



[REDACTED]
MI [REDACTED]

Date Mailed: December 19, 2023
MOAHR Docket No.: 23-007200
Agency No.: [REDACTED]
Petitioner: [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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on November 29, 2023. Petitioner appeared and testified on his own behalf. Allison Pool, Appeals Review Officer, represented the Respondent Michigan Department of Health and Human Services (MDHHS or Department). Colleen O'Boyle, Eligibility Specialist, and Lilie Curry, Office Supervisor in the Department's accounting office, testified as witnesses for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record as Exhibit A, pages 1-45. No other proposed exhibits were submitted.

ISSUE

Did the Department improperly fail to act with reasonable promptness on Petitioner's claims for mileage reimbursement for non-emergency medical transportation (NEMT) provided between October of 2021 and October of 2022?

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 is a Medicaid beneficiary and lives in [REDACTED] Michigan, which is in [REDACTED] County. (Exhibit A, page 7).
2. He is also eligible for NEMT through the Department, with his NEMT processed through the [REDACTED] County Department of Health and Human Services office. (Exhibit A, page 7).
3. On August 29, 2023, Petitioner filed a request for hearing with the Michigan Office of Administrative Hearings and Rules (MOAHR) regarding

the Department's alleged failure to act on Petitioner's claims for mileage reimbursement for NEMT. (Exhibit A, page 7).

4. Specifically, that request for hearing stated that no decision had been made since October 26, 2022. (Exhibit A, page 25).
5. MOAHR then assigned Petitioner's case Docket No, 23-004976. (Exhibit A, pages 7-13).
6. On October 5, 2023, the undersigned Administrative Law Judge conducted a hearing via telephone in Docket No. 23-004976. (Exhibit A, page 7).
7. On October 6, 2023, the undersigned Administrative Law Judge issued a Decision and Order in which he reversed the Department's actions and ordered it to initiate an assessment of Petitioner's requests for reimbursement. (Exhibit A, page 13).
8. In part, that Decision and Order stated:

The facts in this case are undisputed and they demonstrate that, while Petitioner has been submitting monthly requests for NEMT mileage reimbursement since at least October of 2022, he has only received a response, an approval, to one such request.

Moreover, the Department does not assert that it has acted on Petitioner's requests, including ones that are almost a year old, with reasonable promptness and all its sole witness could do is testify how she has done all that she is supposed to do on her end, with the responsibility of approving Petitioner's requests lying elsewhere. She also could not explain any reason for the delay, despite attempting to find one when investigating Petitioner's case.

Whether it approves or denies Petitioner's requests , the Department needs to decide, and the undersigned Administrative Law Judge finds that it has failed to act on Petitioner's claims for mileage reimbursement for NEMT with reasonable promptness.

Exhibit A, page 12

9. Following that decision being issued, the Department processed and approved requests for reimbursement for NEMT beginning in November of 2022. (Exhibit A, pages 17-19; Testimony of Petitioner; Testimony of Eligibility Specialist; Testimony of Office Supervisor)

10. On October 31, 2023, MOAHR received the request for hearing filed in this matter. (Exhibit A, pages 5-6).
11. In that request, Petitioner alleges that the Department has failed to respond to requests for reimbursement for medical transportation between [REDACTED] of 2021 and [REDACTED] of 2022. (Exhibit A, page 6).
12. During the subsequent hearing, Petitioner testified that the requests at issue are for the period of [REDACTED] of 2021 to [REDACTED] of 2022. (Testimony of Petitioner).

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.

With respect to NEMT through Medicaid, the Medicaid Provider Manual (MPM) provides in part:

SECTION 1 – INTRODUCTION

This chapter applies to non-emergency medical transportation (NEMT) providers and authorizing parties. The Medicaid NEMT benefit is covered for Medicaid, MICHild, and Healthy Michigan Plan (HMP) beneficiaries, and for Children's Special Health Care Services (CSHCS) beneficiaries who also have Medicaid coverage.

Federal law at 42 CFR 431.53 requires Medicaid to ensure necessary transportation for beneficiaries to and from services that Medicaid covers. The NEMT benefit must be administered to beneficiaries in an equitable and consistent manner.

Beneficiaries are assured free choice in selecting a Medicaid medical provider to render services. A beneficiary's free choice of medical provider selection does not require the Medicaid program to cover transportation beyond the standards of coverage described in this policy in order to meet a beneficiary's personal choice of medical provider. Forms referenced in this chapter are accessed via the beneficiary's case worker and are maintained on MI Bridges.

* * *

SECTION 3 – TRANSPORTATION AUTHORIZATION

Medicaid authorizes fee-for-service (FFS) NEMT services via local MDHHS offices, except in Wayne, Oakland, and Macomb counties. FFS transportation services in Wayne, Oakland, and Macomb counties are administered through a contracted transportation broker. (Refer to the Directory Appendix for transportation broker information.)

* * *

Reimbursement for special transportation requires a completed Medical Verification for Transportation (DHS-5330) to serve as documentation of medical need and must be retained in the beneficiary's file. Special transportation includes medically needing a wheelchair lift-equipped vehicle, Medi-Van vehicle, attendant, prior authorization, and other special circumstances supported by medical documentation. (For prior authorization requirements, refer to the Prior Authorization (PA) section of this chapter.) Medicaid FFS authorizing parties may accept the submission of a complete DHS-5330 form via fax and secure email. Transportation providers and beneficiaries may submit original forms if they choose, but sending original forms is not required for authorization. Providers and beneficiaries are encouraged to keep an original or copy of forms submitted to MDHHS for reimbursement.

The DHS-5330 must be completed annually. A local MDHHS office can authorize NEMT without a DHS-5330 for beneficiaries who do not require special transportation. Additionally, verification of medical need is not required when the transportation is to obtain medical evidence (i.e., employability, incapacity, or disability) or to meet the needs of children for protective services.

An initial verification of medical need for special transportation is required by the beneficiary's primary care physician (PCP). A completed DHS-5330 signed by the beneficiary's PCP, or a physician's assistant or nurse practitioner working under the supervision of the PCP, serves as documentation of medical need and must be retained in the beneficiary's file. In situations when a beneficiary's PCP, or a physician's assistant or nurse

practitioner working under the supervision of the PCP, is unavailable and unable to complete a DHS-5330 in a timely manner, another licensed provider may complete the form. Example providers include, but are not limited to, a physician specialist, clinical nurse specialist, certified nurse midwife, registered nurse, social worker, dentist, and other licensed providers. The licensed provider must be knowledgeable about the beneficiary's medical needs, capable of accurately completing the form, and providing direct medical, behavioral or dental services to the beneficiary.

In situations when a completed DHS-5330 cannot be secured prior to a beneficiary's scheduled Medicaid-covered appointment, authorizing parties may approve and reimburse all necessary NEMT services if the DHS-5330 is completed and returned to the authorizing party within 10 business days of the appointment. Allowable circumstances include, but are not limited to, the beneficiary's first trip to their PCP or medical appointment, or an inability by the beneficiary's physician's office to complete the form and secure the necessary signatures in a timely manner.

Authorizing parties must retain the completed DHS-5330 in the beneficiary's file and make it available upon request. Authorizing parties are responsible for verifying Medicaid eligibility, maintaining a network of transportation subcontractors, and scheduling the least-costly mode of appropriate transportation to medical appointments/services.

The beneficiary's need for NEMT must be evaluated before services are authorized. This includes assessing all of the following:

- The beneficiary's eligibility;
- The transportation requested is for a service Medicaid covers; and
- The beneficiary has no other means of transportation available. Availability is not dependent on whether the beneficiary previously provided their own transportation.

Here, Petitioner testified that he requested the hearing in this matter because the Department has failed to respond to requests for reimbursement for NEMT provided between [REDACTED] of 2021 and [REDACTED] of 2022.

In requesting a hearing, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and available information in this case, Petitioner has failed to meet that burden of proof and Respondent's decision must therefore be affirmed.

As discussed above, the undersigned Administrative Law Judge previously found that the Department had failed to act with reasonable promptness on Petitioner's claims for mileage reimbursement NEMT, with the Department then processing and approving requests for reimbursement for NEMT beginning in November of 2022.

In this case, Petitioner now seeks reimbursement for NEMT completed between [REDACTED] of 2021 and [REDACTED] of 2022. However, the record fails to support that such claims were submitted or that the Department failed to act on them with reasonable promptness. The Department did not find any record of such requests and, while Petitioner testified that he submitted them and has records of the claims, he did not submit any records in this case. Moreover, in addition to lacking any evidentiary support, the undersigned Administrative Law Judge also finds that Petitioner's testimony lacks credibility, particularly given that his earlier request for hearing did not identify any failure to act on the claims at issue in this case.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department has not improperly failed to act in reasonable promptness on Petitioner's claims for mileage reimbursement for NEMT provided between October of 2021 and October of 2022.

IT IS, THEREFORE, ORDERED that:

- The Department's actions are **AFFIRMED**.

SK/sj



Steven Kibit
Administrative Law Judge

NOTICE OF APPEAL: Petitioner 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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

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

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 19th day of December 2023.

S. James

S. James
**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]
[REDACTED]

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