

**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. 2014-35981 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 telephone 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 at ██████████ County Department of Human Services (DHS), testified as a witness for the Department. ██████████, Payment Manager at ██████████ DHS was also present but did not testify.

ISSUE

Did the Department improperly deny Appellant's request for medical transportation?

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 ██████████, Eligibility Specialist at ██████████ County DHS regarding medical transportation. (Exhibit A, p. 9 and testimony).
3. On ██████████ sent Appellant written notice that her request for medical transportation was being denied. (Exhibit A, pp. 2, 7-8).

4. Specifically, the notice was marked that the Appellant's request was being denied because "You have transportation available to you without charge by family members, community services, neighbors, or friends." (Exhibit A, p. 7).
5. On ██████████ the Michigan Administrative Hearing System (MAHS) received the Appellant's Request for Hearing. The Appellant's request for hearing indicated that she goes to the methadone clinic and does not have anyone to take her anymore. The person who was taking her won't do it anymore unless he gets paid. (Exhibit A, pp. 4-6).

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 her without charge by family members, community services, neighbors, or friends.

██████████, Eligibility Specialist at ██████████ County DHS, testified that she issued the denial to the Appellant on ██████████. ██████████ acknowledged the reasons stated in the denial and was able to give more specific details concerning the denial. ██████████ established that the Appellant wasn't eligible for transportation because she had people who could drive her and she didn't want to drive herself. ██████████ stated that according to BAM 825 Appellant wasn't eligible because she had to first use the unpaid transportation available to her.

██████████ stated the Appellant told her that she had been driving herself to the ██████████ clinic, her ex-husband had been driving her, and she was also getting rides with a friend of a friend who was also taking her friend to the clinic. ██████████ was told that the Appellant's ex-husband stopped taking her, but her mother and her son were taking her on the days she could not get a ride along with her friend. ██████████ stated the Appellant never told her that she had lost her license or that the friend's friend would not take her without pay.

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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 her request.

Appellant testified during the hearing she told the DHS that her medications were making her unable to drive. Appellant stated the person who was driving her friend was ██████████ who she said works for ██████████ County DHS and/or ██████████. She said he gets paid for driving and was hoping to get paid for driving her to the ██████████ clinic. Appellant said her ex-husband and ██████████ were taking her ██████████ days per week. Appellant said she sometimes gives ██████████ money for driving. Appellant stated right now she is getting rides to the clinic, but thinks that she may occasionally need a ride. Appellant stated her license was taken away after she talked with DHS due to the medications she was on, and she needs to go in to get it back. When questioned by ██████████ she said she may have still had her license at the time she asked DHS for transportation, and that her ex-husband was still driving her at that time.

Given the record in this case, Appellant has failed to meet her burden of proof in this case and the Department's denial must be affirmed.

Accordingly, based upon the information the Appellant gave DHS at the time, I cannot find that the Department improperly denied the Appellant's 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.

IT IS THEREFORE ORDERED THAT:


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

William D Bond

William D. Bond
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: ██████████

Date Mailed: ██████████


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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.