

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF

██████████,  
Appellant

\_\_\_\_\_ /

Docket No. 2010-54394 CMH

██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant was represented by her mother who appeared without representation. She had a translator; ██████████, ██████████. She a witness ██████████, Supports Coordinator, ██████████. ██████████ attorney, represented the Department. Her witness was ██████████, PhD. Manager Access Center.

**ISSUE**

Did the Department properly deny the Appellant's request for CLS as determined to be not medically necessary?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is six-year old female Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant is afflicted with severe MR, Down's Syndrome, generalized epilepsy with seizures. She requires treatment, medications and a vagus nerve stimulator. (Department's Exhibit A, p. 1)

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3. On annual assessment she required parental assistance with all ADLs consistent with her age, however she was documented as able to understand basic instruction; able to walk with assistance; able to occupy herself for periods of time. (Department's Exhibit A, pp. 1 and sub D pp. 20 – 40)
4. The Appellant attends the [REDACTED] "many hours a week". (Department's Exhibit A, p. 1)
5. The Appellant and family has received services since [REDACTED], including assessments, supports coordination, treatment planning, PT, OT, SLT, behavioral services, in-home nursing service and community living supports, respite and home modifications. (Department's Exhibit A, p. 1)
6. On [REDACTED] the Appellant sought an allocation of CLS in the amount of 6-hours per day – following review by the Department 2.3 hours were approved on [REDACTED], per adequate action notice. (Department's Exhibit A, pp. 5 – 7)
7. The [REDACTED] is under contract with the Michigan Department of Community Health to provide mental health services to those who reside in the Appellant's geographic area.
8. The [REDACTED] established that CLS could be reduced, in part, because many of the necessary assistive tasks could be performed by the parents of the Appellant. (See Testimony of [REDACTED])
9. The instant request for hearing was received from the Appellant by SOAHR on [REDACTED] (Appellant's Exhibit #1)

**CONCLUSIONS OF LAW**

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Title XIX of the Social Security Act, enacted in 1965, authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad Federal rules, each State decides eligible groups, types and range of services, payment levels for services, and administrative and

operating procedures. Payments for services are made directly by the State to the individuals or entities that furnish the services.

42 CFR 430.0

The State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.

42 CFR 430.10

Section 1915(b) of the Social Security Act provides:

The Secretary, to the extent she finds it to be cost-effective and efficient and not inconsistent with the purposes of this subchapter, may waive such requirements of section 1396a of this title (other than subsection(s) of this section) (other than sections 1396a(a)(15), 1396a(bb), and 1396a(a)(10)(A) of this title insofar as it requires provision of the care and services described in section 1396d(a)(2)(C) of this title) as may be necessary for a State...

The State of Michigan has opted to simultaneously utilize the authorities of the 1915(b) and 1915(c) programs to provide a continuum of services to disabled and/or elderly populations. Under approval from the Centers for Medicare and Medicaid Services (CMS) the Department of Community Health (MDCH) operates a section 1915(b) and 1915(c) Medicaid Managed Specialty Services and Support program waiver. Macomb County Community Mental Health contracts with the Michigan Department of Community Health to provide services under the waiver pursuant to its contract obligations with the Department.

Medicaid beneficiaries are entitled to medically necessary Medicaid covered services for which they are eligible. Services must be provided in the appropriate scope, duration, and intensity to reasonably achieve the purpose of the covered service. See 42 CFR 440.230.

The Medicaid Provider Manual, (MPM) Mental Health/Substance Abuse section establishes Medicaid policy for Michigan. In addition to

establishing the framework for medical necessity<sup>1</sup> it states, in relevant part:

**[CRITERIA FOR AUTHORIZING]**

The authorization and use of Medicaid funds for any of the B3 supports and services, as well as their amount, scope and duration, are dependent upon:

- The Medicaid beneficiary's eligibility for specialty services and supports as defined in this Chapter; and
- The service(s) having been identified during person-centered planning; and
- The service(s) being medically necessary as defined in the Medical Necessity Criteria subsection of this chapter; and
- The service(s) being expected to achieve one or more of the above-listed goals as identified in the beneficiary's plan of service; and
- Additional criteria indicated in certain B3 service definitions, as applicable.

Decisions regarding the authorization of a B3 service (including the amount, scope and duration) must take into account the PIHP's documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have needs for these services. The B3 supports and services are not intended to meet all the individual's needs and preferences, as some needs may be better met by community and other natural supports. Natural supports mean unpaid assistance provided to the beneficiary by people in his/her network (family, friends, neighbors, community volunteers) who are willing and able to provide such assistance. It is reasonable to expect that parents of minor children with disabilities will provide the same level of care they would provide to their children without disabilities. MDCH encourages the use of natural supports to assist in meeting an individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. PIHPs may not require a beneficiary's natural support network to provide such assistance as a condition for receiving specialty mental health supports and services. The use of natural supports must be documented in the beneficiary's individual plan of service.

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<sup>1</sup> See MPM, Mental Health [ ] §§ 2.5 through 2.5D, Medical Necessity Criteria, pp. 12 – 14, October 1, 2010

Provider qualifications and service locations that are not otherwise identified in this section must meet the requirements identified in the General Information and Program Requirement sections of this chapter.

(Emphasis supplied) MPM, Mental Health [ ] §17.2 Criteria for Authoring B3 Supports and Services, p. 98, October 1, 2010.<sup>2</sup>

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Furthermore, the Medicaid Provider Manual (MPM) directs the CMH and service users with the following criteria regarding CLS:

### **Community Living Supports (CLS)**

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Coverage includes:

- Assisting, reminding, observing, guiding and/or training in the following activities:
  - meal preparation
  - laundry
  - routine, seasonal, and heavy household care and maintenance
  - activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
  - shopping for food and other necessities of daily living

CLS services may not supplant state plan services, e.g., Personal Care (assistance with ADLs in a certified specialized residential setting) and Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the

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<sup>2</sup> This version of the MPM is identical to the edition in place at the time of notice and appeal.

beneficiary must request Home Help and, if necessary, Expanded Home Help from the Department of Human Services (DHS). CLS may be used for those activities while the beneficiary awaits determination by DHS of the amount, scope and duration of Home Help or Expanded Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist him/her in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the DHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the DHS assessment.

- Staff assistance, support and/or training with activities such as:
  - money management
  - non-medical care (not requiring nurse or physician intervention)
  - socialization and relationship building
  - transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
  - participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
  - attendance at medical appointments
  - acquiring or procuring goods, other than those listed under shopping, and non-medical services
  
- Reminding, observing and/or monitoring of medication administration.
  
- Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

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CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help or Expanded Home Help services when the individual's needs for this assistance have been officially determined to exceed DHS's allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from the Fair Hearing of the appeal of a DHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home Help.

MPM, *Supra* pp. 97-101

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At hearing the Department witness established that the Appellant's goals as conceptualized by the parent representative on Annual Assessment via their request for CLS did not account for the need to develop the Appellant's independence, account for age appropriate skills or parental involvement with ADLs. Witness ██████████ testified that CLS was established with those criteria in mind.

She added that as of the date of hearing evaluations for OT and PT had not been done. ██████████ testified that the PCP documented [at page 44] that several goals established by the Appellant's behaviorist had been achieved by the Appellant in "food repertoire" and communication skills. ██████████ concluded her testimony stating that taking into consideration the full panoply of services - including school and respite - that CLS averages out to 4-hours a day.

The Appellant's representative testified, through her interpreter, that the Appellant is "very disabled" and requires significant care – especially with toileting. She added that the Appellant must be carried everywhere, "she fights us all the way and has seizures in the middle of the night."

The Appellant's witness ██████████ [support coordinator] supported the request for maintenance of CLS owing to the Appellant's age and special needs.

On review, it is important to remember that the goals delineated in the PCP are those of the individual. If the Appellant is shown [in future reviews] as not meeting goals then more frequent PCP review might dictate an increase in CLS in an appropriate amount, scope and duration over and above that appealed today. At this point in the Appellant's life - care and supervision is not limited solely to paid caregivers – but can be shared by informal supports when and where possible – as her parents have ably demonstrated so far.

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This Administrative Law Judge must follow the CFR and the state Medicaid policy, and is without authority to grant CLS hours out of accordance with the CFR and state policy. The [REDACTED] provided sufficient evidence that it adhered to the CFR, state policy and the MPM when they authorized a reduction in CLS from 6-hours per day to 2.3 hours per day for the time period of [REDACTED].

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that [REDACTED] properly reduced CLS.

**IT IS THEREFORE ORDERED** that:

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

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Dale Malewska  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: \_\_\_\_\_

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules 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 State Office of Administrative Hearings and Rules 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.