

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 334-9505

**IN THE MATTER OF:**

██████████

**Appellant**

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**Docket No. 2010-14805 TRN**

██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared on her own behalf. ██████████, husband, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, eligibility specialist, and ██████████, Family Independence Manager, appeared as witnesses on behalf of the Department of Human Services (DHS).

**ISSUE**

Did the Department properly deny the Appellant's request for payment of medical transportation expenses?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant's son is a ██████████ Medicaid beneficiary. (Testimony)
2. The Appellant drove her son to the hospital in ██████████ on ██████████ for a surgery to have stents placed. The hospital kept the Appellant's son overnight for additional testing. The Appellant spent the night in ██████████ rather than driving back and forth to transport her son home upon discharge the next day. (Testimony)

3. The Appellant requested reimbursement for medical transportation expenses for a motel room overnight ██████████, and a meal at ██████ on ██████████. (Exhibit 1, pages 6 and 8)
4. On ██████████, the Department issued a Medical Transportation Notice to the Appellant denying the request for medical transportation reimbursement stating that meals and overnight stay for parents of adults are not covered. (Exhibit 1, page 7)
5. The Appellant's request for a formal administrative hearing was received by the State Office of Administrative Hearing and Rules for the Michigan Department of Community Health on ██████████. (Exhibit 1, page 3)

### **CONCLUSIONS OF LAW**

The Medicaid program was established pursuant to Title XIX of the Social Security Act (SSA) and is implemented by 42 USC 1396 *et seq.*, and Title 42 of the Code of Federal Regulations (42 CFR 430 *et seq.*). The program is administered in accordance with state statute, the Social Welfare Act (MCL 400.1 *et seq.*), various portions of Michigan's Administrative Code (1979 AC, R 400.1101 *et seq.*), and the State Plan promulgated pursuant to Title XIX of the SSA.

The medical transportation coverage under the State Medicaid Plan is stated in Bridges Administrative Manual (BAM), 825 Medical Transportation, ██████████

### **MEDICAL TRANSPORTATION EVALUATION**

Evaluate a client's request for medical transportation to maximize use of existing community resources.

- If the client, or his/her family, neighbors, friends, relatives, etc. can provide transportation, they are expected to do so, **without reimbursement**. If transportation has been provided to the client at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship.
- Do not routinely authorize payment for medical transportation. Explore why transportation is needed and all alternatives to payment.
- Do not authorize payment for transportation unless first requested by the client.
- Use referrals to public or nonprofit agencies who provide transportation to meet individual needs without reimbursement.

- Use free delivery services that are offered by a recipient's pharmacy.
- Use bus tickets or provide for other public transportation arrangements.
- Refer to volunteer services or use state vehicles to transport the client if payment for a personal vehicle is not feasible.

## **LOCAL OFFICE AUTHORIZATION**

### **Travel-Related**

Local offices may authorize and pay for the following. Prior authorization may be required. See **PRIOR AUTHORIZATION**. Also see **CLIENTS IN MANAGED CARE**.

- Travel for clients to receive any MA-covered service from any MA enrolled provider. This includes Early and Periodic Screening Diagnosis and Treatment (EPSDT) and Children's Special Health Care Services (CSHCS) for those clients who are dually eligible (Medicare/Medicaid).

Some local health departments provide reimbursement for transportation to clients for EPSDT screenings or the Maternal and Infant Support Services (MOMS) program. Check with your local health department prior to authorization to guard against duplicate payments.

Travel for methadone treatment for up to 18 months. Travel for methadone treatment extending beyond 18 months must be prior authorized. The 18 months are nonconsecutive (will not start over due to a break in treatment). Reimburse travel to receive methadone treatment at the least expensive cost. Use bus tokens or expect the client to car-pool, if feasible.

- Travel and a fee for an attendant/travel aide needed to accompany a recipient needing special assistance during transport.
- Travel for a parent, relative, guardian or attendant who is accompanying a client who is a minor child.
- Travel for family members of clients who are children in an inpatient hospital treatment program, if the family members are part of a structured treatment or therapy program.
- Travel for one trip for examination and one trip per Medical Review Team (MRT) recommendation for clients claiming disability or blindness.

- Travel within or outside the normal service delivery area including borderland outstate travel (local offices have responsibility for defining normal service delivery area).

*Bridges Administrative Manual (BAM), 825 Medical Transportation  
Pages 2-5 of 17, August 1, 2008*


In the present case, the Department denied the Appellant's ██████████ overnight motel stay and meal reimbursement request relating to medical transportation for her son. The Appellant's son is ██████████ old. The Department worker testified that the denial of reimbursement for medical transportation expenses in this case was in accordance with the above cited policy, which specifies travel related expenses are covered for parents of minor children. The worker explained that the Appellant's request for reimbursement was denied because her son is not a minor child.

The Appellant disagrees with the denial and testified that her son needed a parent to be present, regardless of his age. The Appellant explained that the heart surgery was a very serious procedure and that her son is allergic to aspirin and has diabetes. The Appellant explained that the travel expenses such as a motel room and the gas to go back and forth were a hardship due to financial circumstances.


While this ALJ sympathizes with the Appellant's circumstances, Department policy does not support the Appellant's position that an adult child must have a parent with them for medical procedures, no matter how serious the medical condition. Department policy only states that travel related expenses can be considered for a parent who provided medical transportation for a minor child. This portion of policy can not apply to the Appellant's request because her son is an adult.

The Department policy also states that if client's family, neighbors, friends, or relatives can provide transportation they are expected to do so without reimbursement and that if transportation has been provided to the client at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship. The Appellant testified that the transportation expenses were a hardship due to the financial circumstances.

However, prior to the scheduled surgery, neither the Appellant nor her son contacted the Department regarding medical transportation assistance or prior authorization for travel expenses reimbursement. The Department worker testified that this would have allowed the Department to evaluate other options for transportation assistance, such as the availability of volunteer transporters, as indicated in the above cited policy. The Department followed applicable policy in denying the request for reimbursement of expenses from medical transportation for the Appellant's son in ██████████

  
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Decision and Order

**DECISION AND ORDER**

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for medical transportation expenses for 

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

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Colleen Lack  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc: 

Date Mailed: 3/30/2010

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.