

**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. 15-000763 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 Appellant's request for hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Lead Worker from the Department of Human Services (DHS), appeared as a witness for the Department of Community Health (DCH).

**ISSUE**

Did the Department properly notify Appellant that her requests for medical transportation had already been paid?

**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 Medicaid beneficiary.
2. On ██████████, Appellant returned Medical Transportation Statements for ██████████.
3. On ██████████, Appellant returned Medical Transportation Statements for ██████████ and ██████████.
4. On ██████████, DHS received a DHS-18 form, Request for Hearing for mileage reimbursement.

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5. On [REDACTED], medical transportation statements and the required proofs were faxed to the Department of Community Health Program Review Division and Ancillary Unit for approval.
6. On [REDACTED], Appellant filed a request for a hearing because she had not received notification of a denial or approval for the Medical Transportation requests.
7. On [REDACTED] [REDACTED] [REDACTED], DCH sent DHS Notice that Michigan Medicaid/Children's Special Health Care (CSHCS) has approved the request for round trip mileage to medical and mental health visits (local DHS office did not submit timely) on [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED] (Respondent's Exhibit A34.)
8. On [REDACTED] [REDACTED] [REDACTED], DCH sent DHS Notice that Michigan Medicaid/Children's Special Health Care (CSHCS) has reviewed the request for retro coverage of mileage to [REDACTED] due to no such address on map quest or google. Medical covers non-emergent transportation to medical services only. CSHCS denied medical transportation for dates: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and [REDACTED]. (Respondent's Exhibit A40)

**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 **CLI-ENTS 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

The Department's AP Supervisor testified that when the [REDACTED] transportation reimbursement requests were received from Appellant on [REDACTED] another case worker reviewed them because Appellant's case worker was on leave. The Department's AP Supervisor testified that the worker confirmed that most of the requests had been paid, but she had a concern as to whether the request found on page 13 of Exhibit A had been paid.

Appellant testified that she had not been paid for any of her medical transportation costs for [REDACTED].

Based on the evidence presented, Appellant has proven, by a preponderance of the evidence, that she has not been paid for the mileage submitted for the months of [REDACTED]. The Department representative conceded on the record that the reimbursement request was not submitted in a timely manner by the department. Evidence on the record indicates that Appellant has been approved by (CSHCS) effective [REDACTED] the requests for medical transportation from [REDACTED] to [REDACTED] and denied for medical transportation requests submitted for [REDACTED].

## **DECISION AND ORDER**

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department did not submit the requests for Medical Transportation reimbursement in a timely manner.

[REDACTED]  
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**IT IS THEREFORE ORDERED** that:

The Department's decision is REVERSED. The Department is ORDERED to pay to Appellant the approved Medical Transportation reimbursement.



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Landis Y. Lain  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

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.