

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

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IN THE MATTER OF:

Docket No. 2013-55114 REH
2013-29380 TRN

██████████,

Appellant

_____ /

RECONSIDERATION DECISION

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 24.287(1); MSA 3.560(187)(1); and 1993 AACS R 400.919 upon Respondent, Department of Community Health's request for reconsideration.

ISSUE

Did the Administrative Law Judge (ALJ) err in her reversal of the Department of Community Health (Department) decision to deny Appellant's request for medical transportation reimbursement to a doctor's office outside Appellant's community?

FINDINGS OF FACT

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

1. On ██████████, Administrative Law Judge (ALJ) ██████████ issued a Decision and Order in which she reversed the Department's decision to deny the Appellant's request for medical transportation to a doctor's office outside Appellant's community.
2. On ██████████, the Michigan Administrative Hearing System (MAHS) for the Department of Community Health received the Department's Request for Reconsideration.
3. MAHS granted the Department's Request for Reconsideration and issued a Notice of Reconsideration on ██████████.
4. ALJ ██████████ Findings of Fact 1 through 5 of the Decision and Order dated ██████████, are incorporated by reference into this Reconsideration Decision.

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** 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.

- 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, October 1, 2012*

The ALJ reversed the Department's denial of Appellant's request for medical transportation outside of her community on the basis that it was not clear if comparable pain management services were available to the Appellant locally at the time of the ██████████ date of services "nor if she was referred to the ██████████, Michigan doctor by a local physician." The ALJ ordered the Department to initiate reprocessing of the request to try to obtain additional information to determine if there was a local physician referral to the doctor in ██████████, Michigan, "and if the pain management clinic in ██████████ could have provided comparable services at that time." Based on the evidence on the record, the Medical Transportation Statement indicates that Appellant was referred to the ██████████ Michigan physician; however, the name of the referring physician was not listed.

According to Appellant's testimony, her local physician did not refer her to a pain clinic outside of the local community as required by applicable medical transportation policy. In fact, Appellant testified that her local primary care physician refused to prescribe the Methadone treatment Appellant was seeking and recommended other alternative pain medicine to treat Appellant's pain. Appellant testified that her primary care physician did refer her to a pain management facility if she wanted Methadone treatment, but no doctor within Appellant's community would prescribe it, so Appellant chose to go outside of the community to get it. Appellant testified that the pain management doctor(s) in her community wanted to treat her pain with injections or other pain medications which Appellant claims does not work for her.

The evidence on the record establishes that Appellant wanted medicine, specifically methadone, to treat her pain. However, Appellant cannot be approved for out-of-pocket medical transportation costs to meet her personal choice of pain management

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techniques. Appellant failed to establish that it was medically necessary for her to receive Methadone treatment, and there was no comparable pain management care within her community. Additionally, Appellant failed to establish that her local physician referred her to medical facility outside of her community.

The ALJ erred when she reversed the Department's decision. It is a well-established principle of administrative and civil law that the Appellant bears the burden of establishing by a preponderance of evidence that she meets all of the criteria for the Medicaid covered service in question. In this case, Appellant failed to establish that she qualified for a medical transportation reimbursement. Therefore, the Department properly denied the request.

IT IS THEREFORE ORDERED that:

The Administrative Law Judge's June 24, 2013, decision is REVERSED.

\s\ _____
Marya A. Nelson-Davis
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

[REDACTED]
cc: [REDACTED]

Date Signed: August 30, 2013

Date Mailed: August 30, 2013