

**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. 2012-68426 EDW Amended**

**Case No.**

Appellant

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**AMENDED DECISION AND ORDER**

This Amended Decision replaces the Decision and Order mailed on [REDACTED]. The undersigned administrative law judge determined that the previous decision contained irrelevant materials not pertaining to this case and was in need of revision. This Decision and Order should be considered the final decision and order and the previous decision should be discarded.

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 [REDACTED]. Appellant's mother appeared and testified on the Appellant's behalf.

[REDACTED] Office Manager, Macomb-Oakland Regional Center, Inc. (MORC), appeared on behalf of the Department's Waiver Agency. [REDACTED], Appellant's Social Work Supports Coordinator, and [REDACTED] RN, Appellant's Nurse Supports Coordinator with MORC testified on behalf of the Waiver Agency.

**ISSUE**

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

**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 a [REDACTED] DOB [REDACTED] who was enrolled in the MI Choice Waiver Program. He had been receiving personal care and homemaking services. (Exhibits A-C, E and testimony).
2. The Department contracts with the Waiver Agency to provide MI Choice

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Waiver services to eligible beneficiaries.

3. The Appellant lives with his mother who is his primary helper/caregiver. (Exhibit E).
4. On [REDACTED] Appellant's Social Work Supports Coordinator, and [REDACTED] RN, Appellant's Nurse Supports Coordinator met with Appellant to do a Nursing Facility Level of Care Determination (NFLOC) to determine Appellant's continued eligibility for the MI Choice Waiver Program. Appellant was much improved but was still receiving physical therapy and speech therapy and remained eligible for the MI Choice program under Door 5. (Exhibits A, C, D and testimony).
5. On [REDACTED] Appellant's therapy was completed, so [REDACTED] again met with Appellant on [REDACTED] to do a reassessment for the MI Choice program. A Nursing Facility Level of Care Determination (NFLOC) was completed and it was determined that Appellant did not qualify through any of the seven doors. The Waiver Agency determined that Appellant's needs could be met through the DHS Home Help program. (Exhibits A, C, D and testimony).
6. On [REDACTED] the waiver agency sent an Advance Action Notice to the Appellant notifying him of a termination of MI Choice Waiver services including his personal care and homemaking). (Exhibits B, D and testimony).
7. On [REDACTED] MAHS received the Appellant's request for an Administrative Hearing. (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.

This Appellant was receiving 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 (CMS, formerly HCFA) to the Michigan Department of Community Health (Department). Regional agencies 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 policy regarding enrollment in the MI Choice Waiver program is contained in the *Medicaid Provider Manual, MI Choice Waiver*, October 1, 2012, which provides in part:

### **SECTION 1 – GENERAL INFORMATION**

MI Choice is a waiver program operated by the Michigan Department of Community Health (MDCH) to deliver home and community-based services to elderly persons and persons with physical disabilities who meet the Michigan nursing facility level of care criteria that supports required long-term care (as opposed to rehabilitative or limited term stay) provided in a nursing facility. The waiver is approved by the Centers for Medicare and Medicaid Service (CMS) under section 1915(c) of the Social Security Act. MDCH carries out its waiver obligations through a network of enrolled providers that operate as organized health care delivery systems (OHCDs). These entities are commonly referred to as waiver agencies. MDCH and its waiver agencies must abide by the terms and conditions set forth in the waiver.

MI Choice services are available to qualified participants throughout the state and all provisions of the program are available to each qualified participant unless otherwise noted in this policy and approved by CMS. (p. 1).

\* \* \*

### **SECTION 2 - ELIGIBILITY**

The MI Choice program is available to persons 18 years of age or older who meet each of three eligibility criteria:

- An applicant must establish his/her financial eligibility for Medicaid services as described in the Financial Eligibility subsection of this chapter.
- The applicant must meet functional eligibility requirements through the online version of the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD).

- It must be established that the applicant needs at least one waiver service and that the service needs of the applicant cannot be fully met by existing State Plan or other services.

All criteria must be met in order to establish eligibility for the MI Choice program. MI Choice participants must continue to meet these eligibility requirements on an ongoing basis to remain enrolled in the program. (p. 1).

\* \* \*

## **2.2. FUNCTIONAL ELIGIBILITY**

The MI Choice waiver agency must verify applicant appropriateness for services by completing the online version of the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) within 14 calendar days after the date of participant's enrollment. Refer to the Directory Appendix for website information. The LOCD is discussed in the Michigan Medicaid Nursing Facility Level of Care Determination subsection of this chapter. Additional information can be found in the Nursing Facility Coverages Chapter and is applicable to MI Choice applicants and participants. (p. 1).

\* \* \*

### **2.2.A. MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION**

MI Choice applicants are evaluated for functional eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination. The LOCD is available online through Michigan's Single Sign-on System. Refer to the Directory Appendix for website information. Applicants must qualify for functional eligibility through one of seven doors. These doors are:

- Door 1: Activities of Daily Living Dependency
- Door 2: Cognitive Performance
- Door 3: Physician Involvement
- Door 4: Treatments and Conditions
- Door 5: Skilled Rehabilitation Therapies
- Door 6: Behavioral Challenges

- Door 7: Service Dependency

The LOCD must be completed in person by a health care professional (physician, registered nurse (RN), licensed practical nurse (LPN), licensed social worker (BSW or MSW), or a physician assistant) or be completed by staff that have direct oversight by a health care professional.

The online version of the LOCD must be completed within fourteen (14) calendar days after the date of enrollment in MI Choice for the following:

- All new Medicaid-eligible enrollees
- Non-emergency transfers of Medicaid-eligible participants from their current MI Choice waiver agency to another MI Choice waiver agency
- Non-emergency transfers of Medicaid-eligible residents from a nursing facility that is undergoing a voluntary program closure and who are enrolling in MI Choice

Annual online LOCDs are not required, however, subsequent redeterminations, progress notes, or participant monitoring notes must demonstrate that the participant continues to meet the level of care criteria on a continuing basis. If waiver agency staff determines that the participant no longer meets the functional level of care criteria for participation (e.g., demonstrates a significant change in condition), another face-to-face online version of the LOCD must be conducted reflecting the change in functional status. This subsequent redetermination must be noted in the case record and signed by the individual conducting the determination. (pp. 1-2).

\* \* \*

### **2.3.B. REASSESSMENT OF PARTICIPANTS**

Reassessments are conducted by either a properly licensed registered nurse or a social worker, whichever is most appropriate to address the circumstances of the participant. A team approach that includes both disciplines is encouraged whenever feasible or necessary. Reassessments are done in person with the participant at the participant's home. (p. 4).

The Waiver Agency provided evidence that on [REDACTED] Appellant's Social Work Supports Coordinator, and [REDACTED], RN, Appellant's Nurse Supports Coordinator met with Appellant to do a Nursing Facility Level of Care

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Determination (NFLOC) to determine Appellant's continued eligibility for the MI Choice Waiver Program. Appellant was much improved but was still receiving physical therapy and speech therapy and remained eligible for the MI Choice program under Door 5.

stated that Appellant's speech and physical therapy ended on , so she returned to Appellant's residence on and did another assessment. stated another Nursing Facility Level of Care Determination (NFLOC) was completed and it was determined that Appellant did not qualify through any of the seven doors. (See Exhibit C). The Waiver Agency determined that Appellant's needs could be met through the DHS Home Help program. On Appellant was sent an Advance Action Notice stating that Appellant was being terminated from the MI Choice Waiver program and that his personal care and homemaking services would end effective (Exhibit B).

Appellant's mother testified that the Waiver Agents explained to her that the assessment depended on the Appellant's condition within 7 days of the assessment and that medical information older than 7 days could not be considered in the current assessment. Appellant's mother stated Appellant is still not able to care for himself and she does everything for him. She stated the Appellant has a good self concept, but his health concerns have brought him down. Appellant's mother stated she was just trying to get help for her son.


The Appellant bears the burden of proving, by a preponderance of evidence, that the waiver agency did not properly terminate his MI Choice Waiver services. A preponderance of the material and credible evidence establishes that the MI Choice Waiver agency acted in accordance with the policy contained in the Medicaid Provider Manual, and its actions were proper when it terminated the Appellant's MI Choice program services. Therefore, the Appellant has failed to prove that the waiver agency's actions were not proper when it terminated the Appellant's MI Choice program services.

Based upon the reassessment performed by the waiver agent on the Appellant was no longer eligible for MI Choice program. Therefore, the waiver Agency acted properly to terminate the Appellant from the program.

**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 terminated Appellant's MI Choice Waiver services.



  
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**IT IS THEREFORE ORDERED** that:

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

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William D. Bond  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:



Date Mailed: 10/19/2012

**\*\*\* 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.