

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

P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Docket No. 2011-7767 EDW

██████████

Appellant

\_\_\_\_\_ /

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 et seq. upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ represented the Appellant. He had no witnesses. ██████████ represented the Department's waiver agency. She had no witnesses.

**ISSUE**

Did the Department properly place the Appellant on the MI Choice Waiver program waiting list?

**FINDINGS OF FACT**

Based upon the competent, material, and substantial evidence on the whole record, I find as material fact:

1. The Appellant is ██████████ seeking MI Choice Waiver Services. (Appellant's Exhibit 1)
2. Her representative contacted the Department on ██████████, requesting MI Choice Waiver services. On that day the Appellant passed the telephone intake questions. (Department's Exhibit B, p. 1)
3. The Appellant was notified that the MI Choice Waiver program was at capacity, and that she would be placed on the chronological waiting list. (Department's Exhibit B, pages 2-3)
4. The Department's waiver agency is currently at capacity and, due to lack of funds, is unable to enroll the Appellant in the MI Choice Waiver program at this time.
5. Following notification of program capacity the Appellant requested an

administrative hearing on [REDACTED]. (Appellant's Exhibit #1)

6. An imminent risk assessment conducted [REDACTED] did not qualify the Appellant for IR diversion. (Department's Exhibit B, pages 6-9)
7. This appeal was consolidated, for purposes of hearing, with docket number 2011-7766 EDW.

### **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.

This Appellant is claiming services through the Department's Home and Community Based Services for Elderly and Disabled (HCBS/ED). 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 an [REDACTED] 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 CFR 430.25(b)

The U.S. Department of Health and Human Services, on page 5 of a letter to State Medical Directors labeled Olmstead Update Number 4 (SMDL #01-006), dated January 10, 2001, in reply to the following question responded, in part:

May a State use the program's funding appropriation to specify the total number of people eligible for an HCBS waiver?

CMS has allowed States to indicate that the total number of people to be served may be the lesser of either (a) a specific number pre-determined by the State and approved by CMS

(the approved “factor C” value), or (b) a number derived from the amount of money the legislature has made available (together with corresponding Federal match). The current HCBS waiver preprint contains both options....

\*\*\*

The waiver agency ██████████ has committed all the financial resources made available through the Department’s appropriations and to ensure continued service to current waiver enrollees, is not assessing any additional individuals. It maintains a waiting list and contacts individuals on the list on a first come, first served basis when sufficient resources become available to serve additional individuals.

The Appellant’s representative testified that the Appellant, ██████████ is unable to return home and functions well at her current placement. He added that there are no family members able or available to care for their ██████████ in a different environment.

The waiver agency witness stated the agency had to establish a waiting list due to its limited resources. She stated the Appellant was placed on the waiting list at the time the telephone call was made. There was no evidence that the Appellant met any statutory or policy exceptions for advanced placement.

Absent satisfaction of meeting a priority category, applicants are placed on the waiting list in the order their telephone calls are received.

### **DECISION AND ORDER**

Based on the above findings of fact and conclusions of law, I find the MI Choice Waiver agency properly denied Appellant enrollment and placed her on the waiting list due to limited financial resources.

**IT IS THEREFORE ORDERED** that:

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

---

Dale Malewska  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

[REDACTED]  
Docket No. 2011-7767 EDW  
Decision and Order

cc:

[REDACTED]

Date Mailed: 3/15/2011

**\*\*\* 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.