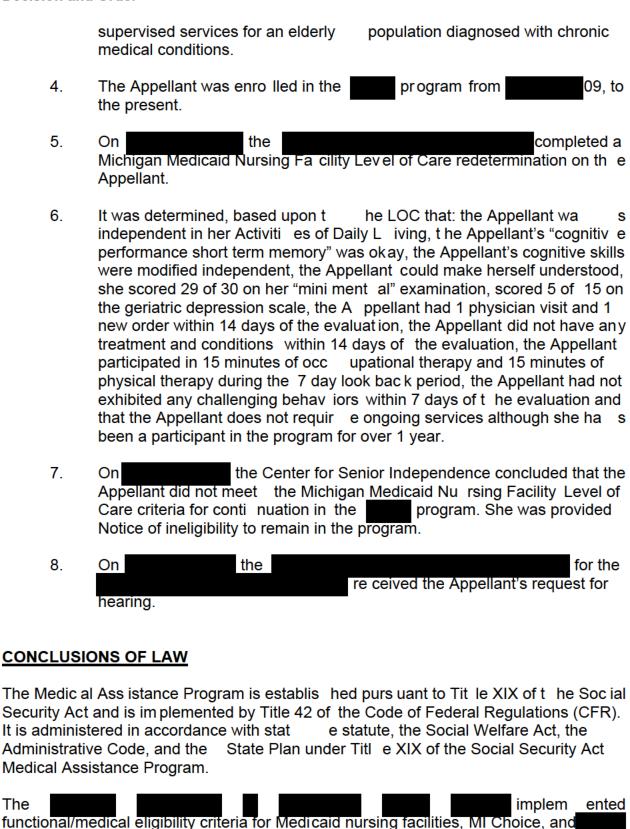
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF COMMUNITY HEALTH

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

IN THE MATTER OF: Docket No. 2012-49419 PCE						
		Case	Docke	No. No.		
Appellant						
DECISION AND ORDER						
	is before the undo pellant's request	_	ist rative Law Ju	dge pursuant to MCL 400.9		
	otice, a hearing wa appeared on n behalf of the	as held n behalf of the	The Ap	pellant represented Additional		
ISSUE						
Did the Department properly determine that the Appell ant is no longer eligible for PACE services at the Center for Senior Independence?						
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	s a	Medicaid benefi	ciary.		
2.	The Appellant has the following di agnoses: Depression/Anxiety, diabetes mellitus, history of stroke, coronar y artery disease, congestiv e heart failure, hypertension and peripheral vascu lar disease. She reside s in her own home.					
3	The contract agency	esponsible for th		is a for the on of socially and clinic ally		

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services. Federal regulations require that Medicaid pay for services only for those beneficiaries who meet specified level of care criteria.

Section 5.1.D. and 5.1.E, of the Medicaid Provider Manual (MPM) references the use of the online Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) tool. The LOCD must be completed for all M edicaid-reimbursed admissions to nursing facilities or enrollments in MI Choice or PACE, where available. MPM, §5.1.D., 5.1.E, NF Coverages, July 1, 2011, pp. 8-13.

The tool consists of seven-service entry Doors. The Doors are: Activities of Daily Living, Cognition, Physician Involvem ent, Treatments and Conditions, Skilled Rehabilitative Therapies, Behav ior, or Service Dependency. In order to be found eligible for services, the A ppellant must meet the requirements of at least one Door. The Department presented testim ony and documentary evidence that the Appellant did not meet criteria at any Door. Further assessment by the CentraCare Enrollment Team determined that the Appellant was ineligible for services.

A determination of medical/functional inel igibility is an adverse action appealable through the MPM, *Supra* at pages 8-13.

To be eligible for enrollment or c ontinued enrollment, applic ants or participant s must meet the following requirements:

- Be age 55 years or older.
- Meet applicable Medicaid financial eligibilit y requirements. (Eligibility det erminations will be made by the Michigan Department of Human Services)
- Reside in the PACE organization's service area.
- Be capable of safely residing in the c ommunity without jeopardizing health or safety while receiving services offered by the PACE organization.
- Receive a comprehensive asses sment of participant needs by an interdisciplinary team.
- Be appropriate for plac ement in PACE based on completion of the Mic higan Medicaid Nursing Fac ility Level of Care Determination.
- Be provided timely and acc urate information to support Informed Choice for all appropriate Medicaid options for Long Term Care.
- Not concurrently enrolled in the MI Choice program.
- Not concurrently enrolled in an HMO.

MPM, PACE, §3.1 Eligibility Requirements, July 1, 2011, at page 3.

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The evidence in this case shows	that on		the Center for Se	nior
Independence asses sed the Ap	pellant 's elig	ibility for contin	ued participation i	n the
pro gram usin g the				6
In	order to be fou	und eligible for		
placement the Appellant must	meet the requ	iirement s <u>of at</u>	least one Door. T	he
Department witness' testimony	was that the A	Appellant's	shows that she	is not
longer eligible to participate with	the program b	pecause she does	not meet the crit	eria fo
any door. Specifically, the	e following wa	s concluded for e	ach door:	

Door 1 Activities of Daily Living (ADLs)

The LOC, page 3 of 9 provi des that the Appellant mu st score at least six points to qualify under Door I.

Scoring Door 1: The applicant must score at least six points to qualify under Door 1.

(A) Bed Mobility, (B) Transfers, and (C) Toilet Use:

- Independent or Supervision = 1
- Limited Assistance = 3
- Extensive Assistance or Total Dependence = 4
- Activity Did Not Occur = 8

(D) Eating:

- Independent or Supervision = 1
- Limited Assistance = 2
- Extensive Assistance or Total Dependence = 3
- Activity Did Not Occur = 8

It is undisputed that the Appellant is independent in Activities of Daily Living. There is no evidence to support a different conclusi on. I find based on the evidence presented that the Appellant is independent in her Activities of Daily Living and does not meet LOCD Door 1 criteria.

Door 2 Cognitive Performance

The LOC, pages 3-4, provides that to qualify under Door 2 an Appellant must:

Scoring Door 2: The applicant must score under one of the following three options to qualify under Door 2.

1. "Severely Impaired" in Decision Making.

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- 2. "Yes" for Memory Problem, and Decision Making is "Moderately Impaired" or "Severely Impaired."
- 3. "Yes" for Memory Problem, and Making Self Understood is "Sometimes Understood" or "Rarely/Never Understood."

The Department witness testified the Appellant first enter ed the program through the stroke and suffered a stroke and experienced cognitive challenges as a result. She has improved over time and with treatment, thus no longer qualifies through this Door. She stated the Appel lant was rated memory okay reather than as have ing memory problem. She is rated as modified in ndependent and makes herse If understood. She scored 29 of 30 on her minimental examinate ion. She scored 5 of 15 on the geriatric depression scale and correct ly answered all 10 questions posed when as sessing her memory. She no longer qualifies thorough this entry door.

The Appellant asserts she still has a memory problem. She said she is totally confused. She stated said she would take her back to room if she gets kicked out of this program.

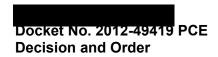
This ALJ finds the testimony and docum entation from the Ce nter for Senior Independence is sufficiently reliable to sustain their determination. This ALJ is persuaded by the score of the "minimental" examination and correct answers for all 10 memory questions posed to the Appellant when assessing for this Door. I find the Appellant does not qualify for entry through this Door.

Door 3 Physician Involvement

The LOC indicates that to qualify under Door 3, the Appellant must:

- ... [M]eet either of the following to qualify under
- At least one Physician Visit exam AND at least four Physician Order changes in the last 14 days, OR
- 2. At least two Physician Visit exams AND at least two Physician Order changes in the last 14 days.

The evidence of record establishes the Appellant had 1 physician appointment and 1 new order during the 14 day look back period. The Appellant raised the issue of attending insulin clinic. It was clarified that visits to the clinic for blood sugar checks and to provide insulin are not considered physician visits or order changes as contemplated in the field guidelines for completion of the



Door 4 Treatments and Conditions

The LOC, page 5, indicates that in order to qualify under Door 4, the Appellant must receive, within 14 days of the assessment date, any one of the following health treat ments or demonstrated any one of the following health conditions:

- A. Stage 3-4 pressure sores
- B. Intravenous or parenteral feedings
- C. Intravenous medications
- D. End-stage care
- E. Daily tracheostomy care, daily respiratory care, daily suctioning
- F. Pneumonia within the last 14 days
- G. Daily oxygen therapy
- H. Daily insulin with two order changes in last 14 days
- I. Peritoneal or hemodialysis

It is undisputed the Appellant did not have any of the pertinent medical conditions to remain eligible via this entry door.

<u>Door 5</u> Skilled Rehabilitation Therapies

The LOC, page 6, provides that the Applicant must:

... [H]ave required at least 45 mi nutes of active ST, OT or PT (scheduled or deliver ed) in the last 7 day s and continues to require skilled rehabilitation therapies to qualify under Door 5

The Center for Senior Independence testifi ed the Appellant had participated in 30 minutes of skilled therapy within the look back period. She had 15 minutes each of occupational and physical therapy. This is just short of the requirement of participating in at least 45 minutes of skilled therapy. The Appellant assert ed she was there for longer than the 30 minutes repor ted. The testimony from the Center indicated she may have been present at the health c enter for longer bec ause she is and all participants are encouraged to use the center to maintain their health, however, the skilled ther apy portion of time spent ther e totaled 30 minute s during t he look back period.

This ALJ f inds the reliable ev idence of re cord supports the determination that the Appellant did not qualify for entry through this Door.

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Door 6 Behavior

The page 6, provides a listing of behaviors recognized under Door 6: Wandering, Verbally Abus ive, Ph ysically Abusive, Socially Inappropriate/Disruptive, and Resists Care.

The page 8, provides that the Appellant would qualify under Door 6 if the Appellant had a score under one the following two options:

- 1. A "Yes" for either delusions or hallucinations within the last 7 days.
- 2. The applicant must have exhibited any one of the following behaviors for at least 4 of the last 7 days (including daily): Wandering, Verbally Abusive, Physically Abusive, Socially Inappropriate/Disruptive, or Resisted Care.

The Center presented testimony the Appellant did not exhi bit any of the behaviors of concern. The Appellant asserted her family tell her she gets angry. This ALJ finds the Center has made the correct determination based upon the crit eria contained in the and its field guide. The Appellant is not qualified to enter through this Door.

<u>Door 7</u> <u>Service Dependency</u>

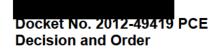
The Appellant could qualify under Door 7 if there was evidence that [he/she] is currently being serve d in a nursing facility (and for at I east one year) or by the MI Choic e or program, and required ongoing services to maintain her current functional status.

The Center provided testimony the Appell ant does not require ongoing services to maintain her functional status in the comm unity. It was stated she will be referred to a physician for care and any nece ssary referrals. It was stated she has the ability to see a regular physician and pick up her own medications without services being provided.

The Appellant objected to the arrangement. She stated she is totally confused about why she cannot participate any longer and here are told here she would take her to emergency room if she got kicked out.

I find, based on the evidence presented, that the Appellant does not require special services to remain functional in the community. She does not qualify for program participation through this Door.

The evidence presented shows that the Appellant does not meet the



Therefor e, the Appellant is not eligible for program enrollment at this time.



DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated the Appellant PACE participation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Jennifer Isiogu
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

Date Signed: _	
Date Mailed:	

CC:



*** 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 mailing date of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.