



Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax (207) 287-3005
TTY Users: Dial 711 (Maine Relay)

IN THE MATTER OF:

Coastal Transportation, Inc.)
c/o Lee Karker, Executive Director) FINAL DECISION
46 Summer Street)
Rockland, ME 04841)

This is the Department of Health and Human Services' Final Decision.

The Recommended Decision of Hearing Officer LeBlanc, dated September 25, 2014, and the Responses and Exceptions submitted on behalf of the Department have been reviewed. I hereby adopt the findings of fact except for findings 12, 15 and 16. For the reasons set forth below, I do NOT accept the recommendation of the Hearing Officer that the Department was not correct when it determined for the time period [redacted] 2006 through [redacted] 2010 that Coastal Transportation, Inc. ("CTI") failed to comply with MaineCare Benefits Manual Section 113.03 for four MaineCare members, which resulted in a recoupment amount of \$14,146.72.

The credible un rebutted testimony of Michael Bishop regarding his review of certain documents together with the documentary evidence submitted by the Department established a prima facie case that CTI was overpaid \$14,146.72. While perhaps not a best practice, it was not necessary for the Department to produce at hearing copies of the documents that Mr. Bishop reviewed. Hearsay evidence is admissible evidence in an administrative hearing. Once the Department established a prima facie case, the burden of production in this matter shifted to CTI to refute the evidence submitted by the Department. It is inaccurate to state that CTI was unable to even attempt to refute Mr. Bishop's testimony because the records reviewed by Mr. Bishop were unavailable for review by CTI. Consistent with federal law, CTI could have obtained, reviewed and submitted the records itself by obtaining the consent of the patients, see 42 CFR § 2.33, or by appropriate court order, see 42 CFR § 2.26 et seq. CTI, however, failed to do so and therefore the Department met its burden of proof.

Therefore, I conclude the Department was CORRECT when it determined for the time period [redacted] through [redacted] that Coastal Transportation, Inc. ("CTI") failed to comply with MaineCare Benefits Manual Section 113.03 for four MaineCare members, which resulted in a recoupment amount of \$14,146.72.

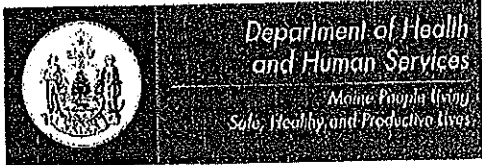
DATED: 12/23/14 SIGNED: [Signature]
MARY C. MAYHEW, COMMISSIONER
DEPARTMENT OF HEALTH & HUMAN SERVICES

YOU HAVE THE RIGHT TO JUDICIAL REVIEW UNDER THE MAINE RULES OF CIVIL PROCEDURE, RULE 80C. TO TAKE ADVANTAGE OF THIS RIGHT, A PETITION FOR REVIEW

MUST BE FILED WITH THE APPROPRIATE SUPERIOR COURT WITHIN 30 DAYS OF THE RECEIPT OF THIS DECISION.

WITH SOME EXCEPTIONS, THE PARTY FILING AN APPEAL (80B OR 80C) OF A DECISION SHALL BE REQUIRED TO PAY THE COSTS TO THE DIVISION OF ADMINISTRATIVE HEARINGS FOR PROVIDING THE COURT WITH A CERTIFIED HEARING RECORD. THIS INCLUDES COSTS RELATED TO THE PROVISION OF A TRANSCRIPT OF THE HEARING RECORDING.

cc: Thomas Bradley, AAG, Office of the Attorney General
Michael Bishop, DHHS/Program Integrity, Augusta



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Administrative Hearings
35 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 621-5350; Fax (207) 287-8448
TTY Users: Dial 711 (Maine Relay)

TO: Mary C. Mayhew, Commissioner
Department of Health and Human Services
221 State Street
11 State House Station
Augusta, ME 04333

DATE MAILED: **SEP 26 2014**

In Re: Coastal Transportation, Inc.—Appeals of Notices of Violation dated August 14, 2012, November 9, 2012, and February 22, 2013, and Final Informal Review Decision dated February 7, 2014

RECOMMENDED DECISION

A *de novo* administrative hearing was held on August 4, 2014, at Rockland, Maine in the case of Coastal Transportation, Inc., before Hearing Officer Michael L. LeBlanc. The Hearing Officer's jurisdiction was conferred by special appointment from the Commissioner, Department of Health and Human Services. The hearing record was held open until August 18, 2014 to receive closing arguments from the parties.

FACTUAL BACKGROUND AND ISSUE:

On August 22, 2012, the Department of Health and Human Services, Division of Audit, Program Integrity Unit (the "Department") served Coastal Transportation, Inc. ("CTI") with a notice that, after reviewing MaineCare transportation reimbursements for MaineCare member [REDACTED] for the period [REDACTED] to [REDACTED], 2010, the Department determined it overpaid Coastal Transportation \$11,691.00. The Department demanded reimbursement of that amount. The Department asserted the following basis for its overpayment claim:

PI's review of [REDACTED] transportation reimbursements for 750 trips, totaling \$11,055.00, revealed that the member lived at the same residence as his father, claimed the same amount of mileage to the same clinic on the same day that his father attended, did not have a vehicle registered in his name, and did not have a valid driver's license (only a learner's permit). We concluded that [REDACTED] had been carpooling with his father and was not entitled to any mileage reimbursements. Our review also revealed that, during the period of [REDACTED], 2006 and [sic] [REDACTED], 2010, \$636.00 was reimbursed to Coastal Trans, Inc. for its Provider Base Rate on the 750 trips. See Exhibit DHHS-3A.

On or about October 9, 2012, Coastal Transportation requested an informal review in a timely manner.

On November 15, 2012, the Department served Coastal Transportation with a notice that, after reviewing MaineCare transportation reimbursements for MaineCare member [REDACTED] for the period [REDACTED]

[REDACTED], 2006 to [REDACTED], 2010, the Department determined it overpaid Coastal Transportation \$702.40. The Department demanded reimbursement of that amount. On or about January 14, 2013, Coastal Transportation requested an informal review in a timely manner.

On some date, the Department notified Coastal Transportation that after reviewing MaineCare transportation reimbursements for MaineCare member [REDACTED], the Department determined it overpaid Coastal Transportation \$4,657.38. The Department demanded reimbursement of that amount. On or about January 14, 2013, Coastal Transportation requested an informal review in a timely manner.

On March 13, 2013, the Department served Coastal Transportation with a notice that, after reviewing MaineCare transportation reimbursements for MaineCare member [REDACTED] for the period [REDACTED], 2006 to [REDACTED], 2010, the Department determined it overpaid Coastal Transportation \$13,981.72. The Department demanded reimbursement of that amount. The Department asserted the following basis for its overpayment claim:

During the period of [REDACTED], 2006 through [REDACTED], 2010, the member was reimbursed for 1,312 rides. As a result of a review of these trips, PI could not verify that 888 of these trips, totaling \$13,089.12 had been made by the member (see enclosure). Our review also revealed that Coastal Trans was reimbursed \$888.00 (888 trips x \$1.00) for its Provider Base Rate. Finally, Coastal Trans was reimbursed \$4.60 for tolls. See Exhibit DHHS-5A.

On or about April 15, 2013, Coastal Transportation requested an informal review in a timely manner.

On February 10, 2014, in its Final Informal Review Decision, the Department notified Coastal Transportation that it had reduced its four (4) claims totaling \$31,032.50 to \$14,146.72 by:

Reducing its claim regarding	from \$11,691.00 to \$7,824.96;
Reducing its claim regarding	from \$702.40 to \$120.20;
Reducing its claim regarding	from \$4,657.38 to \$0.00; and
Reducing its claim regarding	from \$13,981.72 to \$6,201.56.

On or about April 8, 2014, Coastal Transportation appealed the Final Informal Review Decision. Pursuant to an Order of Reference dated May 12, 2014, this matter was assigned by James D. Bivins, Esq., Chief Administrative Hearing Officer to the undersigned Hearing Officer to conduct an administrative hearing and to submit to the Commissioner written findings of fact and recommendations on the following issue:

Was the Department correct when it determined that for the time period [REDACTED] 2006 through [REDACTED] 2010, Coastal Trans, Inc., failed to comply with MaineCare Benefits Manual section 113.02 for four MaineCare members, which resulted in a recoupment amount of \$14,146.72? See Exhibits HO-2 and/or DHHS-1.

APPEARING ON BEHALF OF APPELLANT:

Lee Karker, Executive Director, Coastal Transportation, Inc.
James Huff, Transportation Director, Coastal Transportation, Inc.

APPEARING ON BEHALF OF AGENCY:

Thomas C. Bradley, AAG
Michael Bishop, Auditor II, Program Integrity

ITEMS INTRODUCED INTO EVIDENCE:

Hearing Officer Exhibits:

- HO-1. Notice of Hearing dated 5/16/14
- HO-2. Order of Reference dated 5/12/14
- HO-3. Hearing Report dated 5/6/14
- HO-4. Letter, dated 8/5/14, to Thomas Bradley, AAG and Lee Karker from Hearing Officer LeBlanc
- HO-5. Coastal Transportation, Inc.'s closing arguments
- HO-6. Department's closing arguments

Department Exhibits:

- DHHS-1. Order of Reference dated 5/12/14
- DHHS-2. Hearing Report dated 5/6/14; Notice of Hearing dated 5/16/14
- DHHS-3A. Notice of Violation dated 8/14/12
- DHHS-3B. Request for Informal Review dated 1/14/13
- DHHS-3C. Acknowledgement, dated 10/22/12, of receipt of Request for Informal Review
- DHHS-4A. Notice of Violation dated 11/9/12
- DHHS-4B. Request for Informal Review dated 9/14/12
- DHHS-4C. Acknowledgement, dated 1/17/13, of receipt of Request for Informal Review
- DHHS-5A. Notice of Violation dated 2/22/13
- DHHS-5B. Request for Informal Review dated 4/15/13
- DHHS-5C. Acknowledgement, dated 4/26/13, of receipt of Request for Informal Review
- DHHS-6. Final Informal Review Decision dated 2/7/14
- DHHS-7. Request for hearing dated 4/8/14
- DHHS-8. MaineCare Benefits Manual, Chapter I, dated 12/12/07
- DHHS-9. MaineCare Benefits Manual, Chapter I, dated 1/11/10
- DHHS-10. MaineCare Benefits Manual, Chapter I, dated 2/13/11
- DHHS-11. MaineCare Benefits Manual, Chapters II and III, Section 113, dated 10/1/85
- DHHS-12. MaineCare Benefits Manual, Chapter III, Section 113, dated 9/1/07
- DHHS-13. MaineCare/Medicaid Provider Agreement dated 10/6/09
- DHHS-14. Trip dated 1/2/08
- DHHS-15. Trip dated 8/28/08
- DHHS-16. Trip dated 1/2/08
- DHHS-17. Trip dated 8/28/08
- DHHS-18. Membership Enrollment Address

DHHS-19.

Membership Enrollment Address

Appellant Exhibits:

A-1. Trip sheets for MaineCare member from [REDACTED]/08 to [REDACTED]/08

RECOMMENDED FINDINGS OF FACT:

1. Notice of these proceedings was given in a timely and adequate manner. Coastal Transportation, Inc. ("CTI") made a timely appeal.
2. CTI is a MaineCare provider of transportation services.
3. The only transportation services at issue in the instant appeal are those provided by "family"¹ or those provided by "volunteer."² The vast majority was family.
4. The period at issue in the instant appeal was initially [REDACTED], 2006 through [REDACTED], 2010 when the Department issued its Notices of Violation to CTI. In its informal review, the Department shortened the period at issue to [REDACTED], 2008 through [REDACTED], 2010.
5. The Department's audit that resulted in the Notices of Violation at issue in the instant appeal was a specific review of MaineCare members attending a specific clinic for all nine (9) transportation providers audited, including CTI, based on a six (6) month period of internal and public complaints of MaineCare members filing false claims.
6. MaineCare members request transportation services from, in this case, CTI, and submit a claim for transportation costs. CTI then pays the MaineCare member for the transportation costs, and in turn submits a claim to MaineCare. MaineCare then reimburses CTI for the amount CTI paid the MaineCare member, or the "pass-through," plus a "base rate" to reimburse CTI for arranging the transportation.
7. CTI's "base rate" is \$1.00 per round-trip.
8. The Department's reimbursement claim for [REDACTED] has been reduced to \$0.00 as a result of informal review. Therefore, it is not an issue in these proceedings.
9. The Department's claim regarding [REDACTED] was reduced from \$702.40 to \$120.20 for the period [REDACTED] 2008 through [REDACTED] 2008 as a result of informal review. CTI does not wish to pursue its appeal regarding [REDACTED]. Therefore, it is resolved in the Department's favor.

¹ Family includes the recipient, any member of the recipient's family, or any friend or neighbor who provides transportation services. Family includes a State employee who is required to drive Medicaid recipients to medical services as part of his or her State employment responsibilities. See Exhibit DHHS-11, MaineCare Benefits Manual, Chapter II, Section 113.01-11.

² Volunteer means a person who contributes personal service to the community through the transportation provider's program but is not an employee of the transportation provider. Volunteers are recruited and designated as volunteer drivers by the transportation provider. A volunteer uses a vehicle other than the provider/agency's vehicle to transport Medicaid clients. See Ibid, Section 113.01-13.

10. The Department's claim regarding [REDACTED] was reduced from \$13,981.72 to \$6,201.56 as a result of informal review. The \$6,201.56 is from three hundred and ninety-four (394) claims filed between [REDACTED], 2008 and [REDACTED], 2008, and consists of a pass-through of \$5,807.56 and a base rate of \$394.00.
11. The Department asserts that [REDACTED] did not attend any of the appointments for which transportation was reimbursed [REDACTED], 2008 through [REDACTED] 2008.
12. The Department has not met its burden to show by a preponderance of the evidence that [REDACTED] did not attend any of the appointments for which transportation was reimbursed [REDACTED] 2008 through [REDACTED], 2008.
13. The Department's claim regarding [REDACTED] was reduced from \$11,691.00 to \$7,824.96 as a result of informal review. The \$7,824.96 is a combined pass-through and base rate for the period [REDACTED] 2007 through [REDACTED] 2008. Of the \$7,824.96, the combined pass-through and base rate for the period [REDACTED], 2008 through [REDACTED], 2008 was \$3,883.52.
14. The Department asserts that [REDACTED] lived with his father and rode with his father, who is also a MaineCare member with appointments to the same clinic, during the period [REDACTED] 2008 through [REDACTED], 2008.
15. The Department has not met its burden to show by a preponderance of the evidence that [REDACTED] lived with his father, [REDACTED] during the period [REDACTED] 2008 through [REDACTED] 2008.
16. The Department has not met its burden to show by a preponderance of the evidence that [REDACTED] rode with his father, [REDACTED] who is also a MaineCare member with appointments to the same clinic, during the period [REDACTED] 2008 through [REDACTED], 2008.

RECOMMENDED DECISION:

The Department was not correct when it determined that for the time period [REDACTED], 2006 through [REDACTED], 2010, Coastal Trans, Inc., failed to comply with MaineCare Benefits Manual Section 113.02 for four MaineCare members, which resulted in a recoupment amount of \$14,146.72. The correct recoupment amount is \$120.20 for MaineCare member [REDACTED].

REASON FOR RECOMMENDATION:

In its informal review process, the Department reduced its claim regarding [REDACTED] to \$0.00 and regarding [REDACTED] to \$120.20. See Exhibit DHHS-6. Since there is no longer a claim regarding [REDACTED], the claim regarding [REDACTED] is not an issue. CTI does not wish to pursue its appeal regarding [REDACTED]. See Testimony of Lee Karker ("Mr. Karker"). Therefore, the claim regarding [REDACTED] in the amount of \$120.20 is resolved in the Department's favor. Remaining at issue are the claims regarding [REDACTED] in the amount of \$6,201.56 for the period [REDACTED], 2008 through [REDACTED], 2008 and regarding [REDACTED] in the amount of \$7,824.96 for the period [REDACTED], 2007 through [REDACTED], 2008.

The Department claims that it overpaid CTI in the amount of \$6,201.56 for MaineCare member for the period [REDACTED] 2008 through [REDACTED] 2008. See Exhibit 6. The basis of the Department's claim is the Department's contention that [REDACTED] did not have appointments with the provider, CAP Quality Care during the period [REDACTED] 2008 through [REDACTED] 2008 for which transportation was reimbursed. See Exhibit DHHS-5A and Testimony of Michael Bishop ("Mr. Bishop"). CTI claims [REDACTED] did have appointments with the provider, CAP Quality Care on the days for which transportation costs were reimbursed to [REDACTED] during the period [REDACTED] 2008 through [REDACTED] 2008. See Exhibit A-1.

CTI's Exhibit A-1 consists of Medicaid Trip Reports (the "trip reports") signed by [REDACTED] during the period [REDACTED] 2008 through [REDACTED] 2008. See Exhibit A-1. In signing the trip reports, [REDACTED] certified the following:

I certify that I (or the named client) am currently eligible for Medicaid benefits and have no other means to cover transportation. I hereby request reimbursement at \$.15 cents per mile for the trip mileage logged in Step #2 of this form. To the best of my knowledge, all claim information provided is correct. Mileage was recorded while I (or named client) was riding directly to and from the medical provider. I understand that I cannot be reimbursed for added mileage when more than one Medicaid family member rides along for treatment.
Id.

Step #4 of the trip reports direct the provider to acknowledge that, "The client named in Step #1 of this form was seen at this office on the date shown for medical service." Id. The trip forms request that the provider "sign" by, "Medical Office Signature or Stamp." Id. Each of the trip forms were stamped, "CAP QUALITY CARE, One Delta Drive, Westbrook, ME 04092." Id.

In reviewing the claims, including those regarding [REDACTED], the Department consulted the specific provider records. With respect to [REDACTED] Mr. Bishop physically went to Cap Quality Care and requested [REDACTED]' records for the dates at issue. See Testimony of Mr. Bishop.³ Mr. Bishop testified he made a physical trip to the medical provider because the transportation provider is unable to review the MaineCare member's medical records without an authorization from the MaineCare member. Id. That CTI is unable to access [REDACTED]' medical records with Cap Quality Care is not disputed by CTI. See Testimony of James Huff ("Mr. Huff"). With respect to the rejected transportation claims for [REDACTED] it is the Department position that Cap Quality Care's medical records for [REDACTED] did not show that Cap Quality Care provided a medical services to [REDACTED] on those dates. See Testimony of Mr. Bishop. However, the Department did not provide a copy of the medical records reviewed by Mr. Bishop. Additionally, the Department's billing records from Cap Quality Care for [REDACTED] could have been provided as evidence. Id. However, the Department did not provide a copy of those records. CTI is unable to obtain a copy of the Department's records. Id.

³ Mr. Bishop did not identify Cap Quality Care in his testimony. However, Exhibit A-1 shows that Cap Quality Care is the provider in the disputed transportation claims regarding [REDACTED].

The Department argues that the trip reports submitted by CTI (See Exhibit A-1) are not acceptable as evidence that [redacted] attended an appointment with Cap Quality Care for the disputed dates without verification from another source. See Testimony of Mr. Bishop. The Department argues that the stamp, "CAP QUALITY CARE, One Delta Drive, Westbrook, ME 04092" could be ordered by any person from a vendor who produces stamps. Id.

As stated above, the Department has the burden of proof to show that [redacted] did not have appointments with Cap Quality Care on the dates of the disputed transportation claims. In meeting this burden, the Department presents that both the medical records for [redacted] at Cap Quality Care and the Department's internal records for billings by Cap Quality Care for support the Department's contention that [redacted] had no visits with Cap Quality Care on the dates of the disputed transportation claims. But rather than entering those records as evidence, the Department produced Mr. Bishop's testimony that he saw the records and that the records show that [redacted] had no visits with Cap Quality Care on the dates of the disputed transportation claims. It is obvious then that the supporting evidence of whether [redacted] attended appointments with Cap Quality Care on the dates of the disputed transportation claims lies with Cap Quality Care's medical records for [redacted] and the Department's internal records for billings by Cap Quality Care for [redacted]. Mr. Bishop's testimony then is a hearsay account of the information in the records. Hearsay is acceptable evidence in administrative proceedings, to be given the appropriate weight. But in this case, CTI is unable to even attempt to refute Mr. Bishop's testimony because the records that show whether [redacted] attended appointments is unavailable for CTI to review and present as evidence or even to produce a witness who reviewed the documents and testified about what he or she saw. Therefore, the undersigned Hearing Officer concludes that Mr. Bishop's hearsay testimony about the content of those records does not rise to the level of a preponderance in showing that [redacted] did not attend appointments with Cap Quality Care on the disputed dates. It is recommended that the Commissioner concur with the Hearing Officer's conclusion and find that the Department has not met its burden in proving its overpayment claim with respect to [redacted].

The Department claims that CTI was overpaid \$7,824.96 during the period [redacted] 2007 through [redacted] 2008. Of the \$7,824.96, the combined pass-through and base rate for the period [redacted] 2008 through [redacted] 2008 was \$3,883.52. See Exhibit DHHS-6. However, the Department presents that it reduced the original claim period of [redacted], 2006 to [redacted], 2010 with respect to the claims at issue here to [redacted], 2008 to [redacted], 2010. Therefore, without consideration of whether the Department has proven its claim regarding that claim must be reduced to the amount paid from [redacted] 2008 through [redacted], 2008, which is \$3,883.52.

The Department does not dispute that [redacted] received medical services with Cap Quality Care on the dates at issue. Rather, the Department argues that [redacted] rode to Cap Quality Care with his father [redacted] on the dates at issue.

⁴ Both [redacted] and his father [redacted] have the same initials. As used herein, [redacted] refers to [redacted] father is identified and [redacted] only.

In its overpayment notice regarding [REDACTED], the Department alleged that [REDACTED] lived at the same residence as [REDACTED]. See Exhibit DHHS-3A. The Department entered documents showing that as of [REDACTED] 2010, the Department's records for [REDACTED] and [REDACTED] showed that both resided [REDACTED]. See Exhibits DHHS-18 and DHHS-19. However, the Department does not know for sure the addresses of [REDACTED] and [REDACTED] prior to [REDACTED] 2010. See Testimony of Mr. Bishop. The trip report submitted by the Department for trips on [REDACTED] 2008 and [REDACTED] 2008 show that [REDACTED] indicated his address was [REDACTED]. See Exhibits DHHS-14 and DHHS-15. [REDACTED] claimed his address as [REDACTED]. See Exhibits DHHS-16 and DHHS-17. Mr. Bishop testified that he looked up the addresses [REDACTED] and [REDACTED] on MapQuest, which showed they were quite close. See Testimony of Mr. Bishop. The two addresses are actually 2.4 miles apart. See Testimony of Mr. Karker.

The Department presents that [REDACTED] does not have a registered vehicle and has no driver's license, only a learner's permit; Mr. Bishop's observation [REDACTED] records with the Department of Motor Vehicle showed this. See Testimony of Mr. Bishop. Those records are not available to CTI. Id. The records were not offered into evidence by the Department.

Mr. Bishop reviewed [REDACTED] and [REDACTED] medical records at Cap Quality Care, which showed [REDACTED] and [REDACTED] had appointments on the same date in close proximity in time. Id. Those records were not entered into evidence. All of the trips for each [REDACTED] and [REDACTED] for the disputed dates were for exactly the same mileage. Id.

It is not unusual for Methadone clients to visit the clinic on the same days; the clinic time is usually first thing in the morning, for example 6:00 a.m. to 9:00 a.m. See Testimony of Mr. Huff. During the dates at issue, CTI paid mileage from town to town according to the mileage map from the State of Maine. Id. Therefore, all MaineCare members living in the same town going to Cap Quality Care were reimbursed the same amount of mileage. Id. [REDACTED] could have gotten a ride from another family member or friend; CTI would have reimbursed who would be responsible for any reimbursement to the driver. Id.

Viewing the evidence as a whole, the Hearing Officer concludes the Department did not meet its burden of producing a preponderance of evidence that there was an overpayment with respect to [REDACTED]. If the Commissioner disagrees, the maximum overpayment with respect to [REDACTED] is \$3,883.52.

There is no dispute that if a member has no medical appointment on the date of transportation reimbursement, it is contrary to the MaineCare Benefits Manual. There is also no dispute that if members carpool, the MaineCare Benefits Manual dictates that only one member is entitled to reimbursement. The only issue is whether the Department met its burden with respect to the facts. It is the undersigned Hearing Officer's opinion that the Department did not.

MANUAL CITATIONS:

MaineCare Benefits Manual, Chapter I, Section 1 & Chapter II, Section 113

THE PARTIES MAY FILE WRITTEN RESPONSES AND EXCEPTIONS TO THE ABOVE RECOMMENDATIONS. ANY WRITTEN RESPONSES AND EXCEPTIONS MUST BE RECEIVED BY THE DIVISION OF ADMINISTRATIVE HEARINGS WITHIN TWENTY (20) CALENDAR DAYS OF THE DATE OF MAILING OF THIS RECOMMENDED DECISION. A REASONABLE EXTENSION OF TIME TO FILE EXCEPTIONS AND RESPONSES MAY BE GRANTED BY THE CHIEF ADMINISTRATIVE HEARING OFFICER FOR GOOD CAUSE SHOWN OR IF ALL PARTIES ARE IN AGREEMENT. RESPONSES AND EXCEPTIONS SHOULD BE FILED WITH THE DIVISION OF ADMINISTRATIVE HEARINGS, 11 STATE HOUSE STATION, AUGUSTA, ME 04333-0011. COPIES OF WRITTEN RESPONSES AND EXCEPTIONS MUST BE PROVIDED TO ALL PARTIES. THE COMMISSIONER WILL MAKE THE FINAL DECISION IN THIS MATTER.

DATED: September 25, 2014

SIGNED: Michael L. LeBlanc
Michael L. LeBlanc
Administrative Hearing Officer
Division of Administrative Hearings

cc: Coastal Transportation, Inc., c/o Lee Karker, Executive Director, 46 Summer Street,
Rockland, ME 04841
Thomas C. Bradley, AAG, Office of the Attorney General, Augusta
Michael Bishop, Auditor II, Program Integrity, Augusta