

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:

██████████

Appellant

_____ /

Docket No. 2012-28748 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 ██████████. The Appellant appeared without representation, He had no witnesses. ██████████, Appeals Review Officer, represented the Department. His witness was ██████████ DHS Eligibility Specialist.

ISSUE

Did the Department properly deny Appellant's request for reimbursement 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. At the time of hearing the Appellant is a ██████-year-old spend-down Medicaid beneficiary.
2. The Appellant undergoes specialist treatment in a non-local community (██████████) where he receives plastic surgeon services – the result of a near fatal automobile accident. (See Testimony of ██████████)
3. The Appellant is required to meet a spend down of ██████████0 per month. (Appellant's Exhibit #1)
4. The evidence demonstrated that the Appellant was reimbursed on (2) two prior occasions ██████████ at the rate of ██████████ per mile.
5. The Department witness said that the Appellant's request for further reimbursement was denied on ██████████ based on local policy and

BAM 825. It was noted that the Appellant was a spend-down Medicaid beneficiary and was thus ineligible for medical transportation reimbursement. (See Testimony of [REDACTED])

6. The Appellant filed his appeal before the Michigan Administrative Hearing System (MAHS) [REDACTED]. (Appellant's Exhibit #1)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Medical transportation is a Medicaid covered service. The policy manual states:

You must furnish information in writing and orally, as appropriate, to all applicants and to all other individuals who request it acknowledging that medical transportation is ensured for transportation to and from medical services providers for MA-covered services. MDCH Publication 141, Medicaid Health Care Coverage, may be used to provide written information.

Payment for medical transportation may be authorized only after it has been determined that it is not otherwise available, and then for the least expensive available means suitable to the client's needs.

Medical transportation is available to:

- FIP recipients
- MA recipients
- SSI recipients

Medical transportation is not available to the following, unless it is to obtain medical evidence; see BAM 815:

- FIP applicants
- SDA applicants/recipients
- MA applicants
- AMP applicants/recipients (BEN 640)
- FAP applicants/recipients (BEM 230B)
- Clients who have not met their deductible
- Medicare Savings Program only (BEM 165) recipients
- QDWI (BEM 169) recipients

- Recipients limited to emergency MA coverage.
(Emphasis supplied)

BAM 825, Medical Transportation, page 1 of 17, January 1, 2011

The Department witness testified that the Appellant was both ineligible for transportation reimbursement owing to his spend-down status and because of local policy wherein his chronic condition was not covered under policy.

The Appellant testified that his physician referred him to the medical specialist in ██████████ – because he was the only one available to provide the needed medical service – he also said that he did not always drive himself because the “length of the trip would wipe him out.” He said he knew nothing about the spend-down issue.

On review – the local policy was not produced at hearing, but utilizing BAM 825 the Appellant is clearly ineligible owing to his deductible status. ██████████ However, absent the spend-down issue I would have approved the Appellant’s transportation reimbursement requests because they are clearly neither routine nor available locally.¹

Based on the evidence established at hearing the Appellant was ineligible transportation reimbursement expense because he failed to meet his spend down. The Department’s decision was correct.

DECISION AND ORDER

The 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 transportation reimbursement owing to his status as a client who had not met his deductible.

IT IS THEREFORE ORDERED that:

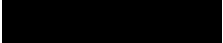
The Department’s decision is **AFFIRMED**.

Dale Malewska
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: ██████████
██████████

Date Mailed: 4-30-12

¹ See BAM 825 at page 2 of 17


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Decision and Order

***** 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.