

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. 14-016096 TRN

██████████

██████████

██████████

Appellant

_____ /

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 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. ██████████, Assistance Payments Worker with ██████ County DHS appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly deny the Appellant's requests for medical transportation reimbursement for trips to a doctor's office outside the community?

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, DOB ██████████ (Testimony).
2. Appellant lives in ██████████. (Exhibit A, p. 6-12 and testimony).
3. The Department received four Medical Transportation Statements from Appellant requesting mileage reimbursement for appointments at a chiropractor's office in ██████████ ██████████. Appellant submitted reimbursement requests for ██████ visits from ██████████ through ██████████. (Exhibit A, pp.4, 9-12 and testimony)
4. On ██████████, the Department denied Appellant's requests for medical transportation mileage reimbursement to the chiropractor's office in ██████████ based on the policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. (Exhibit A, p. 8 and testimony).

5. On ██████████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit A, p. 6).

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 U.S. Department of Veteran Affairs hospitals and hospitals with do not charge for care.

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (for example a 12 step program, 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.

- Transportation services that are billed directly to MA; see BILLED DIRECTLY TO DCH.
- MDCH authorized transportation for a client enrolled in managed care is limited; see **CLIENTS IN MANAGED CARE** in this item.

Medicaid Exception: For MA clients enrolled in managed care, medical transportation related to dental, substance abuse, and/or community mental health services program (CMHSP) is the responsibility of the county DHS office and not the managed care plan.

Healthy Michigan Plan Exception: For HMP clients enrolled in managed care, medical transportation related to substance abuse or CMHSP services is the responsibility of the county DHS office and not the managed care plan. **Transportation to dental services for HMP clients enrolled in managed care is the responsibility of the managed care plan.** [*Bridges Administrative Manual (BAM)*, 825 *Medical Transportation*, pp. 2-3 of 21, January 1, 2015, emphasis added].

The Department's Assistance Payments Worker testified that Appellant's request for medical transportation reimbursement to a the chiropractor's office in ██████████ was denied based on the policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally, BAM 825. The Department's Assistance Payments Worker indicated that the only exception to the rule is if a beneficiary provides a DHS-54A Medical Needs Form from her doctor indicating that the services are not available locally. The Department's eligibility specialist indicated that the Appellant did not have a DHS-54A, Medical Needs Form on file to verify current and continuing need for the chiropractic services in ██████████.

Appellant testified that she had been going to the same chiropractor since ██████████. She said she used to live in ██████████, but moved to ██████████ in ██████████ or ██████████. Appellant testified that she had stopped seeing the chiropractor, but needed to see one again, so she just went back to the one in ██████████ because he did not charge for x-rays, and chiropractors in ██████████ were going to charge for her x-rays and her insurance would not pay for them. Appellant said she was told by someone recently that DHS might pay for her transportation to the chiropractor so she submitted the Medical Transportation Statements and received the denial.

The Appellant lives in ██████████ and the chiropractor's office at issue for this denial of medical transportation reimbursement requests is a chiropractor located in ██████████. The information available to the Department at the time of the

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denial was not sufficient to establish that Appellant must see a chiropractor in [REDACTED]. Accordingly, the Department's determination to deny the Appellant's requests for medical transportation reimbursement to the chiropractor in [REDACTED] must be upheld.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's medical transportation reimbursement requests for trips to a chiropractor's office outside the community based on the available information.

IT IS THEREFORE ORDERED that:

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

William D Bond

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/db

cc: [REDACTED]

***** 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.