

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503433
Decision Date:	05/23/2025	Hearing Date:	03/26/2025
Hearing Officer:	Kimberly Scanlon		

Appearances for Appellant:



Appearances for MCO/MassHealth:

Cassandra Horne, Appeals and Grievances Manager; Jeremiah Mancuso, Clinical R.N. Appeals and Grievances Manager; Kaley Emery (observing), Appeals Supervisor



*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:	Denied	Issue:	Medical Necessity - Prior Authorization - Ceiling Lift
Decision Date:	05/23/2025	Hearing Date:	03/26/2025
MCO/MassHealth's Reps.:	Cassandra Horne; Jeremiah Mancuso	Appellant's Rep.:	Pro se, with Sister
Hearing Location:	Quincy Harbor South 5 (Remote)	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 February 15, 2025, Commonwealth Care Alliance (CCA) Senior Care Options (SCO) Program, a managed care organization (MCO), notified the appellant that it had upheld the denial of her request for home modifications (ceiling lift) on the basis that the request did not meet its Home Accessibility Adaptations Medical Necessity Guideline (Exhibit 1). The appellant filed this appeal in a timely manner on or about February 28, 2025 (130 CMR 610.015(B); Exhibit 2). Members enrolled in a MassHealth MCO have a right to request a fair hearing regarding a decision to deny coverage under certain circumstances (130 CMR 610.023(B)(6)). The appellant exhausted CCA's internal appeal process (130 CMR 508.010(B)).

Action Taken by MCO

CCA, a MassHealth MCO, denied the appellant's request for a ceiling lift.

Issue

The appeal issue is whether CCA was correct in denying the appellant's request for a ceiling lift.

Summary of Evidence

The appellant appeared at hearing telephonically with her sister. CCA was represented telephonically by its Manager of Appeals and Grievances, Clinical Registered Nurse, and Appeals Supervisor. The record establishes the following: CCA is a Managed Care Organization (MCO) and therefore an agent of MassHealth, bound by its contract with EOHHS and the MassHealth regulations. The appellant is over the age of 65 and is a MassHealth Standard recipient. Her medical diagnoses include, but are not limited to, the following: CVA, resulting in left side hemiplegia and left side neglect, anxiety, depression, hyperlipidemia, pressure ulcer on sacrum, and hypertension (Exhibit 6, p. 23). She has been deemed as a dependent level for functional transfers, including requiring a manual Hoyer lift to transfer from her bed to her wheelchair and from her wheelchair to her tilt-in-space wheelchair with 2 caregivers. *Id.* The appellant's current PCA is her sister who completes 82.5 hours per week of PCA assistance with Activities of Daily Living (ADLs) (Exhibit 6, p. 59). The appellant lives with her sister in a 2-story home – her bedroom and bathroom are located on the first floor (Exhibit 6, p. 37).

The appellant has been a CCA member since March 1, 2024. On or about December 16, 2024, CCA received the appellant's prior authorization (PA) request for a ceiling lift that was submitted by her provider (Exhibit 6, p. 36). The ceiling lift was requested to decrease the burden of care on the appellant's caregivers and decrease the need for 2 caregivers to assist with transfers (Exhibit 6, p. 37). On January 9, 2025, CCA notified the appellant that her request was denied because there was not any additional documentation submitted with the PA request indicating that she tried and failed less costly alternatives, nor were any medical records submitted documenting medical necessity (Exhibit 6, pp. 41-48). CCA noted that the appellant was recently approved for a custom mobile rehab shower/commode chair with tilt to facilitate toileting and showering out of bed (Exhibit 6, p. 59). The rehab shower commode chair is on wheels, has a tilt feature and can be moved from the bedroom to over the toilet and rolled to the shower. *Id.* On January 17, 2025, the appellant submitted an internal appeal. On February 14, 2025, CCA notified the appellant that after carefully reviewing her submission, her internal appeal was denied because there was not any additional documentation submitted with the PA request indicating that she tried and failed less costly alternatives, nor were any medical records submitted documenting medical necessity (Exhibit 1).

CCA's Clinical Registered Nurse explained that the appellant's request for a ceiling Hoyer lift includes a mounting to the ceiling in her bedroom in which the lift would run perpendicularly across her bed to allow her to transfer in and out of her wheelchair and shower chair. CCA received photographs of the appellant's bedroom and the proposed ceiling lift (Exhibit 6, pp. 29-34).

Currently, the appellant has a mechanical 4-based Hoyer lift which led to a few accidents. The appellant has fallen on at least 2-3 occasions, resulting in emergency room (ER) visits. Hoyer lifts and ceiling lifts are intended to be performed by 2 people, although in a home setting 1 person can assist. However, a 1-person assist can lead to safety issues. The appellant has 1 caregiver, her sister, who is also her personal care attendant (PCA). He explained that the basis of the appeal denial is that CCA, as a managed care organization, must ensure that the least costly options have been tried and failed. Here, the middle option between the mechanical Hoyer lift and a ceiling lift is an electric Hoyer lift which makes it easier for a member to transfer out of bed, especially if he or she is alone. He explained that CCA did not receive any additional documentation with the PA request submitted by the appellant's provider that a mechanical Hoyer lift (a less costly option) has been tried and failed. Further, CCA did not receive any contradictory evidence that an electric Hoyer lift, also a less costly option, would not be safe for the appellant to use. He added that a ceiling lift is less appropriate because it will not help the member to function with greater independence (Exhibit 6, p. 59).

The appellant's sister testified that the appellant has had 5 accidents resulting in ER visits, which has been documented. She explained that some of the appellant's accidents occurred prior to the appellant's enrollment with CCA's SCO plan.¹ She stated that 3 out of the 5 occasions in which the appellant had accidents resulting in ER visits were not reported. She stated that the first time the appellant fell, it was not documented because the PCA that was assisting the appellant at that time also sustained injuries and did not have health insurance. During the second and third occasions, the appellant's sister was also present and injured. She received treatment when the appellant fell on the second occasion, though she did not seek treatment on the third occasion. The appellant's sister stated that when the appellant enrolled into CCA's SCO plan, she was assured that the appellant would receive care 24 hours per day, 7 days per week. She acknowledged that the appellant requires 2 PCAs to transfer her, however, the appellant currently has only 1 PCA. She stated that the appellant's bedroom is small and does not have enough room to fit an electric Hoyer lift. She suggested that CCA notify members prior to enrollment exactly what home modifications will be covered under its SCO plan. Additionally, she stated that she was trained in how to operate an electric Hoyer lift, however, she received a manual Hoyer lift. She stated that CCA can feel free to send her an electric Hoyer lift, though she is doubtful that it will help the appellant. She expressed her frustration with less costly alternatives and stated that it would be more expensive for CCA if the appellant were to receive long-term care than to cover the costs of a ceiling Hoyer lift. She stated that she already requested an electric Hoyer lift for the appellant and her request was denied. She acknowledged that it was Medicare and not CCA who denied her request for an electric Hoyer lift.

Findings of Fact

¹ She explained that she is unclear as to the exact number of falls that occurred prior to and during the appellant's enrollment with CCA's SCO plan.

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

1. The appellant is enrolled in CCA's SCO Health Plan, a managed care provider (MCO) which administers her MassHealth benefits.
2. The appellant is over the age of 65. Her medical diagnoses include, but are not limited to, the following: CVA, resulting in left side hemiplegia and left side neglect, anxiety, depression, hyperlipidemia, pressure ulcer on sacrum, and hypertension.
3. The appellant is a dependent level for functional transfers, including requiring a manual Hoyer lift to transfer from her bed to her wheelchair and from her wheelchair to her tilt-in-space wheelchair with 2 caregivers.
4. On or about December 16, 2024, the appellant's provider submitted a PA request to CCA on behalf of the appellant for a ceiling Hoyer lift.
5. The appellant requested the ceiling Hoyer lift to decrease the burden of care on her caregivers and decrease the need for 2 caregivers to assist with transfers.
6. The appellant lives with her sister who is her sole caregiver and her sole PCA.
7. On January 9, 2025, CCA notified the appellant that her request was denied because there was not any additional documentation submitted with the PA request indicating that she tried and failed less costly alternatives, nor were any medical records submitted documenting medical necessity.
8. On January 17, 2025, the appellant submitted an internal appeal.
9. On February 14, 2025, CCA notified the appellant that after carefully reviewing her submission her internal appeal was denied because there was not any additional documentation submitted with the PA request indicating that she tried and failed less costly alternatives, nor were any medical records submitted documenting medical necessity.
10. On or about February 28, 2025, the appellant filed an external appeal with the Board of Hearings.
11. Currently, the appellant has a manual Hoyer lift.
12. The appellant has a custom mobile rehab shower/commode chair with tilt to facilitate toileting and showering out of bed.
13. For the appellant's use here, mechanical and electric Hoyer lifts are less costly alternatives

than a ceiling lift.

14. A ceiling lift is less appropriate because it will not help the member to function with greater independence.

Analysis and Conclusions of Law

Members are entitled to a fair hearing under 130 CMR 610.000: *MassHealth: Fair Hearing Rules* to appeal...

(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCOs as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process...

(130 CMR 508.010(B)).

In this case, the appellant appealed CCA's denial of a request for a ceiling Hoyer lift. The appellant argues that the ceiling Hoyer lift is medically necessary to transfer her safely from her bed to her wheelchairs. CCA disagreed and determined that the appellant has not established medical necessity.

By regulation, MassHealth will not pay a provider for services that are not medically necessary. Pursuant to 130 CMR 450.204(A), a service is considered "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten or cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records,

available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(130 CMR 450.204(B) and (C)).

Further, MassHealth pays for medically necessary durable medical equipment (DME), with some exclusions, including the following:

DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 409.000, and 130 CMR 450.204: *Medical Necessity*. This includes, but is not limited to, items that:

- (1) cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness, disability, or injury;
- (2) are more costly than medically appropriate and feasible alternative pieces of equipment; or
- (3) serve the same purpose as DME already in use by the member, with the exception of the devices described in 130 CMR 409.413(D).

(130 CMR 409.414(B)).

The record confirms that the appellant requires the use of a Hoyer lift and is currently using a manual Hoyer lift. The evidence suggests that the manual lift may not be a safe option for the appellant, as she has fallen multiple times while using it. CCA provides coverage for equipment that is medically necessary, However, as set forth in the regulations cited above, MassHealth does not pay for equipment that is more costly than other medically appropriate alternatives. Here, the appellant submitted a request for a lift without including any supporting documentation that less-costly alternatives were tried and failed, such as a mechanical or electric Hoyer lift. The appellant acknowledged that while her request for a mechanical Hoyer lift was denied, it was not CCA who denied this request. On this record, the appellant has not demonstrated that the requested ceiling Hoyer lift is medically necessary, and the appeal is denied.²

² This denial does not preclude the appellant from requesting a mechanical or electrical Hoyer lift from CCA. Further, CCA is encouraged to work with the appellant to ensure that she can safely transfer by use of any Hoyer lift.

Order for MassHealth/MCO

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108