



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

MIKE ZIMMER  
DIRECTOR

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
MAHS Docket No.: 16-000023  
[REDACTED]  
[REDACTED]

**ADMINISTRATIVE LAW JUDGE: Steven Kibit**

**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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on [REDACTED]. Petitioner appeared and testified on her own behalf. [REDACTED] Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). [REDACTED], a Manager with the Department's Program Review Division, testified as a witness for Respondent.

**ISSUE**

Did the Department properly deny Petitioner's requests 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. Petitioner was a Medicaid beneficiary who acquired a Medicaid deductible/spend-down in [REDACTED] (Testimony of Petitioner).
2. Since having a spend-down, Petitioner has not met it for any month. (Testimony of Petitioner).
3. In late [REDACTED] Petitioner requested transportation through the Department and Medicaid for appointments on [REDACTED] [REDACTED] [REDACTED] and [REDACTED] (Testimony of Department's witness).
4. The Department denied Petitioner's requests for transportation on the basis that her spend-down was unmet and her Medicaid coverage was therefore inactive. (Testimony of Department's witness).

5. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter with respect to those denials.

### CONCLUSIONS OF LAW

The Medicaid program (MA) 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:

Each Michigan Department of Health and Human Services (MDHHS) office must furnish information in writing and orally, as appropriate, to any requesting individual, acknowledging that medical transportation is **ensured** to and from Medicaid (MA) covered services. The Michigan Medicaid Fee-for-Service Handbook may be used to provide written information.

Local MDHHS staff **must** verify client eligibility prior to the authorization of transportation in order to determine who is responsible for reimbursement.

Reimbursement 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 beneficiary'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.

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

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## **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:** Reimbursement may be made for transportation to U.S. Department of Veteran Affairs hospitals and hospitals which do not charge for care.

## **MEDICAL TRANSPORTATION NOT COVERED**

Do not authorize payment for the following:

- Transportation for non-covered services;
- Waiting time;
- Transportation for medical services that have already been provided;
- Transportation costs for clients residing in a nursing facility. Nursing 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 the Medical Services Administration (MSA); see **BILLED DIRECTLY TO MSA.**

Transportation for clients enrolled in managed care is limited. See **CLIENTS IN MANAGED CARE.**

*BAM 825, pages 1-2*

Here, the Department denied Petitioner's requests for transportation pursuant to the above policy and on the basis that she was not eligible for Medicaid at the time of the requests due to her unmet spend-down.

In response, Petitioner did not dispute that she had an unmet spend-down at the time of the requests or that her Medicaid coverage was inactive. She also testified that she needs the transportation because she has numerous physical and mental issues, but no help and the transportation was helping her get to group therapy sessions and classes.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her requests.

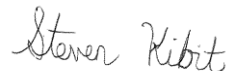
Given the undisputed evidence in this case, Petitioner has failed to meet that burden of proof and the Department's decision must be affirmed. Even if Petitioner was requesting transportation for covered services, which is not clear from the testimony, Petitioner was not eligible for Medicaid at the time of her requests due to her unmet spend-down and, per policy, the Department does not pay for medical transportation.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's requests for transportation.

**IT IS, THEREFORE, ORDERED** that:

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



SK/db

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**Steven Kibit**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**DHHS Department Rep.**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]

**Agency Representative**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]