

**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.** 2014-35509 TRN

██████████

██████████

**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 telephone hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████, Manager of the Appeals Section, represented the Department of Community Health ("DCH" or "Department"). ██████████, Family Independence Manager at ██████████ County Department of Human Services (DHS), testified as a witness for the Department.

**ISSUE**

Did the Department improperly deny a request for medical transportation for the Appellant?

**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. On ██████████, Appellant contacted ██████████, Family Independence Specialist at ██████████ County DHS regarding medical transportation. (Exhibit A, p. 7 and testimony).
3. On ██████████ sent Appellant written notice that his request for medical transportation was being denied. (Exhibit A, pp. 6-7).
4. Specifically, that notice was marked that the Appellant request was being denied because "You have transportation available to you without charge by family members, community services, neighbors, or friends." The form

further states in part: “After a careful review of your case, it has been determined that your request for medical transportation cannot be approved for the following reasons: transportation has already been provided to you, it is reasonable to expect this to continue.” (Exhibit A, p. 6).

5. On ██████████, the Michigan Administrative Hearing System (MAHS) received the Appellant’s Request for Hearing. The Appellant’s request for hearing indicated: “I do not have trans. available without charge from family member or, neighbors, or friends, or community services. Where are and who are these people they speak of?” (Exhibit A, p. 5).

### **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. [*BAM 825, pages 1-4 of 20*].

BAM 825 also 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, the Appellant contacted DHS regarding medical transportation on ██████████. The Department issued a denial on ██████████ for the reason that the Appellant has transportation available to him without charge by family members, community services, neighbors, or friends. The notice stated that after a careful review of his case, it was determined that Appellant's request for medical transportation could not be approved because transportation had been provided to him in the past, and it was reasonable to expect that this would continue.

██████████, Family Independence Manager at ██████████ County DHS, testified that she is the direct supervisor of ██████████ who issued the denial to the Appellant. ██████████ acknowledged the reasons stated in the denial and was able to give more specific details concerning the denial. ██████████ established that the Department was paying for ongoing transportation for the Appellant to go to ██████████ County Community Mental Health (CMH) for years. ██████████ notes contained in the Appellant's case file show that Appellant was authorized transportation to ride the ACT bus to appointments at CMH and his CMH worker would take him to and from his medical appointments and the Appellant would then ride the ACT bus home. ██████████ stated they would not authorize the transportation to the medical

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appointment since CMH was providing the Appellant transportation to and from the medical appointments.

1 [REDACTED] stated [REDACTED] notes show that Appellant also had a vehicle and as of [REDACTED] Appellant was driving his own vehicle but it broke down. Appellant asked about a vehicle purchase and repair in [REDACTED] [REDACTED] stated the notes also indicated the Appellant set up a ride on his own for a medical appointment on [REDACTED], as his father was going to take him. Appellant also reported a jeep, in [REDACTED] on an application that appeared on their [REDACTED] Secretary of State report.

[REDACTED] stated the notes did not contain a specific medical appointment date for which the Appellant was seeking transportation. In response to the Appellant's questions, [REDACTED] stated per the Medical Transportation policy DHS reviews eligibility for transportation and there is not a set amount that would be allowed for an individual client, it is simply based on the client's need. She further stated Appellant's case file did not show any transportation approved to and from his doctor's appointments from his home during the period from [REDACTED] through [REDACTED]

On redirect, [REDACTED] stated the typical transportation request would be made by a phone call from the client. [REDACTED] further stated that [REDACTED] notes for [REDACTED] revealed that the Appellant called stating that he was wondering about MA transportation and asked if he could get a denial if he did not qualify. The notes further stated [REDACTED] returned the Appellant's call and advised him that he had been approved for [REDACTED] months previously. [REDACTED] asked Appellant how he had been getting to medical appointments in the past and Appellant advised her he would ride the ACT bus to and from CMH and his CMH worker would take him to his doctor's appointments. The notes indicate the Appellant said DHS took him to [REDACTED] doctor's appointments, and he has had [REDACTED] more doctor's appointments since that time. Appellant also advised [REDACTED] that his CMH worker was not going to do case management any longer and will be sending an MA transportation denial.

Appellant filed a hearing request to review the Department's denial. With respect to that review, Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his request.

Appellant testified during the hearing that other people were not available to provide transportation for him, and his dad is [REDACTED] years old and did not transport him because he was not driving. Appellant claimed [REDACTED] told him he was eligible for [REDACTED] months transportation with [REDACTED] trips available. Appellant further claimed he was told that he would receive an application in [REDACTED] to reapply for transportation, but there was no application, it was just done over the phone. Appellant testified he was given [REDACTED] trips to the doctor before that and no application was taken. Appellant testified he was denied over the phone in [REDACTED] when he was requesting transportation to [REDACTED] to see the foot doctor. Appellant said he had a specific appointment, but could not

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remember the date and said it would have been sometime the following week. Appellant said he did not have any records available to show the date of the appointment, he said it would have been on the ██████████ following ██████████ but he did not have a calendar to give the exact date. After some prompting from someone in the background, Appellant came up with a date of ██████████.

Given the record in this case, Appellant has failed to meet his burden of proof in this case and the Department's denial must be affirmed. There is an obvious conflict in the evidence. Appellant alleges that he was told by his DHS worker that there was a limit to medical transportation and that he could only be approved for a ██████████-month period of time for a total of █ trips. The evidence presented by the Department shows that there is no such limit contained in the policy, and that the Appellant would have been approved on eligibility based on need for any request for medical transportation.

The records in the Appellant's file along with the Appellant's own testimony do show that he had been provided with medical transportation to and from CMH, and further that his CMH worker was providing additional transportation to and from Appellant's doctor's appointments without cost to the Appellant. Appellant's DHS worker was advised that his CMH worker was no longer going to be able to provide medical transportation and would be issuing a denial. The direct quote in the DHS worker's notes from the Appellant was "that the Appellant called stating that he was wondering about MA transportation and asked if he could get a denial if he did not qualify". There was nothing in the DHS worker's notes concerning discussions of a request for transportation to a specific medical appointment. There is no mention in the notes of the alleged appointment on ██████████ to see a foot doctor at ██████████ ██████████. The Appellant did not have any records to show that such an appointment did exist. Furthermore, the Appellant did not mention any such appointment in his request for a hearing.

Accordingly, I cannot find that the Department improperly denied a specific request for medical transportation. The Department's denial 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.

[REDACTED]  
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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 James K. Haveman, 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.