

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

P.O. Box 30763, Lansing, MI 48909
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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 14-009549 TRN
Case No. ██████████

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 Appellant's request for hearing.

After due notice, a hearing was held on ██████████. Appellant appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, AP Supervisor, appeared as a witness for the Department.

ISSUE

Did the Department properly notify Appellant that her requests for medical transportation had already been paid?

FINDINGS OF FACT

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

1. Appellant is a █████ year old Medicaid beneficiary, born █████. (Exhibit 1, Testimony)
2. On █████, Appellant submitted 13 mileage reimbursement forms to the Iosco County Department of Human Services (DHS). (Exhibit A, pp 8, 9, 10, 11, 12, 13, 17, 21, 25, 29, 33, and 36; Testimony)
3. On █████, DHS sent Appellant a Medical Transportation Notice, which indicated that the 13 mileage forms she submitted on █████ had already been paid on █████, with check number █████ (Exhibit A, p 6; Testimony)
4. On █████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)

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.**”

LOCAL OFFICE AUTHORIZATION

Travel-Related

Local offices may authorize and pay for the following. Prior authorization may be required; see **PRIOR AUTHORIZATION** and **CLIENTS IN MANAGED CARE** in this item.

* * * *

- Travel within or outside the normal service delivery area including borderland outstate travel (local offices have responsibility for defining normal service delivery area).

Bridges Administrative Manual (BAM)
825 Medical Transportation
Pages 2-3, 5-6 of 20, July 1, 2013

The Department's AP Supervisor testified that when the 13 transportation reimbursement requests were received from Appellant on ██████████, another case worker reviewed them because Appellant's case worker was on leave. The Department's AP Supervisor testified that the worker confirmed that most of the requests had been paid, but she had a concern as to whether the request found on page 13 of Exhibit A had been paid.

Appellant testified that she had not been paid for the request on page 13 and that she had only been paid for one-half of the request found on page 17 because she had initially only submitted mileage for one way of the trip. Appellant indicated that she resubmitted that form in ██████████ with a request to be reimbursed for the other half of

the trip. Appellant confirmed that she had been paid for all of the other ██████████ submissions.

Based on the evidence presented, Appellant has proven, by a preponderance of the evidence, that she has not been paid for the mileage submitted on the Medical Transportation Statement found on page 13 of Exhibit A, which amounted to 153.7 miles. The Department's AP Supervisor agreed that it did not appear that Appellant had been paid for this trip. In addition, the Department's AP Supervisor also agreed that it did not appear as if Appellant had been paid for the other half of the mileage submitted on the Medical Transportation Statement found on page 17 of Exhibit A, or 170.66 miles.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied Appellant's medical transportation requests for trips found on page 13 of Exhibit A, which amounted to 153.7 miles and for one-half of a trip found on page 17 of Exhibit A, which amounted to 170.66 miles.

IT IS THEREFORE ORDERED that:

The Department's decision is REVERSED.



Robert J. Meade
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

cc: ██████████

RJM ████████

Date Signed: ██████████

Date Mailed: ██████████

***** 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.