

**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:

Docket No. 2011-23591 EDW

██████████,

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, following the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant, ██████████, was present for the hearing. A family friend, ██████████, represented the Appellant. The Appellant's mother, ██████████, and the Appellant's daughter, ██████████, appeared as the Appellant's witnesses. ██████████, Clinical Supports Manager, appeared on behalf of ██████████, Region ██████████ Area Agency on Aging (AAA), the Department's MI Choice program waiver agency. ██████████, Social Worker, appeared as a witness for the waiver agency.

ISSUE

Did the Department properly terminate the Appellant's MI Choice Waiver services?

FINDINGS OF FACT

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

1. The Appellant is a Medicaid beneficiary, and enrolled in the MI Choice Waiver program.
2. The Appellant received personal care services through the MI Choice Waiver program. (Exhibit 1, page 23)
3. On ██████████, ██████████, Inc., advised the waiver agency that it would no longer provide services to the Appellant. (Testimony of ██████████; Exhibit 1, page 25)
4. On ██████████, the waiver agency issued an Advance Action Notice to the Appellant that her waiver services would terminate on ██████████.

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(Exhibit 1, pages 23-24)

5. [REDACTED], the waiver agency sent the Appellant a letter, explaining that her services were terminated because the agency providing the in-home care was no longer willing to provide services in the Appellant's home and that, under self determination, the Appellant had not been properly cared for. (Exhibit 1, pages 21-22)
6. The Appellant's request for a formal, administrative hearing was received on [REDACTED].
7. The Appellant was terminated from the MI Choice Waiver program on [REDACTED] [REDACTED], because the waiver agency did not receive her hearing request from the Michigan Administrative Hearing System until [REDACTED]. However, the waiver agency was advised that this was improper and that services should be reinstated pending this decision and order.

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.

The 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 Services to the Michigan Department of Community Health (Department). Regional agencies, in this case, Burnham Brook, Region IIIB Area Agency on Aging (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 CFR 430.25(b)

A waiver under section 1915(c) of the [Social Security] Act allows a State to include as "medical assistance" under its plan, home and community based services furnished to recipients who would otherwise need inpatient care that is furnished in a hospital, SNF [Skilled Nursing Facility], ICF [Intermediate Care Facility], or ICF/MR [Intermediate Care Facility/Mentally Retarded], and is reimbursable under the State Plan. 42 CFR 430.25(c)(2)

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Home and community based services means services not otherwise furnished under the State's Medicaid plan, that are furnished under a waiver granted under the provisions of part 441, subpart G of this subchapter. 42 CFR 440.180(a)

[] Home or community-based services may include the following services, as they are defined by the agency and approved by CMS:

- Case management services.
- Homemaker services.
- Home health aide services.
- Personal care services.
- Adult day health services
- Habilitation services.
- Respite care services.
- Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness, subject to the conditions specified in paragraph (d)¹ of this section.

Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization. 42 CFR 440.180(b)

It is undisputed that the Appellant has a need for personal care services.

The MI Choice waiver defines Service and Personal Care as follows:

“A range of assistance to enable program participants to accomplish tasks that they would normally do for themselves if they did not have a disability. This may take the form of hands-on assistance (actually performing a task for the person) or cueing to prompt the participant to perform a task. Personal care services may be provided on an episodic or on a continuing basis. Health-related services that are provided may include skilled or nursing care to the extent permitted by State law. Personal care under the waiver differs in scope, nature, supervision arrangements or provider type (including provider training and qualifications) from personal care services in the State plan. The differences between the waiver coverage and the State plan are that the provider qualification and the training requirements are more stringent for personal care as provided under the waiver than the requirements for this services under the State plan. Personal care includes

¹ Services for the chronically mentally ill.

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assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming which are incidental to the service furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care may be furnished outside the participant's home.

The participant oversees and supervises individual providers on an ongoing basis when participating in SD options.”
(Emphasis supplied)

MI Choice Waiver, April 9, 2009;
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Medicaid beneficiaries are only entitled to medically necessary Medicaid covered services.
See 42 CFR 440.230.

In the Appellant's case, she was receiving personal care from [REDACTED], Inc. The waiver agency terminated the Appellant's service when [REDACTED], Inc., advised that it would no longer be able to provide services to the Appellant in her home because of safety concerns for its staff. The waiver agency's witness testified that she did not attempt to find another agency to provide services to the Appellant because she had done so in 2009 without any success. She stated that, given the circumstances in this case, she was sure that no other agency would assist the Appellant.

While this Administrative Law Judge understands that the waiver agency's witness may be correct—that no other agency would be willing to provide services to the Appellant—she was required to at least contact those other agencies before terminating the Appellant's waiver services. Terminating the Appellant's services before doing so was improper and cannot be upheld.


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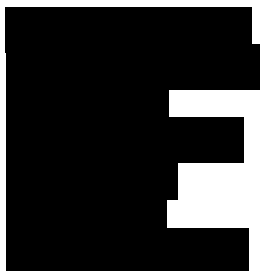
The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the waiver agency improperly terminated the Appellant's MI Choice Waiver services.

IT IS THEREFORE ORDERED that:

The waiver agency's termination is REVERSED.

Kristin M. Heyse
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:



Date Mailed: 5/27/2011

***** NOTICE *****

The Michigan Administrative Hearing System for the Department of Community Health 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 for the Department of Community Health 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.