

**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. 14-000155 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 the Appellant's request for a hearing.

After due notice, an in-person hearing was held on ██████████ at the ██████████ County Department of Human Services in ██████████, Michigan. Appellant personally appeared and testified. ██████████ appeared as a witness on behalf of Appellant.

██████████, Appeals Review Officer, appeared by conference telephone and represented the Department. ██████████, ES worker, and ██████████, Adult Services Supervisor, appeared as witnesses on behalf of the Department.

ISSUE

Did the Department properly deny the Appellant's requests for medical transportation reimbursement for trips to a doctor's office on the grounds that Appellant provided his own medical transportation to his appointment(s)?

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 male beneficiary of the Medicaid and SSI welfare programs. (Testimony).
2. Appellant lives in ██████████, Michigan. (Exhibit A; testimony).
3. The Department received three Medical Transportation Statement Requests from Appellant requesting mileage reimbursement for appointments Appellant had in the past in ██████████, and, ██████████, Michigan. (Exhibit A.6-8).
4. On ██████████, the Department denied Appellant's requests for medical transportation mileage reimbursement for the following reason: "...you provided your own medical transportation for your appointment." (Exhibit A.5).

5. On ██████████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit A.4).

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 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].

MEDICAL TRANSPORTATION EVALUATION

...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. DHS staff is encouraged to explore whether such arrangements exist before authorizing transportation. However, if the client informs the DHS 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. ...

...Do not authorize payment for medical transportation unless first requested by the client. [*Bridges Administrative Manual (BAM), 825 Medical Transportation*, p.. 4 of 21, January 1, 2015, emphasis added].

The Department's Assistance Payments Worker testified that Appellant's request for medical transportation reimbursement after the fact was primarily denied on the grounds of BAM 825 wherein policy states that reimbursement cannot be made where a client has resources available including "by their own means." (BAM 825, p. 4).

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Unrefuted evidence here is that Appellant used his own vehicle to transport himself to the appointments for which he subsequently requested reimbursement. Under BAM 825, p.4 cited above, there is no eligibility where a client has their own resources.

For this reason alone, the denial is supported by credible and substantial evidence of record and thus, can and must be upheld.

In the alternative, Appellant argues hardship. While this argument is not central to the substantive review herein, as the Department did not deny on this basis, the Department did indicate that the hardship criteria of BAM 825 is not met here on the basis of a customary budget assessment of Appellant's primary income and expenses used by the Department in assessing FAP eligibility. As an alternative argument, the Department indicates that the facts here do not support finding a hardship exception. In addition, the Department indicated that any such consideration would have to have been made by a prior authorization (PA) request by Appellant pursuant to the requirement in BAM 825, p. 4. Appellant did not file a PA here.

The Department further noted in the alternative that Appellant would not have eligibility on the basis that the out of county criteria was not met.

Appellant has the burden of proof to establish eligibility by a preponderance of evidence, and, to bring forth credible and substantial evidence the Department erred in its denial. After a careful review of the credible and substantial evidence of record, this ALJ is required to uphold the denial on the grounds that the action is in compliance with Department policy, according to the dictates of federal and state law.

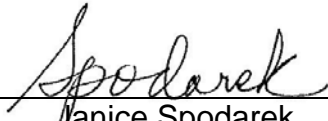
For these reasons, and for the reasons stated above, the Department's denial must be upheld based on the available information at the time the Department denied Appellant's requests.

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 based on the available information.

IT IS THEREFORE ORDERED that:

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



Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

JS [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.