

**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:

██████████

Appellant

Docket No. 2014-32938 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 a hearing.

After due notice, a hearing commenced on ██████████ and was continued on J ██████████. Attorney ██████████ appeared on Appellant's behalf. Appellant appeared as a witness. ██████████, Appeals Review Officer, represented the Department. ██████████, Manager and ██████████, Resource Specialist, appeared as witnesses for the Department.

**ISSUE**

Did the Department properly deny Appellant's requests for medical transportation to doctors' offices outside of 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, born ██████████. (Exhibit 1, p 24)
2. Appellant currently lives in ██████████. Appellant moved to ██████████ in ██████████. Appellant previously lived in ██████████ and all of her doctors are in ██████████. (Exhibits 1, p 12; Exhibit 2, p 5; Exhibit B; Testimony)
3. Appellant is diagnosed with numerous medical conditions, including metabolic encephalopathy brought on by hypoxia and cumulative effects of life-long exposures to pesticides. Appellant cannot drive due to a seizure disorder. (Exhibits B, J; Testimony)
4. On or about ██████████, Appellant submitted DHS 54-A forms and equivalent documents signed by her health care providers to the Department.

- The treating physicians were located in ██████████, ██████, and ██████████, Michigan. (Exhibit B, Testimony)
5. On or about ██████████, Petitioner submitted a request for medical transportation to a medical appointment on ██████████ with Dr. ██████ ██████ in ██████, Michigan. (Exhibit C; Testimony)
  6. On or about ██████████, the Department sent Appellant a “Quick Note” informing her that her request for transportation to a medical appointment on ██████████ was denied. The note indicated that the request was denied because Medical Transportation does not cover “Transportation costs to meet a client’s personal choice of provider for routine medical care outside the community when comparable care is available locally. DHS encourages clients to obtain medical care in their own community unless referred elsewhere by their local physician”. (Exhibit 1, p 10; Testimony)
  7. The above-referenced Quick Note was not issued on the proper form for the denial of Medical Transportation and the Quick Note did not inform Appellant of her appeal rights or provide her a form on which to file an appeal. (Exhibit 2, p 3; Testimony)
  8. Appellant submitted further requests to the Department for medical transportation on ██████████, ██████████, ██████████, ██████████ (2) and ██████████. Appellant received no response from the Department to any of these requests for medical transportation. (Exhibits E and F; Testimony)
  9. On ██████████, Appellant’s Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)
  10. Following the hearing on ██████████, the Department’s witness checked with a policy expert and then issued a denial on the proper Medical Transportation Notice form, DHS-301. The notice indicated, “You have chosen a provider who is located outside the community when comparable care is available locally.” (Exhibit 2, p 3)

### **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  
(Underline added by ALJ)

The Department’s manager testified that following the hearing on ██████████, she contacted a Department policy specialist regarding Appellant’s situation. The Department’s manager testified that she was instructed that, pursuant to policy, Appellant would need to obtain a local, primary care physician in the ██████████ County area, who could then refer her to her doctors in ██████████ County. The Department’s witness testified that the Department would then pay for Appellant’s transportation to medical appointments in ██████████ County.

The Department’s resource specialist testified that there are three transportation alternatives in ██████████ County that could potentially meet Appellant’s needs: ██████████ Transportation Services (LETS), ██████████, and the 3 volunteer drivers the Department have on-call.

Appellant argues that her medical care needs are not “routine”, so, pursuant to policy, she should not have to obtain a primary care physician in ██████████ County. In support of this position, Appellant points to Exhibit B, which contains numerous 54-A Medical Needs forms and notes from Appellant’s doctors in ██████████ County, as well as Appellant’s Plan of Care prepared through the ██████████, which outlines many of Appellant’s diagnoses.

As indicated above, the policy from BAM 825 applicable to the instant matter states:

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.

Applying that policy to the facts in the instant matter, this administrative law judge finds that it is not Appellant's "personal choice" to attend doctors in ██████████ County and, given the complexity of Appellant's care needs, even seeing her primary care physician is in no way "routine". Appellant has numerous, complex, interrelated medical conditions for which she has a long-standing medical team in place. Furthermore, it is clear that comparable care is not available locally. While Appellant could probably find a primary care physician locally, what would be the point if that physician is simply going to refer her back to her regular physicians in ██████████ County? Appellant's physicians are located in ██████████, ██████████, and ██████████, Michigan, all located in ██████████ County, Michigan, which neighbors ██████████ County Michigan. Given the above, the Department erred in denying Appellant medical transportation to her physician's in ██████████ County. The Department also erred in sending the initial denial to Appellant on the wrong form, which did not even inform Appellant of her appeal rights. Finally, the Department erred in failing to respond at all to numerous requests for medical transportation submitted by Appellant.

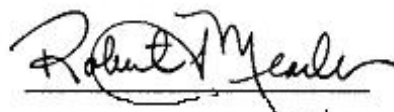
As was discussed during the hearing, the Appellant should submit all future transportation requests to the Department manager, ██████████, who will ensure that the requests are handled properly.

### **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 to physician's offices in ██████████ County.

**IT IS THEREFORE ORDERED** that:

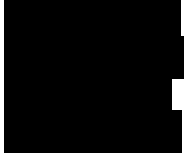
The Department's decision is REVERSED.



Robert J. Meade  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

**Docket No. 2014-32938 TRN**  
**Decision and Order**

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.