

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P.O. Box 30763, Lansing, MI 48909  
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IN THE MATTER OF:

████████████████████

Appellant

\_\_\_\_\_ /

Docket No. 15-015896 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 telephone hearing commenced on ██████████. Appellant appeared and testified. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (Department). ██████████, Program Resource Program appeared and testified on behalf of the Department.

State's Exhibit A pages 1-20 were admitted as evidence.

**ISSUE**

Did the Department properly deny Appellant's requests for Non-Emergency Medical Transportation (NEMT)?

**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 filed invoices for Medical Transportation reimbursement for ██████████ through ██████████
3. On ██████████, the Department caseworker sent Appellant a Medical Transportation Notice of Denial stating that the service was a non-covered benefit. (State's Exhibit A page 5)
4. On ██████████, Appellant filed a request for a hearing to contest the Department's Negative Action.

**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 (BBP 2015-010; 7-1-2015:

Each Michigan Department of Health and Human Services (MDHHS) office 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 Medicaid (MA) covered services. Michigan Department of Community Health (MDCH) Publication 669, Medicaid Handbook Fee-for-Service, may be used to provide written information.

It is important that MDHHS staff verify client eligibility prior to the authorization of transportation in order to determine who is responsible for payment.

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:

- Family Independence Program (FIP) recipients.
- MA recipients (including those who also have Children's Special Health Care Services (CSHCS) coverage.
- Supplemental Security Income (SSI) recipients.
- Healthy Michigan Plan (HMP) recipients.

**Note:** Unless otherwise indicated, medical transportation coverage for HMP recipients is the same as medical transportation coverage for MA recipients. BAM 825, page 1

MDCH authorized transportation is limited for clients enrolled in managed care; see **CLIENTS IN MANAGED CARE.**

Medical transportation is available to obtain medical evidence or receive any MA-covered service from any MA-enrolled provider, including:

- Chronic and ongoing treatment.

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- Prescriptions.
- Medical supplies.
- Onetime, occasional and ongoing visits for medical care. BAM 825, page 2

Do not authorize payment for the following:

- Transportation for non-covered services (for example a 12 step program, 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.
- Transportation services that are billed directly to MA; see BILLED DIRECTLY TO DCH.
- MDCH authorized transportation for a client enrolled in managed care is limited; see **CLIENTS IN MANAGED CARE** in this item. **BAM 825, pages 2-3**

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

- If a client has resources available to provide transportation without reimbursement-either by their own means or via family or friends-they are expected to do so. MDHHS staff is encouraged to explore whether such arrangements exist before authorizing transportation. However, if the client informs the MDHHS worker that transportation resources are not available, or that providing transportation without reimbursement is a financial hardship, transportation should be approved regardless of whether or not the service has been provided without reimbursement in the past. .

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- Do not routinely authorize payment for medical transportation. Explore why transportation is needed and all alternatives to payment.
- Do not authorize payment for medical transportation unless first requested by the client.
- Use referrals to public or nonprofit agencies that provide transportation to meet individual needs without reimbursement.
- If available, utilize free delivery services that are offered by a recipient's pharmacy.
- Use bus tickets or provide for other public transit arrangements.
- Refer to volunteer services or use state vehicles to transport the client if payment for a personal vehicle is not feasible. BM 825, PAGES 3-4

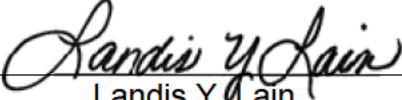
The Department's actions must be upheld under the circumstances, because Non – Emergency Medical Transportation is not a covered service. Appellant has failed to satisfy her burden of proving by a preponderance of the evidence that the Respondent improperly denied the requested medical transportation. The denial is based upon Medicaid benefit exclusion. The Respondent does not have discretion to approve Appellant's request for items which are not covered Medicaid benefits. The decision to deny the request for authorization must be upheld under the circumstances.

**DECISION AND ORDER**

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department has established by the necessary competent, substantial and material evidence on the record that it was acting in compliance with Department policy at all times relevant to this case.

**IT IS THEREFORE ORDERED** that:

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

  
\_\_\_\_\_  
Landis Y. Lain  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health and Human  
Services

cc: [REDACTED]

LYL [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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.