

**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) 373-4147

IN THE MATTER OF

██████████,

Appellant

_____ /

Docket No. 2013-29400 TRN

Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer represented the Department. His witness was ██████████, ES.

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 consisting of IV fusion and hyperbolic chamber wound care in a non-local community (██████████, Michigan) where she receives special services from Dr. ██████████, M.D. (See Appellant's Exhibit #1, at page 4)
3. The Appellant is not enrolled in a Medicaid Health Plan. (Department's Exhibit A, page 2)

4. The Department witness said that the Appellant was denied her multiple requests for transportation reimbursement because she utilized a non-local health care provider when comparable care was available locally. (See Testimony of ██████████)
5. Although the requests for reimbursement were denied for travelling outside of the local community without referrals from her primary care physician, the ES [Department witness ██████████] also indicated that the mileage reimbursement forms were not completed correctly – although the Appellant observed that she was “...only doing what ██████████ told her to do.” Stark was not called as a witness by either party. (See Testimony)
6. The Appellant did not qualify for an exception to policy¹ although she did report in her petition that she “...cut her own toes off.” (Appellant’s Exhibit #1 at page 3)
7. The Department sent a notice of denial [DHS 301] to the Appellant on ██████████. (Department’s Exhibit A, page 3 and 4)
8. The Appellant’s further appeal rights were contained therein.
9. The instant request for hearing was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on ██████████ and scheduled for hearing on ██████████.

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.

¹ BAM 825 recognizes an exception for: “[d]ental, substance abuse or community mental health services...”

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

COVERED MEDICAL TRANSPORTATION

Medical transportation is available to obtain medical evidence of receive any [Medicaid-covered] service from any Medicaid-enrolled provider, including:

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

....

Bridges Administrative Manual, Medical Transportation, §825,
pp. 1, 2 of 17, 10-1-2012

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.

- DCH authorized transportation for clients enrolled in managed care is limited; see CLIENTS IN MANAGED CARE in this item.

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

10-1-2012

- Transportation services that are billed directly to MA; see BILLED DIRECTLY TO DCH.

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Supra, at pages 2, and 3.

The Department witness testified that the Appellant was denied transportation reimbursement because she chose, as a matter of personal preference, non-local medical care when comparable care was available locally. The Appellant disagreed about the quality of that comparable care available locally – she said there was none.

Absent a recognized exception to policy - the ALJ has no authority to fashion an equitable remedy for the Appellant – even though she presented a credible argument. The instant policy operated as intended – there was no prohibition on the Appellant going anywhere for special treatment – however, mileage reimbursement will only apply to locally available services.

The Appellant failed to preponderate her burden of proof. The Department properly denied the Appellant’s request for mileage/transportation reimbursement.

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.

IT IS THEREFORE ORDERED that:

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

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Dale Malewska
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Docket No. 2013-29400 TRN
Hearing Decision & Order

cc:

Date Signed: 5/10/2013

Date Mailed: 5/10/2013

***** 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.