

**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) 373-4147

**IN THE MATTER OF:**

**Docket No.** 2013-62386 ABW

████████████████████

██████████

██████████

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.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████ represented the ██████████ ██████████ ██████████, a County-Administered Health Plan (CHP).

**ISSUE**

Did the CHP properly deny Appellant's request for mental health 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 CHP has a grant agreement with the Michigan Department of Community Health to provide services covered by the Adult Benefits Waiver program
2. Appellant is enrolled in the Respondent CHP as an Adult Benefits Waiver beneficiary.
3. Appellant requested mental health services through the CHP, but his request was denied.
4. The CHP also referred Appellant to local Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) for mental health services.
5. Appellant has not followed up with a PIHP or CMHSP.
6. On ██████████ the Michigan Administrative Hearing System (MAHS) received a Request for Hearing filed by Appellant.

**CONCLUSIONS OF LAW**

On January 16, 2004, the federal Department of Health and Human Services, Centers for Medicare and Medicaid Services, approved the Adult Benefit Waiver to permit the state to use state funds and funds authorized under Title XXI of the Social Security Act to provide coverage to uninsured adults who were not otherwise eligible for Medicaid or Medicare. The program utilizes the Medicaid provider network and CHPs as managed care providers.

The Department's policy with regard to the Adult Benefits Waiver is found in the Medicaid Provider Manual (MPM).

With respect to the Adult Benefits Waiver (ABW) and mental health services, the MPM provides:

**SECTION 3 - MENTAL HEALTH/SUBSTANCE ABUSE COVERAGE**

Mental health and substance abuse services for ABW beneficiaries are the responsibility of the Prepaid Inpatient Health Plans (PIHPs) and the Community Mental Health Services Programs (CMHSPs) as outlined in this section.

ABW mental health and substance abuse coverage is limited both in scope and amount to those that are medically necessary and conform to professionally accepted standards of care consistent with the Michigan Mental Health Code. Utilization control procedures, consistent with the medical necessity criteria/service selection guidelines specified by MDCH and in best practice standards, must be used.

**3.1 MENTAL HEALTH SERVICES**

PIHPs/CMHSPs are responsible for the provision of the following mental health services to ABW beneficiaries when medically necessary and within applicable benefit restrictions:

- Crisis interventions for mental health-related emergency situations and/or conditions.
- Identification, assessment and diagnostic evaluation to determine the beneficiary's mental health status, condition and specific needs.

- Inpatient hospital psychiatric care for mentally ill beneficiaries who require care in a 24-hour medically-structured and supervised licensed facility.
- Other medically necessary mental health services:
  - Psychotherapy or counseling (individual, family, group) when indicated;
  - Interpretation or explanation of results of psychiatric examination, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist the beneficiary;
  - Pharmacological management, including prescription, administration, and review of medication use and effects; or
  - Specialized community mental health clinical and rehabilitation services, including case management, psychosocial interventions and other community supports, as medically necessary, and when utilized as an approved alternative to more restrictive care or placement.

Any beneficiary liability for the cost of covered services shall be determined by each CMHSP, according to the ability-to-pay provisions of the Michigan Mental Health Code and applicable administrative rules.

*MPM, July 1, 2013 version*  
*Adult Benefits Waiver Chapter, page 8*

Here, Appellant is enrolled in the Respondent CHP as an ABW beneficiary and he requested mental health services through the CHP. However, as clearly outlined in the above policy, mental health services for ABW beneficiaries are the responsibility of the Prepaid Inpatient Health Plans (PIHPs) and the Community Mental Health Services Programs (CMHSPs) when medically necessary and within applicable benefit restrictions. The CHP therefore properly denied Appellant's requested and referred him to local PIHPs/CMHSPs.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the CHP properly denied Appellant's request for mental health services.

**IT IS THEREFORE ORDERED THAT:**

The County Health Plan's decision is **AFFIRMED**.

*Steven Kibit*

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Steven Kibit  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

SK/db

Date Signed: [REDACTED]

Date Mailed: 1 [REDACTED]

cc: [REDACTED]

**\*\*\* 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.