

**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.** 14-014709 TRN

██████████

██████████

██████████

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.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health ("DCH" or "Department"). ██████████ Eligibility Specialist for ██████████ County DHS, testified as a witness for the Department. Family Independence Manager ██████████ was also present but did not testify.

**ISSUE**

Did the Department properly deny Appellant's request for reimbursement for travel expenses to medical appointments?

**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 Medicaid beneficiary who lives in ██████████. (Exhibit A, p. 4).
2. On ██████████, the Department received a Medical Transportation Statement from Appellant, along with some receipts and a letter. In that statement, Appellant sought reimbursement for mileage, meals, and lodging at the ██████████ in ██████████, for medical treatment. (Exhibit A, pp. 5-18).

3. On ██████████, the Department sent Appellant written notice that her request for medical transportation reimbursement was denied in part. (Exhibit A, pp. 7, 17).

4. Specifically, the notice stated:

Michigan Medicaid/Children's Special Health Care (CSHCS) has approved your request for mileage, meals and lodging for client for medical appointment at ██████████ ██████████ for kidney transplant follow up. Services cannot be back dated to ██████████, the physician did not sign the medical needs form until ██████████, services must be submitted for prior authorization review within ██████ days of service. See BAM 825.

Authorization Date(s): ██████████ to ██████████  
(Exhibit A, p. 19).

5. On ██████████, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed by Appellant in this matter. (Exhibit A, pp. 4-16).

### **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. Specifically, Bridges Administrative Manual 825 (10-1-2014) (hereinafter BAM 825) states in part:

### **DEPARTMENT POLICY**

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. [BAM 825 p. 1 of 20, emphasis added].

\* \* \*

## **LOCAL OFFICE PROCEDURES**

It is essential that medical transportation is administered in an equitable and consistent manner. It is important that local offices have procedures to assure medical transportation eligibility and that payment reflect policy. If such procedures do not exist, local office management is to initiate a process that supports this policy. [BAM 825 p. 4 of 20, emphasis added].

\* \* \*

### **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 30 days 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.
- Overnight stays if within 50 miles from recipient's home (one way).
- Overnight stays beyond five days (14 days for U of M MOTT Children's Pediatric Hospital)
- Overnight stays or travel outside the normal service delivery area if expenses for two or more family members are included.
- Meals for trips not involving overnight stays; see exhibit 1, **Essential Medical Transportation Rate Schedule.**
- Special allowance when two or more attendants are medically necessary.
- Mileage and food costs for daily long-distance trips.
- Methadone treatment that extends beyond 18 months (DCH/CMH).

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- It is important that documentation include the **specific rea-son(s)** why the client requires special transportation. Prior authorization may be requested for up to 6 months in cases where prolonged treatment requires multiple transports.

For all prior authorizations, send or fax (517) 335-0075 a memo to:

Michigan Department of Community Health  
Program Review Division/Ancillary Unit  
Attention: Medical Transportation  
PO Box 30170  
Lansing, MI 48909

It is important that documentation include the specific reason(s) why the client requires special transportation. The memo must be attached to the DHS 54-A and must include the following information:

- Client name and recipient ID.
- Case number.
- Client address.
- Diagnosis.
- Reason for requested travel expense(s).
- Effective travel dates (begin and termination).
- Travel origin and destination.
- Diagnosis.
- Specific reason/need for special transportation (if applicable).
- Specialist name and telephone number. [BAM 825 pp. 9-10 of 20, emphasis added].

The Bridges Administrative Manual 402 (10-1-2014), (hereinafter BAM 402), defines borderland area and beyond borderland areas. BAM 402, pp. 12-13 of 22 provides that ██████████, located in ██████████, is not located in one of the ██████████ cities or counties considered to be a border land area. Therefore, under BAM 825, prior authorization is required for transportation expenses for outstate travel for this non-borderland city.

Here, pursuant to the above policy, the Department denied Appellant's request for medical transportation reimbursement that occurred prior to the date the Appellant's physician signed the DHS 54A Medical Needs Form. As explained by the Department's witness, while a Medicaid beneficiary may obtain medical care outside of ██████████, all transportation expenses for out of state travel that is non-borderland require prior authorization from the MDCH. The medical services received in this case were not emergency services; ██████████ is considered beyond borderland; and there could be no prior approval for the transportation expenses prior to ██████████, the

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date that the Medical Need Form was signed, since the prior authorization memo must be attached to the Medical Needs form per BAM 825. Accordingly, Appellant's request for medical transportation prior to [REDACTED] was denied.


In response, Appellant testified that things would have gone smoother if the Eligibility Specialist had told her everything that was needed before the process was begun. Appellant said she should have been given all forms necessary at the beginning of the process. She said the Eligibility Specialist never sent her BAM 825, but she did not say that she had asked for any written information about the procedures for getting travel authorized. Appellant said the Eligibility Specialist did not properly advise her and it was his fault she did not get paid for travel prior to [REDACTED]. She said he only answered her phone calls once in a while. She said he never told her about the prior authorization form or the W-9 form. Appellant said she was requesting payment for travel on [REDACTED] when she had her transplant, again on [REDACTED] and on [REDACTED] for follow-ups, and for travel in [REDACTED], and an additional trip on [REDACTED]. Appellant concluded by saying that the Eligibility Specialist did her wrong by not informing her of everything at the beginning.

In rebuttal, the Eligibility Specialist stated that since there could be no prior authorization for travel prior to [REDACTED] the date the Appellant's physician signed the DHS 54A, the Department could not authorize payment for travel on [REDACTED], for [REDACTED] and for [REDACTED]. The Eligibility Specialist stated the Department's authorization for travel goes to [REDACTED], so the travel in [REDACTED] and [REDACTED] could be approved. The Eligibility Specialist also stated their office is in [REDACTED] County which is on the [REDACTED] border. Accordingly they are very familiar with non-borderland travel. He further stated it is his policy to orally advise individuals of the requirements for requesting transportation and prior authorization requirements. The Eligibility Specialist stated he did not remember if he sent the Appellant BAM 825.

Based upon the preponderance of the evidence in this case, the Department properly denied Appellant's request for reimbursement for travel that occurred prior to [REDACTED], [REDACTED], the date the Appellant's doctor signed the Medical Needs form.

**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 request for medical transportation reimbursement for transportation expenses for outstate travel to the non-borderland city of [REDACTED] prior to [REDACTED], the date the Appellant's physician signed the DHS 54A Medical Needs Form.

  
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**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: 

Date Mailed: 

WDB/db

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.