

**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:**

██████████

**Docket No.: 14-012668 TRN  
Case No.: ██████████**

**Appellant**

\_\_\_\_\_ /

**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 on her own behalf and offered testimony. ██████████, Appeals Review Officer, represented the Department. ██████████, Assistance Payment Specialist (APS) appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for travel reimbursement to Madison 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 ██████ year old female Medicaid Beneficiary who lives in ██████, Michigan.
2. On ██████████, left Michigan for a yearly examination in ██████████. The physical examination took place on ██████████.
3. On ██████████, the Appellant submitted to the Department a Medical Transportation Statement and receipts. (Exhibit A, pp. 22–29)
4. On ██████████, the Appellant submitted to the Department a completed Medical Needs form. (Exhibit A, p. 12)

5. On or around ██████████, the Department denied the Appellant's request for travel expense reimbursement. (Exhibit A, p. 4)
6. On ██████████, the Appellant submitted to the Department a request for hearing. (Exhibit A, p. 4)
7. On ██████████, the Appellant submitted to the Department a Medical Transportation Statement, receipts and an edited Medical Needs form. (Exhibit A, pp. 7-11)

### 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:

Each Michigan Department of Human Services (MDHS) office 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 Medicaid (MA) covered services. Michigan Department of Community Health (MDCH) Publication 669, Medicaid Handbook Fee-for-Service, 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:

- Family Independence Program (FIP) recipients.
- MA recipients (including those who also have Children's Special Health Care Services (CSHCS) coverage).
- Supplemental Security Income (SSI) recipients.
- Healthy Michigan Plan (HMP) recipients.

### COVERED MEDICAL TRANSPORTATION

Medical transportation is available to obtain medical evidence or receive any MA-covered service from any MA-enrolled provider, including:

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

#### PRIOR AUTHORIZATION

All prior authorization requests must be submitted before the service is provided and payment is made. Exceptions will only be granted for emergency situations or when extenuating circumstances exist and are clearly documented.

No exceptions will be made for requests submitted one month or more after the service is provided.

The following transportation expenses require prior authorization from DCH:

- All outstate travel that is non-borderland; see BAM 402...

Bridges Administrative Manual 825 pp.  
1, 2 and 9 of 20, 10-1-2014.

\* \* \*

There was no dispute to the facts that the Appellant in this matter made her trip to her medical appointment in ██████████ without first obtaining prior approval.

The policy in this area is pretty straight forward. It requires that reimbursements for travel expenses for areas outside of the borderlands must receive prior authorization. And that prior authorization requests must be submitted before the service is provided and payment is made and that no exceptions will be made for requests submitted one month or more after the services is provided.


The services in this case were provided on ██████████ in ██████████ and the request was not completed until ██████████ (date of the Medical needs form). More than a month after the service date.

Based on the evidence presented, I find the Appellant has failed to prove, by a preponderance of the evidence that the Department erred in denying her prior authorization request for travel reimbursement to Madison Wisconsin. Accordingly, I find evidence to affirm the Department's actions in this matter.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied the Appellant's prior authorization request for travel reimbursement to Madison Wisconsin  
**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

  
\_\_\_\_\_  
Corey Arendt  
Administrative Law Judge  
for Director, Nick Lyon  
Michigan Department of Community Health

Date Signed: ██████████

Date Mailed: ██████████

CA ██████

cc: ██████████

**\*\*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.