

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2509999
Decision Date:	10/1/2025	Hearing Date:	07/30/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

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:	Denied	Issue:	Transportation
Decision Date:	10/1/2025	Hearing Date:	07/30/2025
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 June 11, 2025, MassHealth denied a Provider Request for Transportation (PT-1) because MassHealth determined that [REDACTED] is not a MassHealth-reimbursable service. 130 CMR 407.411 and Exhibit 1. The Appellant filed this appeal in a timely manner on July 7, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's PT-1 for transportation because [REDACTED] is not a MassHealthreimbursable service.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 407.411, in determining that [REDACTED] is not a MassHealth-reimbursable service.

Summary of Evidence

The hearing was held by telephone. MassHealth was represented by a worker from MAXIMUS transportation services. The Appellant represented herself and verified her identity.

The MassHealth representative testified that MassHealth denied the Appellant's PT-1 because [REDACTED] is not a MassHealth-reimbursable service. The MassHealth representative testified that [REDACTED] provides hard skills training and employment support, support in completing high school vocational programs or college, health and wellness activities, and assistance with obtaining housing. The MassHealth representative testified that the services and programs provided by [REDACTED] are not covered under MassHealth because MassHealth only covers medical or dental services.

The Appellant testified that she suffers from anxiety and depression, and that she receives mental health services at [REDACTED]. The Appellant testified and acknowledged that she received mental health services, not medical services, at [REDACTED] but asserted that mental health programs should be covered under MassHealth. The Appellant testified that she attends group meetings, meets with psychiatrists, and learns how to perform everyday tasks at [REDACTED] b. The Appellant testified that [REDACTED] her primary care doctor, did not prescribe or suggest that she go to [REDACTED] but that she chose to go to [REDACTED] herself. The Appellant testified that the secretary at [REDACTED] office submitted the PT-1. The Appellant testified that [REDACTED] has transportation services, but that they only cover transportation in [REDACTED] where the Appellant lives.

Findings of Fact

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

1. The Appellant is an adult between the ages of [REDACTED] Testimony, Exhibit 4.
2. Through a notice dated June 11, 2025, MassHealth denied a Provider Request for Transportation (PT-1) because MassHealth determined that [REDACTED] is not a MassHealth-reimbursable service. Testimony, Exhibits 1 and 2.
3. The Appellant filed this appeal in a timely manner on July 7, 2025. Exhibit 2.
4. [REDACTED] provides hard skills training and employment support, support in completing high school vocational programs or college, health and wellness activities, and assistance with obtaining housing. Testimony, Exhibit 2.
5. The MassHealth representative testified that they were unable to find a provider identification (ID) for [REDACTED] Testimony.

Analysis and Conclusions of Law

MassHealth regulations provide as follows:

130 CMR 450.101: Definitions

Behavioral Health Services — mental health and substance use disorder services.

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*).

(1) In the case of public transportation, the MassHealth agency determines those medical services that are covered by MassHealth.

(2) In the case of fee-for-service ambulance and wheelchair van transportation, it is the responsibility of the transportation provider to judge which medical services are covered by MassHealth and to advise the member in cases where transportation is requested to a service that, in the provider's judgment, may not be or is not covered by MassHealth. If a member is in doubt as to whether or not a medical service is covered by MassHealth, the member should contact the MassHealth agency.

(3) In the case of brokered transportation, the MassHealth agency determines those services that are covered by MassHealth.

(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);

...

(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;

...

MassHealth's regulations require that a covered service must be provided at a destination in order for transportation services to be covered in that location. Here, the Appellant testified that she receives mental health services at the [REDACTED]. Under 130 CMR 450.101, mental health services are defined as part of behavioral health services. In this regard, mental health services at the [REDACTED] could be considered a covered service under MassHealth.

However, under 130 CMR 407.411, transportation is authorized only to and from MassHealth reimbursable providers. Therefore, behavioral health services must be performed by a MassHealth-enrolled provider for transportation to be approved. The MassHealth representative testified that they were unable to find a provider ID for [REDACTED]. Accordingly, MassHealth did not err in denying the request for transportation, and the appeal is denied.¹ 130 CMR 407.411.

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.

Emily Sabo
Hearing Officer
Board of Hearings

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

¹ I appreciate that the Appellant has found the services of the [REDACTED] helpful. It appears that she may be able to use [REDACTED]