

**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. 2014-22550 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's mother, appeared and testified on Appellant's behalf. Appellant also testified on her own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health ("DCH" or "Department"). ██████████, Eligibility Specialist at the ██████████ County Department of Human Services ("DHS"), and ██████████, a Manager at the Family Independence Agency, testified as witnesses for the Department.

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 ██████ year-old Medicaid beneficiary. (Respondent's Exhibit A, page 5).
2. Through approximately ██████ ██████, Appellant and her mother/representative were receiving mileage reimbursement related to the costs of transporting Appellant to medical appointments. (Testimony of Appellant's representative; Testimony of ██████).
3. Appellant's eligibility for medical transportation was reevaluated in ██████ and, at that time, Appellant indicated in writing that she owns her own vehicle. (Respondent's Exhibit A, page 6).

4. Appellant also indicated in writing that she sometimes drives herself to medical appointments and sometimes has her mother drive her, with Appellant paying for gas. (Respondent's Exhibit A, page 6).
5. In either case, Appellant was still seeking mileage reimbursement. (Respondent's Exhibit A, page 6).
6. Based on the information submitted by Appellant, the reimbursements for medical transportation stopped. (Testimony of ██████).
7. However, no formal notice regarding the denial or termination of payments was issued at that time. (Testimony of ██████).
8. Appellant and her representative continued to seek reimbursements or written notice regarding the denial of their requests. (Testimony of Appellant's representative).
9. On ██████████ ██████ sent Appellant written notice that her requests for medical transportation were being denied. (Respondent's Exhibit A, page 5).
10. Specifically, that notice stated that the requests were being denied because "Ms. ██████████ has available transportation; owns a vehicle. No extreme hardship." (Respondent's Exhibit A, page 5).
11. On ██████████, the Michigan Administrative Hearing System (MAHS) received the Request for Hearing filed by Appellant and her representative in this matter. (Respondent's Exhibit A, page 4).

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 (7-1-2013) (hereinafter "BAM 825") states in part:

DEPARTMENT POLICY

You 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 MA-covered services. MDCH Publication 141, Medicaid Health Care Coverage, 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:

- FIP recipients.
- MA recipients.
- SSI recipients.

Note: DCH authorized transportation is limited for clients enrolled in managed care. See **CLIENTS IN MANAGED CARE**.

Medical transportation is not available to the following, unless it is to obtain medical evidence; see BAM 815:

- FIP applicants.
- SDA applicants/recipients.
- MA applicants.
- AMP applicants/recipients (BEM 640).
- FAP applicants/recipients (BEM 230B).
- Clients who have not met their deductible.
- Medicare Savings Program only (BEM 165) recipients.
- QDWI (BEM 169) recipients.
- Recipients limited to emergency MA coverage.

* * *

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 V.A. hospitals and hospitals which do not charge for care.

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered services (such as 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, 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**.

MEDICAL TRANSPORTATION EVALUATION

Evaluate a client's request for medical transportation to maximize use of existing community resources.

- If the client, or his/her family, neighbors, friends, relatives, etc. can provide transportation, they are

expected to do so, without reimbursement. If transportation has been provided to the client at no cost, it is reasonable to expect this to continue, except in extreme circumstances or hardship.

- Do not routinely authorize payment for medical transportation. Explore why transportation is needed and all alternatives to payment.
- Do not authorize payment for transportation unless first requested by the client.
- Use referrals to public or nonprofit agencies who provide transportation to meet individual needs without reimbursement.
- Use free delivery services that are offered by a recipient's pharmacy.
- Use bus tickets or provide for other public transportation arrangements.
- Refer to volunteer services or use state vehicles to transport the client if payment for a personal vehicle is not feasible.

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BAM 825 also provides:

Vehicle Rates

The following are reimbursement rates for travel by vehicle:

* * *

- \$.23 per mile for all personal vehicles if alternative transportation is not available and mileage reimbursement is necessary. This includes the client, relatives, friends, neighbors, etc.

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BAM 825 further provides:

DENIAL OF REIMBURSEMENT FOR TRANSPORTATION

Use an DHS-301, Client Notice (Medical Transportation Denial), to notify a client that medical transportation is denied; see RFF.

The notice contains:

- The action being taken.
- The reason(s) for the denial.
- BAM 825 as the legal base.
- The individual's right to request a hearing.

BAM 825, page 16 of 20

Here, Appellant and her mother received mileage reimbursement for Appellant's medical transportation through approximately ██████████. Appellant's services were reassessed at that time and, based primarily on the fact that she had purchased a vehicle, the Department began denying Appellant's requests for reimbursement.

As a preliminary matter, the undersigned Administrative Law Judge would note that, per the above policy, a notice of denial should have been issued back in ██████████ when Appellant's request for reimbursement was first denied. However, that error is harmless in this case as this Administrative Law Judge is reviewing the denials back to when they started, which would not have been the case otherwise.

With respect to that review, Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying her requests.

Given the record in this case, Appellant has failed to meet that burden of proof and the Department's decision must be affirmed. Appellant has her own car and either she or her mother is available to drive it. As such, they are expected to provide transportation without reimbursement unless there are extreme circumstances or hardship, and no such circumstances or hardship has been demonstrated in this case. Appellant's representative broadly testified as to Appellant's difficult financial circumstances, but failed to support that testimony with specific evidence and it is undisputed that Appellant can afford her own car. Moreover, while Appellant is seeking reimbursement for all medical transportation at all times, the above policy also specifically provides that the Department should not routinely authorize payment for medical transportation.

Appellant's representative also testified that Appellant's car may not be able to be driven for much longer and is already unsuitable for use in the summer. To the extent Appellant's circumstances change, she can always request medical transportation in the

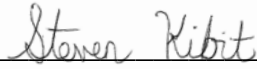
future. With respect to the current issue before this Administrative Law Judge, however, the Department's denials must be affirmed given the record in this case.

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.

IT IS THEREFORE ORDERED THAT:

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



Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SK/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.