered by MassHealth were received, identify the date on which medical services were received, and identify the specific address where medical services were received. In cases where urgent care is needed, the documentation must also state the time medical services were received. Transportation receipts are also required when available. The member must submit documentation and receipts to the MassHealth agency and request reimbursement for public transportation expenses.

(2) Transportation costs must total \$5.00 or more in order for the member to request reimbursement. The member must submit a request for reimbursement no later than 90 days after the earliest date on which transportation costs in excess of \$5.00 occurred.

(3) If a member traveled outside his or her locality, the documentation must state the medical services that were needed and that could not be obtained locally. If a member traveled outside his or her locality when necessary medical services were available locally, transportation costs incurred are not reimbursable unless authorized by the MassHealth agency.

(C) Exceptional Circumstances. The MassHealth agency may authorize reimbursement to a member for direct transportation expenses not described in 130 CMR 407.431(A) which the member incurred when traveling to services covered by MassHealth, when the MassHealth agency determines that transportation is not otherwise available through MassHealth-contracted providers or selective broker contracts, and public transportation is not available as determined in accordance with 130 CMR 407.411(E)(3). The MassHealth agency may require the member to submit such documentation as it determines necessary to support a request for reimbursement under 130 CMR 407.431(C).

130 CMR 407.431.

Here, the Appellant testified that she incurred costs of \$12 to travel to her two appointments when MassHealth denied the PT-1s. As the appeal has been approved, MassHealth is directed to reimburse the Appellant for the \$12 in transportation expenses incurred by the Appellant.

Order for MassHealth

If it has not already done so, approve the Appellant's PT-1 requests and reimburse the Appellant for the \$12 in transportation expenses used to travel to services covered by MassHealth.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: Katina Dean, MAXIMUS - Transportation, 1 Enterprise Drive, Suite 310, Quincy, MA 02169

