

**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. 2012-42453 EDW

██████████,

██████████

Appellant.

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**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 telephone hearing was held on ██████████. ██████████ erg, ██████ appeared and testified on behalf of ██████████. ██████████ Owner and Administrator of ██████████ also testified for the Appellant.

██████████, Special Projects Manager, appeared and testified on behalf of the Department of Community Health's (Department) waiver agency, the Area Agency on Aging 1-B.

**ISSUE**

Did the Department's MI Choice Waiver agency properly determine that Appellant met the criteria for placement on the MI Choice Waiver program 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 Area Agency on Aging 1-B to provide MI Choice Waiver services to eligible beneficiaries.
2. Area Agency on Aging 1-B must implement the MI Choice Waiver program in accordance to Michigan's waiver agreement, Department policy and its contract with the Department.
3. The Appellant is a ██████ year-old woman, (DOB 2/18/1940), who suffers from frontal lobe dementia. Appellant is seeking MI Choice Waiver services. (Exhibits 1 & 3 and testimony).

4. On ██████████, ██████████, an intake specialist with the waiver agency, talked to ██████████ the Appellant's husband and completed the Telephone Intake Guidelines screening. The waiver agency determined that Appellant passed the Telephone Intake Guidelines screening. An imminent risk assessment was also completed and since Appellant scored only a 5 on the assessment she did not qualify for a diversion and was placed her on the MI Choice Waiver program waiting list. (Exhibits 1 & 4, and testimony).
5. On ██████████, Area Agency on Aging 1-B sent Appellant an Adequate Action Notice notifying her that the MI Choice Waiver program was currently at capacity and she could not be evaluated for enrollment at that time. (Exhibit 2).
6. On ██████████ the Appellant's representative signed a Request for Hearing and submitted it to the Area Agency on Aging 1-B. The hearing request received by the Michigan Administrative Hearing System on ██████████. (Exhibit 3).

### **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 Area Agency on Aging 1-B, 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 waiver agency's witness ██████████ testified the Area Agency on Aging 1-B

(AAA 1-B) is the Waiver Agency for the CMH and contracts with them to provide MI Choice Waiver services. ██████████ stated on ██████████ Appellant's representative Mr. Gilberg contacted the AAA 1-B for services. Sandy Smith, an intake specialist with the waiver agency, talked to ██████████ the Appellant's husband and completed the Telephone Intake Guidelines screening. The waiver agency determined that the Appellant passed the Telephone Intake Guidelines screening. An imminent risk assessment was also completed and since Appellant scored only a 5 on the assessment she did not qualify for a diversion and was placed on the MI Choice Waiver program waiting list as a priority 4. (See Exhibit 4). Ms. Lavery stated a score of 8 or more would have qualified the Appellant to be moved up to a priority 3 on the wait list.

The *Medicaid Provider Manual, MI Choice Waiver*, April 1, 2012, pp. 5-8, outlines the approved evaluation policy and the MI Choice waiting list policy:

### **3.2 TELEPHONE INTAKE GUIDELINES**

The Telephone Intake Guidelines (TIG) is a list of questions designed to screen applicants for eligibility and further assessment. Additional probative questions are permissible when needed to clarify eligibility. The TIG does not, in itself, establish program eligibility. Use of the TIG is mandatory for MI Choice waiver agencies prior to placing applicants on a MI Choice waiting list when the agency is operating at its capacity. The date of the TIG contact establishes the chronological placement of the applicant on the waiting list. The TIG may be found on the MDCH website. (Refer to the Directory Appendix for website information.)

Applicants who request services in MI Choice must be screened by telephone using the TIG at the time of their request. If the caller is seeking services for another individual, the waiver agency shall either contact the applicant for whom services are being requested or complete the TIG to the extent possible using information known to the caller. For applicants who are deaf, hearing impaired, or otherwise unable to participate in a telephone interview, it is acceptable to use an interpreter, a third-party in the interview, or assistive technology to facilitate the exchange of information.

As a rule, nursing facility residents who are seeking to transition into MI Choice are not contacted by telephone but rather are interviewed in the nursing facility. For the purposes of establishing a point of reference for the waiting list, the date of the initial nursing facility visit shall be considered the same as conducting a TIG, so long as the functional and financial objectives of a TIG are met. (Refer to the Waiting Lists subsection for additional information.) Specifically, the interview must establish a reasonable expectation that the applicant will meet the functional and financial eligibility requirements of the MI Choice program within the next 60 days.

Applicants who are expected to be ineligible based on TIG information may request a face-to-face evaluation using the Michigan Medicaid Nursing Facility Level of Care Determination and financial eligibility criteria. Such evaluations should be conducted as soon as possible, but must be done within 10 business days of the date the TIG was administered. MI Choice waiver agencies must issue an adverse action notice advising applicants of any and all appeal rights when the applicant appears ineligible either through the TIG or a face-to-face evaluation.

When an applicant appears to be functionally eligible based on the TIG, but is not expected to meet the financial eligibility requirements, the MI Choice waiver agency must place the applicant on the agency's waiting list if it is anticipated that the applicant will become financially eligible within 60 days. Individuals may be placed on the waiting lists of multiple waiver agencies.

The TIG is the only recognized tool accepted for telephonic screening of MI Choice applicants.

### **3.3 ENROLLMENT CAPACITY**

MI Choice capacity is limited to the number of participants who can be adequately served under the annual legislative appropriation for the program. Enrollment capacity for each individual waiver agency is at the agency's discretion based on available funding and the expected costs of maintaining services to enrolled participants.

Capacity is not determined by an allocated number of program slots. While numbers of slots must be monitored for federal reporting purposes, waiver agencies are expected to enroll any applicant for whom they have resources to serve.

### **3.4 WAITING LISTS**

Whenever the number of participants receiving services through MI Choice exceeds the existing program capacity, any screened applicant must be placed on the waiver agency's waiting list. Waiting lists must be actively maintained and managed by each MI Choice waiver agency. The enrollment process for the MI Choice program is not ever actually or constructively closed. The applicant's place on the waiting list is determined by priority category in the order described below. Within each category, an applicant is placed on the list in chronological order based on the date of their request for services. This is the only approved method of accessing waiver services when the waiver program is at capacity.

### **3.4.A. PRIORITY CATEGORIES**

Applicants will be placed on a waiting list by priority category and then chronologically by date of request of services. Enrollment in MI Choice is assigned on a first-come/first served basis using the following categories, listed in order of priority given.

Waiver agencies are required to conduct follow-up phone calls to all applicants on their waiting list. The calls are to determine the applicant's status, offer assistance in accessing alternative services, identify applicants who should be removed from the list, and identify applicants who might be in crisis or at imminent risk of admission to a nursing facility. Each applicant on the waiting list is to be contacted at least once every 90 days. Applicants in crisis or at risk require more frequent contacts. Each waiver agency is required to maintain a record of these follow-up contacts.

#### **3.4.A.1. CHILDREN'S SPECIAL HEALTH CARE SERVICES (CSHCS) AGE EXPIRATIONS**

This category includes only those applicants who continue to require Private Duty Nursing services at the time such coverage ends due to age restrictions under CSHCS.

#### **3.4.A.2. NURSING FACILITY TRANSITIONS**

Nursing facility residents who desire to transition to the community and will otherwise meet enrollment requirements for MI Choice qualify for this priority status and are eligible to receive assistance with supports coordination, transition activities, and transition costs. Priority status is not given to applicants whose service and support needs can be fully met by existing State Plan services.

#### **3.4.A.3. ADULT PROTECTIVE SERVICES (APS) AND DIVERSIONS**

An applicant with an active Adult Protective Services (APS) case is given priority when critical needs can be addressed by MI Choice services. It is not expected that MI Choice waiver agencies solicit APS cases, but priority is given when necessary.

An applicant is eligible for diversion priority 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 (IRA), an evaluation developed by MDCH. Use of the IRA is essential in providing an objective differentiation between those applicants at risk of a nursing facility placement and those at imminent risk of such a

placement. Only applicants found to meet the standard of imminent risk are given priority status on the waiting list. Applicants may request that a subsequent IRA be performed upon a change of condition or circumstance.

Supports coordinators must administer the IRA in person. The design of the tool makes telephone contact insufficient to make a valid determination. Waiver agencies must submit a request for diversion status for an applicant to MDCH. A final approval of a diversion request is made by MDCH.

#### **3.4.A.4. CHRONOLOGICAL ORDER BY SERVICE REQUEST DATE**

This category includes applicants who do not meet any of the above priority categories or for whom prioritizing information is not known. As stated, applicants will be placed on the waiting list in the chronological order that they requested services as documented by the date of TIG completion or initial nursing facility interview.

The Appellant's representative ██████████ testified he was the Appellant's husband. He acknowledged calling the AAA 1-B for services with the MI Choice Waiver program for his wife. ██████████ did not recall answering the questions on the TIG or the Imminent Risk Assessment. He admitted his answers would be consistent with what was reported by ██████████ on the forms. He stated he was concerned that his wife could be on the wait list for up to 4 years, and he appealed because he wanted to get her services.

██████████ testified she is the owner and administrator of ██████████ where the Appellant lives. ██████████ stated it was ██████████ who called AAA 1-B for services and completed the telephone screen and the risk assessment. ██████████ stated after the letter of denial came she assisted ██████████ with filing for a hearing. ██████████ stated Appellant is physically healthy, but has front lobe dementia, which has placed her at risk for wandering off and possibly being injured by walking in from of a motor vehicle. ██████████ stated her facility is private pay and ██████████ is concerned about running out of money.

A review of the *Medicaid Provider Manual, MI Choice Waiver* chapter and applying these policies to the Appellant finds that the AAA 1-B properly placed the Appellant on the MI Choice program waiting list. The information gathered at the time of the telephone screening shows that Appellant met the eligibility criteria to be assessed for the MI Choice Waiver Program. However the program was at capacity, and since Appellant did score high enough on the risk assessment, she had to be placed on the wait list as a priority 4.

The MI Choice agencies and this Administrative Law Judge are bound by the MI Choice program policy. This Administrative Law Judge possesses no equitable jurisdiction to

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grant exceptions to Medicaid, Department and MI Choice program policy. The policy clearly states that whenever the number of participants receiving services through MI Choice exceeds the existing program capacity, the MI Choice Waiver Program agent shall place the applicants on the waiting list in the chronological order that they requested services as documented by the date of TIG completion.

The MI Choice Waiver agency provided sufficient evidence that it followed the MI Choice telephone screening procedure in the manner in which CMS has approved and in accordance to Department policy; therefore, its actions in placing the Appellant on the wait list 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 placed the Appellant placement on the MI Choice Waiver waiting list.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc:



Date Mailed: 5-24-12

**\*\*\* 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.