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

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IN THE MATTER OF:		5
		Docket No. 15-016762 TRN Case No.
Ap	ppellant/	
	DECISION AND C	DRDER
	er is before the undersigned Administrated 42 CFR 431.200 <i>et seq.</i> , upon the Appe	• , , ,
After due her own b	notice, a hearing was held on behalf.	. Appellant appeared and testified or
behalf of	, Appeals Review Officer, represe the Department included the following	nted the Department. Witnesses or
Central C	Office.	, Departmental Analyst with
<u>ISSUE</u>		
reimburse	Department properly deny the Appellant ement-for mileage, meals and lodging-for doctors' in the	
FINDING	S OF FACT	
	ninistrative Law Judge, based upon the on the whole record, finds as material fa	
1.	Appellant is a year old female benef programs. (Testimony).	iciary of the Welfare Medicaid and SS
2.	Appellant lives in (Exhibit A.5).	
3.	Appellant filed a prior authorizatio reimbursement for mileage, meals, and different physicians in	` ' '

- 4. Appellant's diagnoses include: hepatitis C and related cirrhosis; coronary artery disease; vision issues including floater, dry eye, retraction; mal-union of shoulder. (Exhibit A.).
- 5. The Department obtained 5 DHS-54As' from the various physicians. Among those, one indicated that it would be appropriate for Appellant to be seen by her primary physician as to medical issues with her hepatitis C although it would be appropriate to be seen at consults. (Exhibit A.16-17). Another indicated that it would be appropriate for Appellant to follow up with cardiology in the consults. (Exhibit A.18-19). A third indicated that it would be appropriate for Appellant to be seen by that it would be appropriate for Appellant to see a surgeon locally for reverse arthropleties if there is a local surgeon who can do the surgery. (Exhibit A.24-25).
- 6. On the Department denied Appellant's request for mileage, meals and lodging for Appellant and a driver to go to reason for the denial was on the grounds that "Transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally." (Exhibit A.11).
- 7. On the Department denied Appellant's subsequent request for the reason that "you have chosen a provider who is located outside the community when comparable care is available locally." (Exhibit A.11-15). The Department has given Appellant referral(s) for local physicians.
- 8. On Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit A, p. 6).

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

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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 U.S. Department of Veteran Affairs hospitals and hospitals with do not charge for care.

MEDICAL TRANSPORTATION NOT COVERED

Do not authorize payment for the following:

- Transportation for noncovered 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.

Medicaid Exception: For MA clients enrolled in managed care, medical transportation related to dental, substance abuse, and/or community mental health services program (CMHSP) is the responsibility of the county DHS office and not the managed care plan.

Healthy Michigan Plan Exception: For HMP clients enrolled in managed care, medical transportation related to substance abuse or CMHSP services is the responsibility of the county DHS office and not the managed care plan.



Transportation to dental services for HMP clients enrolled in managed care is the responsibility of the managed care plan. [Bridges Administrative Manual (BAM), 825 Medical Transportation, pp. 2-3 of 21, January 1, 2015, emphasis added].

The Department's witnesses testified that Appellant's request for medical transportation reimbursement including mileage, bridge fare, lodging, and meals for both Appellant and for a driver to Ann Arbor, Michigan was denied based on the policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally, BAM 825. The Department's witness indicated that the only exception to the rule is if a beneficiary provides a DHS-54A Medical Needs Form from her doctor indicating that the services are not available locally.

Here, the Department had evidence of 5 DHS 54-As' summarized in the above Findings of Fact. Appellant did not bring any medical documentation, and, did not submit any contrary medical evidence from her physicians.

The information available to the Department at the time of the denial was not sufficient to establish that Appellant must see the specialists in Ann Arbor, Michigan. Accordingly, the Department's determination to deny the Appellant's requests for medical transportation, bridge fare, lodging, and meals must be upheld based on the evidence of record at the time of the denial.

DECISION AND ORDER

This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's medical transportation reimbursement requests for meals, lodging, bridge fare, mileage, for Appellant and a driver to physicians in outside the community Appellant resides in was correct based on the facts here and evidence available at the time of the determination.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health
and Human Services

Date Signed:

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Date Mailed:

JS/cg

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.