

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2414333
Decision Date:	12/10/2024	Hearing Date:	12/06/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Katina Dean, Maximus 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 Services
Decision Date:	12/10/2024	Hearing Date:	12/06/2024
MassHealth's Rep.:	Katina Dean	Appellant's Rep.:	██████
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 September 19, 2024, 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 September 18, 2024. *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.

Issue

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

Summary of Evidence

The appeal record included a letter, dated September 26, 2024, from the Appellant's primary care provider stating that the Appellant "has severe COPD, dependent [on oxygen], and is unable to walk 200 feet without stopping to rest." Exhibit 5 at 1. The hearing was held telephonically. The Appellant verified her identity. The Appellant testified that she is not physically able to walk to her appointments.

The MassHealth representative testified that the Appellant's PT-1 was denied because the Appellant's provider did not indicate that the Appellant has COPD or needs oxygen on the PT-1 form. The MassHealth representative testified that the Appellant's provider had included explanations that Appellant was unable to walk to the appointments in the past, and those PT-1s were approved by MassHealth. The MassHealth representative stated that the Appellant's provider would need to submit a new PT-1.

Findings of Fact

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

1. The Appellant has severe COPD, is dependent on oxygen, and is unable to walk 200 feet without stopping to rest. Exhibit 5, Testimony.
2. The Appellant is unable to ambulate freely with or without an escort. Testimony.
3. MassHealth denied the Appellant's PT-1 on September 19, 2024, on the grounds that the Appellant lives within walking distance of the treatment facility. Exhibit 1.

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) (emphasis added)

Here, based on the testimony and evidence presented, 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-1 denied on September 19, 2024, is *not* a noncovered service under 130 CMR 407.411(B)(8).

Therefore, the Appellant's appeal is approved. 130 CMR 407.411(A).

Order for MassHealth

Approve the Appellant's PT-1 request.

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