

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409803
Decision Date:	08/23/2024	Hearing Date:	July 23, 2024
Hearing Officer:	Brook Padgett		

Appellant Representative:



MassHealth Representative:

Katina Dean, Transportation Unit



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
MassHealth of Medical Assistance
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Transportation 130 CMR 407.411 130 CMR 407.402
Decision Date:	08/23/2024	Hearing Date:	July 23, 2024
MassHealth Rep.:	K. Dean	Appellant Rep.:	[REDACTED]
Hearing Location:	Springfield MEC		

Jurisdiction

The appellant received a notice dated June 13, 2024 stating her request for reimbursement for personal transportation (PT-1) has been denied. (Exhibit 1).

The appellant filed this appeal timely on June 21, 2024. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for transportation services is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PT-1 request for transportation to [REDACTED]
[REDACTED]

Issue

Is the appellant eligible for transportation services to 34 Homer Street?

Summary of Evidence

MassHealth testified the appellant submitted a PT-1 form on June 12, 2024 requesting transportation to [REDACTED] for a special education evaluation. The request was denied on June 12, 2024, as MassHealth will only pay for transportation services when members are traveling

to obtain medical services covered by MassHealth. MassHealth maintained a special education evaluation for public school is a not a covered service. Further the request was signed by the school's Early Childhood Evaluation Team Leader who is not a MassHealth provider, therefore the PT-1 request for transportation was denied.

The appellant's representative testified that the appellant is disabled and requires transportation to school to obtain an evaluation. The representative indicated that she is also disabled and cannot afford to pay for transportation for her daughter. The representative stated she was instructed by the school to request a PT-1 for transportation to the evaluation in September.

Findings of Fact

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

1. On June 12, 2024, the appellant submitted a PT-1 requesting transportation to the [REDACTED] [REDACTED] (Exhibit 1 and testimony).
2. The appellant requested transportation to public school to obtain a special education evaluation. (Exhibit 1 and testimony).
3. Neither the [REDACTED] nor the Early Childhood Evaluation Team Leader are MassHealth authorized providers. (Testimony)
4. Transportation to public school for a special education evaluation is not a MassHealth covered service.

Analysis and Conclusions of Law

The appellant is requesting prior authorization for transportation to her local public school for a special education evaluation. To be eligible for reimbursement for personal transportation expenses the transportation must be to a Medicaid provider for a medical services covered by MassHealth.

The MassHealth regulations state transportation to school is a noncovered service and a special education evaluation is not a MassHealth approved medical service. Further all PT-1 requests must be submitted by an authorized provider who is enrolled in MassHealth. The [REDACTED] [REDACTED] and the Early Childhood Evaluation Team Leader are not authorized MassHealth providers.

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...**

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

- (1) transportation to child day-care centers and nurseries;
- (2) transportation of persons who are elderly or disabled to adult day health programs, except when arranged by special contract with the MassHealth Adult Day Health Program;
- (3) transportation to schools**, summer camps, and recreational programs (for example, swimming classes);... *(Emphasis added)*.

130 CMR 407.402: Definitions: Authorized Provider - an individual authorized to sign medical necessity forms and PT-1 forms requesting transportation for MassHealth members. **An authorized provider must (1) be a physician (including an intern or resident), physician's assistant, psychologist, dentist, nurse midwife, nurse practitioner enrolled in MassHealth; or (2) be a registered nurse designated and supervised by a physician enrolled in MassHealth.** *(Emphasis added)*.

The request for PT-1 to attend a special education evaluation at the appellant's public school is not a MassHealth covered service and the [REDACTED] and/or the Early Childhood Evaluation Team Leader are not authorized MassHealth providers, therefore this appeal must be DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: PA Unit