

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

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IN THE MATTER OF:

████████████████████

Appellant

_____ /

Docket No. 2011-8124 TRN
Case No. 54616180

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. ██████████ appeared as a witness for the Appellant. ██████████ represented the Department. ██████████ and ██████████, appeared as witnesses on behalf of the Department of Human Services (DHS).

ISSUE

Did the Department properly deny the Appellant's request for medical transportation mileage reimbursement?

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 is ██████████ Medicaid beneficiary.
2. The Appellant usually uses her own vehicle for transportation to medical appointments. The Appellant has a family member or friend drive, but does not compensate the driver. (Appellant and ██████████ Testimony)
3. The Appellant sees multiple medical providers, most of which are out of her local community but have been treating her chronic medical conditions for

many years. (Appellant Testimony and Exhibit 1, pages 4 and 7-10)

4. The Appellant submitted multiple Medical Transportation Statements requesting reimbursement for mileage to medical appointments between ██████████. (Exhibit 1, pages 9 and 11-22)
5. The portion of the Medical Transportation Statement the transportation provider is to complete, Section III, was not completed on all of the forms submitted, or indicated that the Appellant was her own transportation provider. The Appellant signed each Medical Transportation Statement as the beneficiary and as the transporter in Section IV. (Exhibit 1, pages 11-22)
6. On ██████████, the Department issued a Medical Transportation Notice that the Appellant's requests for transportation reimbursement were denied because the necessary verification of the need for medical transportation was not provided, the Appellant had chosen providers located outside the community when comparable care is available locally, the medical provider section¹ of the transportation form was not completed by the provider and the Appellant is expected to provide her own transportation without reimbursement. (Exhibit 1, page 5)
7. The Appellant requested an administrative hearing contesting the denial of medical transportation mileage reimbursement on ██████████. (Exhibit 1, pages 3-4, and 7-10)

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.

Department policy governing medical transportation coverage is found in the Bridges Administrative Manual (BAM), Section 825, Medical Transportation:

¹ The denial notice incorrectly states the medical provider section was not completed. It appears that "medical" was mistakenly typed instead of "transportation." The medical provider section transportation provider section was completed, but the transportation provider section was not completed on all of the Medical Transportation Statements and indicated that the Appellant was her own transportation provider.

COVERED MEDICAL TRANSPORTATION

Medical transportation is available to obtain medical evidence or receive any MA- covered service from any MA-enrolled provider, including:

- Chronic and ongoing treatment
- Prescriptions
- Medical supplies
- One time, occasional, and ongoing visits for medical care.

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (such as AA meetings, medically unsupervised weight reduction, trips to pharmacies for reasons other than obtaining MA-covered items).
- Reimbursement for transportation for episodic medical services and pharmacy visits that has already been provided.
- Transportation costs for long-term care (LTC) residents. LTC facilities are expected to provide transportation for services outside their facilities.
- Transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. Encourage clients to obtain medical care in their own community unless referred elsewhere by their local physician.

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 recipients pharmacy.
- Use bus tickets or provide for other transportation arrangements.
- Refer to volunteer services or use state vehicles to transport the client if payment for a personal vehicle is not feasible.

*Bridges Administrative Manual (BAM),
Section 825 Medical Transportation,
March 1, 2010, Pages 1-3 of 17
(emphasis in original).
(Exhibit 1, pages 23-25)*

The Department's Medical Transportation policy also requires verification of the need for medical transportation on a Department DHS 54A Medical Needs, a DHS 49 Medical Examination Report, or similar documentation signed by an M.D., D.O., D.D.S., or their staff. *Bridges Administrative Manual (BAM) Section 825 Medical Transportation, March 1, 2010, Pages 14-15 of 17. (Exhibit 1, pages 23-25)*

In the present case, the Appellant's requests for medical transportation mileage reimbursement from ██████████ were denied. The Appellant testified that many similar requests for medical transportation mileage reimbursement were previously submitted and authorized by a Department worker who is now retired. The Appellant also explained that she completed the Medical Transportation statement's as directed by the prior worker, including listing herself as the transporter when her vehicle was used.

The Department is not bound to continuing to routinely authorize medical transportation mileage reimbursement in violation of Department policy because prior worker had been doing so. The current Department worker has been unable to find a DHS 54A or other documentation from the Appellant's doctors in the case file. It appears that the retired worker authorized the Appellant's previous mileage reimbursement requests without obtaining the required verification of the Appellant's need for medical transportation from her doctors. ██████████ Testimony) The Appellant testified that she

received a DHS 54A Medical Needs from the Department, but not until after the denial notice was issued in ██████████. The Appellant gave this form to her physician who completed it and sent it back to the local Department office. The Appellant should have been given the opportunity to provide this documentation prior to the Department issuing a denial for lack of verification. However, the lack of verification of the need for medical transportation was only one of the three reasons the Appellant's medical transportation reimbursement request was denied.

The Department also denied the medical transportation mileage reimbursement due to the Appellant's choice to treat with providers outside of the community and because the forms indicated the Appellant was transporting herself to the appointments. It is understandable that the Appellant prefers to treat with the doctors who are familiar with her case and began treating her years ago when she lived closer to them. However, the above cited Department policy clearly states that medical transportation payments can not be authorized for costs to meet a client's personal choice of provider for routine medical care outside of the community when comparable care is available locally. Similarly, the Appellant has been able to arrange having her friends and family drive her to medical appointments, usually in the Appellant's own vehicle, at no cost to the Appellant. (Appellant Testimony) It appears this was the case for each of the Medical Transportation Statements submitted between ██████████ based on the Appellant's testimony that she would list herself as the transporter when her own vehicle was used. Under the Department policy, if the Appellant and her family/friends can provide transportation, they are expected to do so, without reimbursement, and this arrangement would be expected to continue except in extreme circumstances or hardship.

The Department's denial of medical transportation mileage reimbursement was in accordance with policy. The Department's Medical Transportation policy does not allow for payments to be routinely authorized and the need for medical transportation must be verified. If the Appellant and her friends or family can provide transportation they are expected to do so without reimbursement, alternatives to payment must be explored, and costs are not covered for transportation to an individual's personal choice of provider for routine care outside of the community when comparable care is available locally.

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 mileage reimbursement.


Docket No. 2011-8124 TRN
Decision and Order

IT IS THEREFORE ORDERED that:

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

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:



Date Mailed: 2/15/2011

***** 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.