

**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) 334-9505

IN THE MATTER OF:

██████████,

Appellant.

\_\_\_\_\_ /

Docket No. 2011-44870 EDW  
Case No. 11506050

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ), pursuant to M.C.L. § 400.9 and 42 C.F.R. § 431.200 et seq. upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared on her own behalf. ██████████, Waiver Services Manager, represented the Department of Community Health's Waiver agency, the Region ██████ Area Agency on Aging (AAA).

**ISSUE**

Did the Department's MI Choice Waiver agency properly determine that it could not immediately assess the Appellant for the MI Choice Waiver program and place her on a waiting list?

**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 Department contracts with AAA to provide MI Choice Waiver services to eligible beneficiaries.
2. AAA must implement the MI Choice Waiver program in accordance to Michigan's waiver agreement, Department policy and its contract with the Department.
3. Appellant is a ██████ year-old woman who has been diagnosed with chronic obstructive pulmonary disease (COPD), morbid obesity, diabetes, high blood pressure, and rheumatoid arthritis. Appellant also has a history of falling. (Exhibit 3, page 1).

██████████  
**Docket No. 2011-44870 EDW**  
**Decision and Order**

4. On ██████████, Appellant requested MI Choice Waiver services. Specifically, Appellant wanted a lift chair. (Testimony of Appellant; Exhibit 3, page 1).
5. An Intake Specialist from AAA then conducted a telephone screen with Appellant. (Exhibit 3, pages 1-4).
6. That same day, AAA notified Appellant in writing that the MI Choice Waiver program was at program capacity, but she had been placed on the Waiver Enrollment Waiting List. (Exhibit 3, pages 1-4).
7. On ██████████, the Department received a Request for Hearing from the Appellant. (Exhibit 2, page 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. 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.

Appellant is claiming services through the Department's Home and Community Based Services for Elderly and Disabled. The waiver is called MI Choice in Michigan. The program is funded through the federal Centers for Medicare and Medicaid (formerly HCFA) to the Michigan Department of Community Health (Department). Regional agencies, in this case AAA, function as the Department's administrative agency.

Waivers are intended to provide the flexibility needed to enable States to try new or different approaches to the efficient and cost-effective delivery of health care services, or to adapt their programs to the special needs of particular areas or groups of recipients. Waivers allow exceptions to State plan requirements and permit a State to implement innovative programs or activities on a time-limited basis, and subject to specific safeguards for the protection of recipients and the program. Detailed rules for waivers are set forth in subpart B of part 431, subpart A of part 440 and subpart G of part 441 of this chapter.

(42 C.F.R. § 430.25(b))

The MI Choice representative testified that the MI Choice Waiver program is at capacity for MI Choice Waiver enrollees. The MI Choice representative explained that it maintains a waiting list and contacts individuals on the list on a priority and first come,

**Docket No. 2011-44870 EDW**  
**Decision and Order**

first served, basis when sufficient resources become available to serve additional individuals. The MI Choice representative said that from the telephone intake it appeared that, based on Appellant's own statements, Appellant did not meet any exception from the chronological waiting list and. Therefore, she was placed on the chronological waiting list.

The *Medical Services Administration Policy Bulletin 05-21 (April 1, 2005)* (hereinafter "MSA 05-21") outlines the approved evaluation policy and the MI Choice waiting list policy:

Any person who expresses interest in the MI Choice Program must be evaluated by telephone using the Telephone Intake Guidelines (TIG) at the time of her or her request. If the person is seeking services for another, the MI Choice Program agent shall either:

- Contact the person for whom services are being requested, or
- Complete the TIG to the extent possible using information known to the caller.

Applicants to the program who are determined presumptively eligible based on financial criteria and the TIG must be offered a face-to-face evaluation within seven days if the MI Choice Program is accepting new participants. **Applicants who are determined presumptively eligible when new participants are not being accepted must immediately be placed on the MI Choice Program Waiting List.** If an applicant who is determined presumptively eligible through the TIG screening process does not receive a face-to-face evaluation within seven days, the person shall be placed on the Waiting List based on the priority category, chronologically by date of the original request for services. Contact logs will no longer be used.

(MSA 05-21, pages 1-2 of 5 (emphasis added))

Moreover, with regard to priority categories, the pertinent section of *Medical Services Administration Policy Bulletin 09-56 (November 10, 2009)* (hereinafter "MSA 09-56"), states:

**Nursing Facility Transition Participants**

Nursing facility residents who desire to transition to the community, are medically and financially eligible, and require at least one MI Choice service on a continual basis to remain at home or in the community qualify for this

priority status to receive assistance with supports coordination, transition activities, and transition costs.

**Current Adult Protective Services (APS) Clients and Diversion Applicants**

When an applicant who has an active APS case requests services, priority is given when critical needs can be addressed by MI Choice Waiver services. It is not expected that MI Choice Waiver agents solicit APS cases, but priority should be given when appropriate.

An applicant is eligible for diversion status if they are living in the community or are being released from an acute care setting and are found to be at imminent risk of nursing facility admission. Imminent risk of placement in a nursing facility is determined using the Imminent Risk Assessment, an evaluation approved by MDCH. Supports coordinators administer the evaluation in person, and final approval of a diversion request is made by MDCH.

(MSA 09-56, page 2 of 3)

Appellant testified that she needs a lift chair due to her medical problems, but no one disputes her medical issues and she was not placed on the waiting list for that reason. Instead, the MI Choice representative testified that the waiver agency is at capacity for MI Choice Waiver enrollees. It maintains a waiting list and contacts individuals on the list on a priority and first come, first served, basis when sufficient resources become available to serve additional individuals. Moreover, Appellant does not request an exception to that waiting list be made and a review of *Policy Bulletin 09-47* and the intake form for Appellant demonstrates that the AAA properly determined the Appellant did not meet any exception from the chronological waiting list.

A review of the Department's 2009 and 2005 *Policy Bulletin* and applying these policies to Appellant finds that AAA properly placed Appellant on the MI Choice program waiting list.

The MI Choice agencies and this Administrative Law Judge are bound by the MI Choice program policy. In addition, this Administrative Law Judge possesses no equitable jurisdiction to grant exceptions to Medicaid, Department and MI Choice program policy.

The MI Choice Waiver agency provided sufficient evidence that it implemented the MI Choice waiting list procedure in the manner in which CMS has approved and in accordance to Department policy; therefore, its actions were proper.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MI Choice Waiver agency properly denied immediate assessment of Appellant and placed Appellant on the waiting list.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Steven J. Kibit  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc:



Date Mailed: 9/23/2011

**\*\*\* 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.