



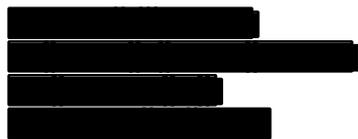
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**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of



**DECISION**  
Case #: CWA - 175529

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**PRELIMINARY RECITALS**

Pursuant to a petition filed on July 14, 2016, under Wis. Admin. Code § HA 3.03, to review a decision by the Department of Health Services, Division of Long Term Care, regarding Medical Assistance (MA), a hearing was held on August 18, 2016, by telephone.

The issue for determination is whether the Department of Health Services correctly denied the Petitioner's request for IRIS funding for a fully electric bed – an Alterra 1232/1200.

There appeared at that time the following persons:

**PARTIES IN INTEREST:**

Petitioner:



Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, WI 53703

By: [Redacted], Quality Services Specialist  
TMG (the Management Group)  
One South Pickney Street, Suite 320  
Madison, WI 53703

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [Redacted]) is a resident of Racine County.

2. On May 30, 2015, [REDACTED] submitted, on behalf of the Petitioner a request for prior authorization of a totally electric hospital bed, without mattress and a dry pressure mattress at a cost of \$1,932.32. (DHA file for case MPA-168196)
3. On July 8, 2015, the Department of Health Services (DHS) approved coverage of a semi-electric bed with a dry pressure mattress. The approval expired November 20, 2015. (Exhibit 2, pg. 15)
4. On August 20, 2015, the Petitioner's parents filed an appeal with the Division of Hearings and Appeals seeking coverage of a fully electric bed. This was case MPA-168196. (DHA file; Exhibit 2, pg. 15)
5. On September 2, 2015, DHS issued a letter finding a fully electric bed to be appropriate for the Petitioner, and approving coverage of the bed. This authorization expired on November 20, 2015. (Exhibit 2, pgs. 27-28; Exhibit F)
6. On September 25, 2015, the Petitioner's mother submitted a signed withdrawal, so the Division of Hearings and Appeals dismissed case MPA-168196. (DHA file)
7. Petitioner never purchased an electric bed. (Testimony of Petitioner's parents)
8. The provider that originally requested prior authorization for the electric bed, would not sell, at the Medicaid reimbursement rate, the bed that Petitioner's parents determined best met the Petitioner's needs. (Testimony of Petitioner's parents)
9. The vendor offered other beds that it would sell at the Medicaid reimbursement rate, but Petitioner's parents rejected those beds as inadequate to meet Petitioner's needs. (Testimony of Petitioner's parents)
10. The Petitioner's parents approached a second vendor, who again, would not sell, at the Medicaid reimbursement rate, the bed Petitioner's parents selected. (Testimony of Petitioner's parents)
11. The Petitioner's parents approached two other vendors, who would not return their calls. (Testimony of Petitioner's parents)
12. Petitioner seeks a fully electric bed with the following features:
  - a. Mattress height of 15" on the low end; 34" at the high end
  - b. The ability to independently raise and lower head and feet
  - c. Tall full length side rails
  - d. Mesh or padded side rails
  - e. A Scoop mattress cover with elevated edges
  - f. A Pressure reducing mattress
  - g. A Floor mat to cushion potential falls out of bed

(Exhibit 2, pg. 5; Testimony of Petitioner's parents)
13. On or about May 4, 2016, Petitioner's parents requested IRIS funds to pay for the desired electric bed. (Exhibit G)
14. On June 2, 2016, the Department of Health Services sent the Petitioner and her parents a notice indicating that it was denying their request for an Alterra 1232/1200 high-low-full electric bed and 5 inch thick mattress, because such beds are generally covered by Medicaid and there has been no Medicaid denial. (Exhibit B)
15. The Petitioner's parents filed a request for fair hearing that was received by the Division of Hearings and Appeals on July 14, 2016. (Exhibit 1)

### **DISCUSSION**

The Petitioner receives medical benefits under IRIS, which stands for Include, Respect, I Self-Direct. This program is a fee-for-service alternative to Family Care, PACE, or Partnership for individuals requesting a long-term care support program in Family Care counties. *Medicaid Eligibility Handbook*, § 37.1.1.

The IRIS program, as an MA Waiver service, may include the following services:

- (1) Case management services.
- (2) Homemaker services.
- (3) Home health aide services.
- (4) Personal care services.
- (5) Adult day health services.
- (6) Habilitation services.
- (7) Respite care services.
- (8) Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness, subject to the conditions specified in paragraph (d) of this section.
- (9) Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization.

42 CFR § 440.180(b)

When determining whether a service is necessary, the Division must review, among other things, the medical necessity of the service, the appropriateness of the service, the cost of the service, the extent to which less expensive alternative services are available, and whether the service is an effective and appropriate use of available resources. Wis. Admin. Code, § DHS 107.02(3)(e)1.,2.,3.,6. and 7.

In furtherance of implementing these laws, the IRIS program has developed various policies regarding funding of goods and services. These policies are found in the IRIS Policy Manual<sup>1</sup>, the IRIS Service Definition Manual<sup>2</sup>, the IRIS Policy Manual:Work Instructions<sup>3</sup>, and the Application for a §1915(c) Home and Community Based Services Waiver (WI.0484.R01.06)<sup>4</sup>.

In the case at hand, it is undisputed that a fully electric hospital bed is medically necessary for the Petitioner. It is undisputed that Medicaid will provide coverage of such beds.

IRIS initially denied the request for coverage of the bed, because electric hospital beds are durable medical equipment covered by Medicaid.

On pages 21 and 22 of the IRIS Service Definition Manual, it indicates that specialized furniture and mattresses are covered under Aids, Equipment, and Supplies. (See also Exhibit D) However, it also indicates that, “Durable Medical Equipment (DME) obtained through Wisconsin’s approved Medicaid State Plan is excluded. IRIS funds may pay for aids exceeding the allowable Medicaid paid goods and services, or aids denied by Medicaid.” (Id at pg. 23)

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<sup>1</sup> The IRIS Policy Manual can be found on-line at <https://www.dhs.wisconsin.gov/publications/p0/p00708.pdf>

<sup>2</sup> The IRIS Service Definition Manual can be found at <https://www.dhs.wisconsin.gov/publications/p00708b.pdf>

<sup>3</sup> The IRIS Policy Manual: Work Instructions can be found at:  
<https://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf>

All manuals can also be accessed through the TMG website: <http://www.tmgwisconsin.com/iris-consultant-agency-ica/program-materials-and-forms/>

<sup>4</sup> The application for HCBS Waiver can be found on-line at: <https://www.dhs.wisconsin.gov/iris/hcbw.pdf>. Portions of the application are included in Exhibit C1-C2.

At the hearing, TMG indicated that it could and would cover the difference in cost between the electric bed and the Medicaid reimbursement rate. However, the Petitioner's prior authorization approval for the bed expired in November 2015, so IRIS cannot approve funding at the moment. TMG's position at the hearing is consistent with the policy stated in the IRIS Service Definition Manual at pages 21-23. Although, a more accurate interpretation of the regulation might be that IRIS will pay for the features on the desired bed that are not on the beds offered at the Medicaid reimbursement rate.

Accordingly, it is found that DHS correctly denied the Petitioner's May 2016 request for coverage of an Alterra 1232/1200 high-low-full electric bed and 5 inch thick mattress.

The frustration of Petitioner's parents is understandable; they have been working very hard for a very long time to get a hospital bed that will meet the Petitioner's medical needs. However, Petitioner will have to have her selected provider submit a new request for authorization of the specific bed she desires and her IRIS consultant will have to help her coordinate funding, after fee-for-service Medicaid makes its decision.

**Petitioner should note that the prior authorization granted by Medicaid is only good for the vendor that submitted the request and is not transferrable to another vendor.**

Petitioner should also note that under Wis. Admin. Code §106.04(3), a provider shall accept payments made by the DHS as payments in full for the services provided and may NOT impose an unauthorized charge or impose direct charges upon a recipient in lieu of obtaining payment under the program, unless the service is not covered under the program or a prior authorization request is denied and the recipient is advised of this fact before receiving the services.

### **CONCLUSIONS OF LAW**

DHS correctly denied the Petitioner's May 2016 request for coverage of an electric bed.

**THEREFORE, it is**

**ORDERED**

That the petition is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 14th day of September, 2016

\s \_\_\_\_\_  
Mayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on September 14, 2016.

Bureau of Long-Term Support