

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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

IN THE MATTER OF:

Docket No. 2012-24638 TRN

██████████

██████████ . ██████████

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) 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 ██████████, the Appellant, appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████ Eligibility Specialist, appeared as a witness on behalf of the Department. The hearing record was left open for two weeks for both parties to submit additional documentation. Additional documentation was received from the Appellant.

ISSUE

Did the Department properly deny the Appellant's requests for medical transportation reimbursement for trips to a pain clinic in Niagara, Wisconsin?

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 a Medicaid beneficiary.
2. Around ██████████ the ██████████ General Health System referred the Appellant to Dr. ██████████ at the ██████████ (Exhibit 2, page 2)
3. On ██████████, the Department received a Medical Transportation Statement from the Appellant requesting mileage reimbursement for an ██████████ appointment in Niagara, Wisconsin. (Exhibit 2, page 5)
4. On ██████████ the Department received a Medical Transportation Statement and Expense Itemization for Medical Transportation

Reimbursement form from the Appellant requesting reimbursement for May and ██████████ appointments in Niagara, Wisconsin. (Exhibit 2, pages 8 and 12)

5. On ██████████ the Department received Medical Transportation Statements from the Appellant requesting mileage reimbursement for ██████████ appointments in ██████████. (Exhibit 2, pages 13 and 16)
6. On ██████████ Department received a Medical Transportation Statement from the Appellant requesting mileage reimbursement for ██████████ appointments in ██████████. (Exhibit 2, page 19)
7. On ██████████ the Department denied the Appellant's requests for medical transportation mileage reimbursement based on policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. (Exhibit 1, page 8)
8. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, pages 4-7)

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.

Policy addressing medical transportation coverage under the State Medicaid Plan is found in the Bridges Administrative Manual (BAM), 825 Medical Transportation:

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,
- Onetime, occasional and ongoing visits for medical care.

Exception: Payment may be made for transportation to VA hospitals and hospitals with do not charge for care (e.g., St. Jude Children's Hospital, Shrines Hospital).

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (e.g., 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.
- DCH authorized transportation for clients enrolled in managed care is limited. See "**CLIENTS IN MANAGED CARE.**"

Exception: Dental, substance abuse or community mental health services are not provided by managed care; therefore, an DCH authorization for medical transportation for these services may still be necessary.

- Transportation services that are billed directly to MA. See "**BILLED DIRECTLY TO DCH.**"

*Bridges Administrative Manual (BAM), 825 Medical Transportation
Pages 2-3 of 17, January 1, 2011
(Underline added by ALJ)*

The Department denied the Appellant's requests for medical transportation reimbursement to a provider in [REDACTED]. The Eligibility Specialist explained that she denied the requests because the services the Appellant received in Wisconsin

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were available locally, through [REDACTED] General Health System. The Eligibility Specialist testified she spoke with the [REDACTED] General Health System and was told there is a doctor in town that does this procedure through the [REDACTED] General Health System. (Eligibility Specialist Testimony) The Eligibility Specialist stated she would provide documentation that the procedure is done in [REDACTED] [REDACTED] but no additional documentation was received from the Department.

The Appellant testified that the services she receives in [REDACTED] are not available locally. She provided statements from her doctors that the treatment is not available locally and a copy of the referral from [REDACTED] General Health System to this provider in [REDACTED] (Exhibit 2, pages 2-4) The Appellant explained that the [REDACTED] Clinic has an office in [REDACTED] but they only perform office visits at that location and all procedures are done at the clinic in [REDACTED]. (Appellant Testimony)

The Department did not provide sufficient evidence that the treatment the Appellant receives in [REDACTED] is available locally. Rather, the Appellant provided statements from her doctors that the treatment is not available locally and a copy of the referral from [REDACTED] General Health System to the pain clinic in [REDACTED]. Accordingly, the Department's determination to deny the Appellant's requests for medical transportation reimbursement to the clinic in [REDACTED] [REDACTED] is reversed.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied the Appellant's medical transportation reimbursement requests for travel to the pain clinic in [REDACTED] [REDACTED].

IT IS THEREFORE ORDERED that:

The Department's decision is REVERSED. The Department is ordered to reimburse the Appellant for the trips to the pain clinic in [REDACTED] from [REDACTED] through [REDACTED]

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

cc: [REDACTED]

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Date Mailed: 6-12-12

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.