

# IMPACT

## Newsletter of the ASSISTIVE TECHNOLOGY Advocacy Project

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*IMPACT is now an electronic only newsletter. We will make our Internet-only newsletter available to regular readers through email alerts with links to the latest newsletter on our website. IMPACT continues to have the same front-page look it has had since 1995 but we will no longer be constrained by the eight-page format we used for most issues. Some issues will now be shorter, some longer. We will continue to view IMPACT as an ongoing curriculum on funding of assistive technology (AT) and include resource links to our publications and other online resources. Finally, we will also use our new email readers list to provide you with other news related to our common goal of getting AT and specialized equipment into the hands of children and adults with disabilities.*

*If you would like to be added to the IMPACT email list, contact Lynn Urquhart at [lurquhart@nls.org](mailto:lurquhart@nls.org). Otherwise, look for the newsletter on our website at least three times per year.*

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## MEDICAID EQUIPMENT SERIES

### *Medicaid Can Fund Standing Wheelchairs*

Two articles from the New York Times and USA Today reported recent findings of the overall negative effect prolonged sitting has on the body. Both articles addressed the “physiology of inactivity,” or simply put, how your body can become its own enemy while sitting. See *Stand Up When You Read*

This, <http://opinionator.blogs.nytimes.com/2010/02/23/stand-up-while-you-read-this> (2/23/10); *Too Much Sitting Puts the Body on Idle*, [http://www.usatoday.com/news/health/painter/2010-02-01-yourhealth01\\_ST\\_N.htm](http://www.usatoday.com/news/health/painter/2010-02-01-yourhealth01_ST_N.htm) (1/31/10). This kind of inactivity can contribute to weight gain, low levels of lipoprotein lipase, poor metabolizing of sugars and fats, and heart disease. The articles were not only informative but actually scary! Further, when we consider the studies that produced these articles were done on individuals who could stand, walk and run, those of us who deal continually with individuals with quadriplegia or paraplegia are left gasping when we apply these findings to our own client base. If there is a strong medical need for every non-disabled individual to get up off their “good intentions,” how much more medically important does it become to make sure that individuals with disabilities can benefit from the intervention of a proactive health model that includes repeated standing in their everyday plan of care?

This issue of *IMPACT* will focus on the standing wheelchair, a specialized wheelchair that meets both mobility needs and allows its user the medical benefits of a passive standing program. After describing the three types of standing wheelchairs, we will focus on Medicaid funding of standing power wheelchairs. We will detail the Medicaid prior approval process, the importance of the letter of medical justification, the Medicaid regulations governing approval of durable medical equipment, and how the various components of the power standing wheelchair must each be justified to obtain approval for Medicaid funding. Everything we discuss in this article applies equally to traditional Medicaid and Medicaid managed care.

The discussion below will probably be most useful to equipment suppliers, the health professionals who will prepare letters of medical justification, and the attorneys and advocates who represent individuals when they are denied funding for a requested piece of equipment. However, we believe that many individuals with disabilities, their families, and the agencies that serve them will always benefit from the content presented. As always, if you have questions about any issue in this article, or if you would like our assistance with any aspect of a case (from prior approval to fair hearing in Medicaid cases), please contact our State Assistive Technology (AT) Advocacy Project at 716-847-0655 ext. 256 or email Marge Gustas ([mgustas@nls.org](mailto:mgustas@nls.org)).

## **The Standing Wheelchair Can Meet a Wide Range of Needs**

The standing wheelchair is a multi-faceted device, capable of aiding the user in meeting many of their medical, educational, vocational and psycho-social needs. It allows for functional mobility, environmental access, and the ability to complete a daily aggressive standing program. There are three types of standing wheelchairs: the manual standing wheelchair, the power standing wheelchair, and the combination manual wheelchair with power-operated standing device. As with all complex rehabilitative technology, the device chosen will be determined by both the individual's needs and what the funding source will pay for. Standing wheelchairs come in pediatric and adult models.

- ***Manual standing wheelchairs*** are activated by the individual's ability to use their arms to push them upward thereby releasing the mechanism that allows the seat to withdraw under the person and merge into the back of the wheelchair forming the back support while standing.
- ***Power standing wheelchairs*** use the power wheelchair's batteries to bring the individual to a standing position. The power wheelchair can come from the "sit to stand" position like the manual standing wheelchair or some can stand from a semi-supine position or a tilt-table type position. Wheelchairs that stand from a supine or tilt-table position are often the choice for individuals with orthostatic hypotension.
- ***Manually propelled wheelchairs with power operated standing*** are also available.

This article will focus on verifying medical necessity for the power standing wheelchair for Medicaid prior approval. Manual standing wheelchairs or combination standing wheelchairs are not often seen as an issue by our State AT Project but, should you or someone you work with have a medical, educational or vocational need for such a wheelchair and have recently been denied funding for it, please do not hesitate to contact us at 716-847-0650 ext. 256 or [mgustas@nls.org](mailto:mgustas@nls.org).

## **The Medicaid Prior Approval Process – Importance of the Letter of Medical Justification, Looking at State Regulations**

### ***Prior Approval and the Letter of Justification***

All requests for Medicaid prior approval start with an application submitted to the Department of Health or the Medicaid Managed Care Agency by an equipment supplier and should be accompanied by a strong letter of medical justification from the physical or occupational therapist and a prescription from a doctor. The letter of medical justification is the chief document verifying medical need and should always be drafted by a doctor or a therapist. While its intended audience is the medical reviewer, very often secondary audiences like administrative law judges or a reviewing court rely on this document for not only ascertaining medical need but, also, for self education. Judges are not likely to have strong medical backgrounds. It is important to remember when writing the letter of justification that there may be several different readers, all reading it from different points of view.

While there is no right or wrong way to write a letter of justification, there are some things that you can do to make it more impressive and informative regarding the information that you want it to convey. Our *IMPACT* newsletter on this topic can assist you in this endeavor and can be accessed on our website. See *Preparing Letters of Medical Justification* available at [www.nls.org/at/atwinter05.htm](http://www.nls.org/at/atwinter05.htm).

### ***Look to the State Regulations for Guidance.***

When requesting prior approval from Medicaid we must document and prove medical necessity. When documenting medical need for a standing wheelchair, the request must meet the conditions defined by New York State regulation. The regulations define prior approval as a determination that a service or supply is “medically necessary to prevent, diagnose, correct or cure a condition of the recipient which: (1) causes acute suffering; (2) endangers life; (3) results in illness or infirmity; (4) interferes with the capacity for normal activity; or (5) threatens to cause a significant handicap.” 18 NYCRR 513.1(a).

**“Necessary to prevent, diagnose, correct or cure a condition** means that the requested . . . services or supplies would: meet the recipient’s medical needs; reduce the recipient mental or physical disability; restore the recipient to his or her best possible functional level; or improve the recipient’s capacity for normal activity. Necessary to prevent, diagnose, correct or cure a condition must be determined in light of the recipient’s specific circumstances and the recipient’s functional capacity to use or make

use of the requested care, services or supplies and appropriate alternatives” 18 NYCRR 513.1(c)(emphasis in original).

The state Medicaid agency, the Department of Health, is not allowed to have an exclusive list of covered medical equipment. It must consider any medical equipment, including any newer technology, on a case-by-case basis when a request for funding is presented through the prior approval process. It must also follow all of the federally mandated Early and Periodic Screening, Diagnosis and Treatment rules when processing prior approval requests for children 20 and younger (see discussion below). Again, these and all other Medicaid requirements also apply to Medicaid Managed Care.

### **What Information is Needed to Document Medical Necessity?**

This section of the article discusses all the key issues that must be addressed through the Medicaid prior approval packet. Most of these issues should be addressed in the letter of medical justification that was discussed above.

#### ***You Must Justify a Medical Need for Every Part of the Standing Wheelchair.***

When documenting medical need for a standing wheelchair the letter of justification must address all of the following: the wheelchair base; seating and positioning features like tilt-in-space and/or recline; the standing feature; and all accessories. Whether the wheelchair uses the seat elevator and recline features to come to a standing position or the user has other needs for these devices or both, they must be justified as well. Standing wheelchairs that come to a stand from a supine or tilt-table position often use the recline feature to properly position the user in conjunction with the seat elevating device (i.e., a feature that raises the wheelchair seat to clear the chassis to ensure user safety by stabilizing the wheelchair). Extra detail is necessary regarding the medical need of a user who needs a supine or tilt table to stand because the seat elevator and recline features are integral to the mechanics of the wheelchair and will automatically raise Medicaid’s cost. The individual’s diagnosis and prognosis should both be considered and addressed when documenting the medical need for the device.

#### ***You Must Justify the Standing Wheelchair’s Base to Obtain the Device that Best Fits the Person’s Medical Needs.***

The standing power wheelchair base is a moving platform carrying the user, the seat, any positioning equipment, batteries and motors. It must be sufficiently substantial to counter weigh the wheelchair in the standing position. Some wheelchairs are fully operational in the standing position, allowing the user to “drive” the wheelchair in this position.

If you are requesting a standing wheelchair you will be limited to certain wheelchair bases. However, you will still need to justify that the user not only needs this heavier base for the load the wheelchair must carry but, also, that it is a proper fit with his or her life style, environment, and prescribed standing program. For example, if the patient is a

15 year old with quadriplegia who is active in school and in the community, the wheelchair base must be able to drive on tile, carpet, concrete, asphalt and dirt. The therapist might also want it to drive in the standing position in order to use the vibration as part of the therapy program. You also need to consider the drive wheel placement on this base, i.e., front, rear or center wheel drive. Front wheel drive offers more “pull,” rear wheel more “push,” while center wheel placement will allow for the user to make tight turns. In order to justify the base, your letter of justification will need to address the user’s height, weight, and the wheelchair accessibility of his or her home. Does he or she live in a community with or without sidewalks? If he resides in a community without sidewalks, will he be on dirt, gravel roads, or shoulders? What extracurricular activities does she participate in? Does she go to church, school, have a job, volunteer, or do her own grocery shopping?

### ***The Standing Device Must Also be Justified.***

This can be done by showing that the wheelchair requested:

- Is part of a plan of a care plan for a standing program;
- Will allow the user to participate in normal activity;
- Will assist in restoring an individual to their best functional level; or
- In the case of children, will promote appropriate development.

### **The Standing Program as Part of the Care Plan**

Standing devices on power wheelchairs must be addressed as part of a care plan. Foremost, is the individual a good candidate for a standing program? If so, the next issue is safe transferring. Individuals who can transfer themselves into standers or can walk with walkers, gait trainers, etc. do not fare as well when asking for a standing wheelchair and need very strong medical justification for Medicaid funding to be approved.

When an individual believes that his safety may be in jeopardy by transferring or that he will not have sufficient opportunity to transfer to a stander, he may be less likely to comply with his standing program, rendering it ineffective. These individuals generally are good candidates for standing wheelchairs. The therapist and/or doctor not only needs to document how often their patient needs to stand and for how long to get the desired effect, but also, the medical problems associated with transfers to a separate stander including safety, accessibility of a stander, portability of a stander, etc.

#### **1. Is There a History of Standing or a Standing Program?**

Has the user participated in a standing program in the past? If they have but are no longer actively involved in that program, why? We see this a lot when children leave

school and no longer receive physical therapy. If the individual is receiving therapy it is mostly range of motion. However, introducing a standing program into the care plan furthers the therapeutic goal by first, forwarding the natural progression of therapy and second, making sure that well-stretched muscles are being used before they can contract again.

## **2. How Should the User Come to a Stand?**

The decision of how someone should come to the standing position is an issue of medical need. Can the individual come from a sit-to-stand position immediately or in increments? Will they do better if they come to a stand from a supine or tilt table position because they suffer from orthostatic hypotension, causing dizziness or fainting or is there significant weakness in their hip joints? Will coming to a full stand cause too much pull on contracted muscles causing additional pain? Will an individual be able to achieve the same angle of standing every day? Will they tire? Can the user modify the standing angle to fit their daily tolerance or even tolerance throughout the day?

## **3. What Are the Physical and Mental Benefits the User Can Reasonably Expect to Achieve?**

The need for reducing muscle contractures is a strong medical reason for introducing and/or maintaining a standing program into a care plan. For the standing wheelchair user, accessibility to repetitive standing is a primary asset of this wheelchair. Too often, the benefits of range of motion therapy on contractures can be compromised when meaningful repetition of therapy is inaccessible or limited. Very often in adults, especially the elderly, physical therapy is not available and the introduction of a standing wheelchair into their care plan may be the only therapy they receive. An individual can use a wheelchair's standing device as often as he or she wants, allowing their health care provider (doctor or therapist) to modify their standing program as medically necessary to achieve therapeutic goals.

Published research findings have recognized that the individual who stands also receives benefits to their circulatory system, which impacts all other organs and body functions. Long term wheelchair users may benefit better from standing in the prevention of decubitus than those who only have access to repositioning. With standing, respiration is deeper allowing the introduction of more oxygen into the lungs. Gravity can assist with natural elimination ability both minimizing constipation and allowing for a more complete emptying of the bladder in males, lessening the number of urinary tract infections. Bone density is protected in the long bones of the legs, especially when repetitive dynamic standing is available. [The Rehabilitation Engineering Society of North American (RESNA) has published a position paper on standing wheelchairs that summarizes the studies done on the medical benefits of passive and dynamic standing. See *RESNA Position on the Application of Standing Wheelchair Devices* available at [www.rstce.pitt.edu/RSTCE\\_Resources/Resna\\_position\\_on\\_wheelchair\\_standers.pdf](http://www.rstce.pitt.edu/RSTCE_Resources/Resna_position_on_wheelchair_standers.pdf). Also, Altimate, one of the manufacturers of standing frames, has a number of resources on its website, [www.easystand.com/health-benefits/research.cfm](http://www.easystand.com/health-benefits/research.cfm), that provide support for the medical benefits of a standing program.]

The regulatory language quoted above, i.e., “interferes with the capacity for normal activity” and restoring an individual to “his or her best possible functional level,” is important because it shows that the law acknowledges that good health is a far broader concept than just fitting a person’s needs into a medical formulary for preventing contractures. The normal activity for most children is going to school. What then does a child need a standing device for in school -- lab activities, board activities, standing for the pledge of allegiance? What about the individual in their home and community? Do they own their home? Do they own housekeeping, grocery shopping, pharmacy and doctor trips? Do they cook for themselves? How do we restore a spinal cord injury patient to their best possible functional level? We have to know what that person was capable of before their accident and weigh that against what they will struggle to achieve after their accident. Then, based on that prognosis we have to integrate a plan of care into their new lifestyle. Can the standing device and its long term benefits allow them to live in the community as opposed to a skilled nursing facility? Will it allow them to get by with one aide, maybe no aides?

***Does the User Need the Seat Elevator and Recline Feature to Operate the Standing Device or is there an Independent Medical Need for the Elevator or Both?***

In some standing wheelchairs, such as Permobil’s C400 VS Junior and C500 VS, the seat elevator comes as a working part of the standing device. When asked about the relationship between the seat elevator, the recline feature and the standing feature, Permobil offered our State AT Project the following explanation:

“The standing system requires the following power seat functions: tilt and recline, articulating elevating leg rests, and seat elevation. As the chair stands, the seat rises so it clears the chassis, at the same time the recline function operates dropping the seat back into position so that now seat and back form a uniform support mechanism stabilizing the patient as he comes to a standing position. The adjustable seat height ensures client safety by allowing the stand and drive caster wheels to appropriately contact the ground. If the adjustable seat height is not provided, the stability of the wheelchair in the standing position will be compromised.”

Medicaid, very often, will ignore this fact in certain wheelchairs and still demand a medical reason for an elevating seat and the recline features. The strongest reason you can provide in this situation is why it is medically necessary for the patient to come to a stand from the supine or tilt table position and then explain the mechanics of the wheelchair. But, there may be additional reasons why the individual needs a seat elevator and/or a recline feature. Maybe he or she is in a scholastic setting where table heights vary. Maybe he is in the lab working on projects for an extended amount of time and needs a seat that rises to counters. Maybe at home she uses her seat elevator to assist with different transfers. Again, the medical need for a seat elevator and the recline feature must be verified but, like a standing device, it may meet a medical need that both reduces



the person's physical disability and allows them to improve their capacity for normal activity.

### ***Each Accessory Must be Justified as Medically Necessary.***

As with the prior approval of any power wheelchair, all wheelchair accessories will have to be medically justified. While in some cases, the accessory will be considered as part of the base price, others such as elevating foot rests and swing away laterals may not. If in doubt check with your supplier and if they need to be justified do a thorough job. Remember, there are no short cuts.

### ***Has the Doctor or Therapist Considered Less Costly Alternatives and Whether They can Meet the User's Medical Needs?***

Just as with any other device, Medicaid will expect the individual to use the least costly, medically effective alternative to meet his or her medical needs. This is one reason why individuals who can transfer to standers or who are able to use crutches, walkers, gait trainers, etc. have such a hard time getting standing wheelchairs.

The easiest general rule for addressing the least costly, medically effective alternative is to "climb the ladder" starting at the lowest rung and ruling out why each device is not medically appropriate. In this case we can start with an independent sit-to-stand stander and discuss the problems the user will have with meeting his standing program. This may include transfer issues, accessibility issues, etc. Next we discuss the manual standing wheelchair and why the user cannot use that effectively. Then, what about the manual wheelchair with the power standing feature? How will this measure up? If none of these meet the user's medical needs, you will still need to justify that the total package price of the wheelchair you have requested is less costly than other similar wheelchairs. Remember accessories can add to the cost of any wheelchair. Of course, when going through this process should you find a device that is less expensive than the power standing wheelchair that still meets of the users medical needs, you will have to accept that as the device Medicaid will pay for.

### **How is Medicaid Expected to Treat Children Differently?**

When it comes to the development of children, using a standing wheelchair can make a significant impact. The federal Medicaid Act's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandates call for a comprehensive screening process for development to be performed by the service provider and to proactively input durable medical equipment into the care plan when it will correct, cure or ameliorate the disabling condition.

For the therapist, EPSDT offers a broader platform to develop medical need. For instance, when screening for gross motor development, the therapist should focus on:

- strength and balance;
- fine motor development, including hand-eye coordination;
- self-help and self-care skills;
- social-emotional development and the ability to interact appropriately with others; and
- cognitive skills.

Further, for older children, consideration should be given to the effect a standing wheelchair will have on vocational skills. All of these screening markers can be more readily achieved through the introduction of the standing wheelchair. For more detail on EPSDT see *Medicaid, AT and Kids: How Medicaid's EPSDT Program Expands the Availability of Assistive Technology for Children Under 21 in All States*, available at [www.nls.org/av/winter08.pdf](http://www.nls.org/av/winter08.pdf); and *Did You Know – Remembering EPSDT in the Wake of Medicaid Cuts*, available at [www.nls.org/did%20you%20know/EPSDT.pdf](http://www.nls.org/did%20you%20know/EPSDT.pdf).

## Conclusion

Standing power wheelchairs can have a dramatic effect on an individual's overall health but, they are expensive. If an individual has a medical need for a standing power wheelchair, remember to justify all of the parts that make up the device, show how it will advance the user's normal activity or restore their function, use the EPSDT mandate for a child and take the time to write a strong letter of medical justification. And, as always, if you have any questions about getting through the process, please don't hesitate to call us.

Remember, if the request for Medicaid prior approval is denied the Medicaid recipient has a right to a fair hearing to challenge the denial. Readers should feel free to call us or refer individuals to us for assistance with a Medicaid fair hearing.

## Several Fair Hearing Decisions Have Awarded Medicaid Funding for Standing Wheelchairs

The three summaries below are examples of winning fair hearing decisions on Medicaid appeals handled through our State Assistive Technology Advocacy Project. In the ***Matter of GP***, FH#4269315N (2005), the fair hearing decision found that the 15 year old Medicaid recipient (the "appellant") with spastic quadriplegia and cerebral palsy had a medical need for a standing wheelchair that impacted on all aspects of his life. "The medical justification writings of Appellant's physician are detailed. As described by Appellant's physician, the standing feature (used in conjunction with the motorized

wheelchair), will be of significant assistance in treating the Appellant's disease, as well as in maintaining and even improving Appellant's ability to carry out normal life activities. Upon deliberation, it becomes apparent that participation in after-school activities by a high school student falls within the meaning of the phrase 'normal life activities.' As such, the requested equipment, as its use and benefits is described by Appellant's physician, falls squarely within the prerequisites for providing a service or item under the [Medicaid] program."

Likewise, in **Matter of MK**, FH#5677333J (2010), the fair hearing decision held that the Appellant, a young man with Muscular Dystrophy who attended college, had established a medical need for a standing power wheelchair. In this case, Medicaid did not dispute the need for a standing program but believed that it could be readily achieved by the Appellant using a power wheelchair, a sliding board and a stander. The evidence presented at the hearing clearly established that two devices would be overly cumbersome for the Appellant to meet his medical needs and, therefore, the standing power wheelchair was determined to be medically appropriate.

In the **Matter of TR**, FH# 5487954R, (2010), in awarding funding for a standing power wheelchair, the fair hearing decision found the information provided by the Appellant's physical therapist to be persuasive in her findings for both the physical impact of the standing power wheelchair but also the impact on his mental health and cognitive development. The decision reads: "In addition, the Appellant's Physical Therapist argued that Appellant receives services at this time from a school psychologist and that he is at risk of learned helplessness and depression because of inability to stand and reach things both at home and school. The Appellant's Physical Therapist provided detailed testimony as to participation in daily activities, such as basketball and smart board, standing at will with peers to stretch, assisting with chores at home and argued that physical and mental health would be improved by Appellant's use of the standing wheelchair device. Due to Appellant's age, she argued that it would assist with cognitive development by allowing greater participation and independence in judgment."

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## **New York Court Awards Medicaid Funding for Standing Wheelchair**

Although our State AT Advocacy Project wins a very large percent of fair hearings where we are the representative, we will consider appealing a losing fair hearing decision to court if we believe the case was wrongly decided. One such case was *Sorrentino v Novello*, 295 A.D.2d 945, 744 NYS 2d 592 (4th Dept, 2002). In *Sorrentino*, the court overturned a losing fair hearing decision for a power wheelchair with standing feature stating that "the Appellant's physician had provided evidence that a standing wheelchair would promote circulation, bone density, and bladder and bowel function, and would prevent pressure sores, contractures, loss of muscle mass and muscle atrophy . . . . "

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## The Technical Assistance Corner

**Question Presented:** I am a physical therapist who has been working with a young adult who I believe is a good candidate for a power standing wheelchair. She definitely will benefit medically from a regular standing program and can benefit more frequently, and predictably, if she can use the standing feature throughout the day when she is at home, at the college she attends, or working at her part-time job at a local bookstore. Her prior approval request to pay for a power standing wheelchair was denied by Medicaid stating that the standing mechanism was not medically necessary because it will be used to participate in her college program and to meet some of her duties at her part-time job. The denial went on to say that she should seek funding for the standing feature through the state vocational rehabilitation agency, ACCES-VR (formerly VESID). Is the Medicaid agency correct in this case?

**Our Response:** As you have explained it, the Medicaid decision is not correct. If this individual can show a documented medical need for each aspect of this standing feature and show that it would be the least costly alternative to meet her medical need for a standing program, it should be approved. The fact that she might also be able to use it for other reasons that could be unrelated to a medical need is not relevant if she can demonstrate a medical need for it otherwise.

Keep in mind that we would need to know more about this young woman's disability and other factors before we could comment further on the merits of her claim. However, you can certainly have her contact us about possible representation at a fair hearing to challenge this denial (keeping in mind that she has 60 days from the date of the Medicaid decision to request a hearing).

**One Other Comment:** There is a very good argument that the need to perform activities at college or in the bookstore through the standing device (like participation in a lab or reaching items on higher shelves) is a part of "normal activity" and subject to Medicaid approval. We have much greater confidence, however, with the traditional medical benefits of the standing program as supporting medical necessity. Therefore, we urge readers to put the strongest emphasis on those issues. When there has clearly been a mixed medical/vocational benefit to the use of a standing power wheelchair we have, in few cases, been able to broker a deal in which Medicaid paid the cost for a power wheelchair without the standing device and ACCES-VR paid for the standing features to support a vocational goal.

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# The NY State Assistive Technology Advocacy Project

## *Our Staff, Our Services*

### **Our Staff:**

- **Marge Gustas, Staff Paralegal** ([mgustas@nls.org](mailto:mgustas@nls.org), 716-847-0650 ext 256) – primary contact for new referrals/technical assistance questions; handles administrative hearings and other appeals
- **Diana M. Straube, Staff Attorney** ([dstraube@nls.org](mailto:dstraube@nls.org)) – handles administrative hearings, other appeals and litigation
- **James R. Sheldon, Jr., Supervising Attorney** ([jsheldon@nls.org](mailto:jsheldon@nls.org)) – is also Project Supervisor of our National AT Advocacy Project
- **Lynn Urquhart, Project Secretary** ([lurquhart@nls.org](mailto:lurquhart@nls.org)) – primary contact to get added to our newsletter electronic mailing list

### **Our Services:**

- **Individual Representation** – before any agency which denies funding for assistive technology (e.g., Medicaid, Medicare, private insurance, special education programs, ACCES-VR, Commission for the Blind)
- **Publications, Including IMPACT Newsletter** – also have publications to support training; have access to materials produced by National AT Advocacy Project/other projects of Neighborhood Legal Services
- **Training** – contact Marge Gustas if you would like a speaker for your conference or agency training event
- **Resources to Support Attorneys, Other Advocates** (includes technical assistance, resource materials, copies of winning hearing decisions) – contact Marge Gustas

### **Send Us Your Winning Hearing Decisions, Other Support Materials**

We maintain a resource library of Medicaid hearing decisions, briefs from court cases, and medical/technology publications that will support advocacy before Medicaid and other funding sources. Please send us any of these documents so that we can use them and make them available to others.

**For pictures or more information on standing wheelchairs** go to one of the following websites: Levo, [www.levousa.com](http://www.levousa.com); The Standing Company, [www.thestandingcompany.com](http://www.thestandingcompany.com); or Permobil, [www.permobil.com](http://www.permobil.com). You can also search for “standing wheelchair” on one of the popular search engines to locate other websites.

## In Our Next Issue of IMPACT:

### ***Medical Equipment Series:***

### ***Sit to Stand Standers***

***If you no longer wish to receive notifications regarding IMPACT, please contact [lurquhart@nls.org](mailto:lurquhart@nls.org) and ask to be removed from our mailing list.***