

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. 2013-63957 EDW

██████████

Appellant

_____ /

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 hearing was held on ██████████ mother, represented the Appellant. ██████████, the Appellant, was present.

██████████, Clinical Manager, appeared on behalf of ██████████ (or Waiver Agency). ██████████ is a MI Choice Waiver agent for the Michigan Department of Community Health.

ISSUE

Did the Waiver Agency properly place Appellant on a waiting list for the MI Choice Waiver program?

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 ██████████ to provide MI Choice Waiver services to eligible beneficiaries.
2. ██████████ must implement the MI Choice Waiver program in accordance with Michigan's waiver agreement, Department policy and its contract with the Department.
3. On ██████████ received a call from the Appellant's mother requesting services for the Appellant through the MI Choice Waiver program. ██████████ completed the Telephone Intake Guidelines screening

and determined that the Appellant was probably eligible. (Exhibit 1, pages 2-5)

4. On ██████████ notified the Appellant in writing that the MI Choice Waiver program was at program capacity, therefore, he was placed on the waiting list for MI Choice services. (Exhibit 1, page 6)
5. On ██████████ the Appellant's request for hearing was received by the Michigan Administrative Hearing System. (Request for Hearing)

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 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 used current Medicaid policy, *Policy Bulletin 09-47*, when determining whether the Appellant screened eligible and placed on the chronological waiting list. The pertinent section of *Policy Bulletin 09-47* states:

The following delineates the current waiting list priority categories and their associated definitions. They are listed in descending order of priority.

Persons No Longer Eligible for Children's Special Health Care Services (CSHCS) Because of Age This category includes only persons who continue to need Private Duty Nursing care at the time coverage ended under CSHCS.

Nursing Facility Transition Participants A given number of program slots will be targeted by MDCH each year to accommodate nursing facility transfers. Nursing facility residents are a priority only until the enrollment target established by MDCH has been reached.

Current Adult Protective Services (APS) Clients When an applicant who has an active APS case requests services, priority should be given when critical needs can be addressed by MI Choice Program services. It is not expected that MI Choice Program agents seek out and elicit APS cases, but make them a priority when appropriate.

Chronological Order By Date Services Were Requested This category includes potential participants who do not meet any of the above priority categories and those for whom prioritizing information is not known.

Updates

Below are the two waiting list priority categories that have been updated. The updated categories will also be available on the MDCH website at:

www.michigan.gov/medicaidproviders

- >> Prior Authorization
- >> The Medicaid Nursing Facility Level of Care Determination
- >> MI Choice Eligibility and Admission Process.

Nursing Facility Transition Participants

Nursing facility residents who face barriers that exceed the capacity of the nursing facility routine discharge planning process qualify for this priority status. Qualified persons who desire to transition to the community are eligible to receive assistance with supports coordination, transition activities, and transition costs.

Current Adult Protective Services (APS) Clients and Diversion Applicants

When an applicant who has an active APS case requests services, priority is given when critical needs can be addressed by MI Choice Waiver services. It is not expected that MI Choice Waiver agents solicit APS cases, but priority should be given when appropriate.

An applicant is eligible for diversion status 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, an evaluation approved by MDCH. Supports coordinators administer the evaluation in person, and final approval of a diversion request is made by MDCH.

*Medical Services Administration Policy Bulletin 09-47,
November 2009, pages 1-2 of 3.*

The U.S. Department of Health and Human Services, on page 5 of a letter to State Medical Directors labeled Olmstead Update Number 4 (SMDL #01-006), dated January 10, 2001, in reply to the following question responded, in part:

May a State use the program's funding appropriation to specify the total number of people eligible for an HCBS waiver?

CMS has allowed States to indicate that the total number of people to be served may be the lesser of either (a) a specific number pre-determined by the State and approved by CMS (the approved "factor C" value), or (b) a number derived from the amount of money the legislature has made available (together with corresponding Federal match). The current HCBS waiver preprint contains both options....

The Waiver Agency has established a waiting list due to the limited resources it has to provide services. On ██████████ received a call from the Appellant's mother requesting services for the Appellant through the MI Choice Waiver program. ██████████ completed the Telephone Intake Guidelines screening and determined that the Appellant was probably eligible. (Exhibit 1, pages 2-5) The Appellant was therefore placed on the waiting list for the MI Choice Waiver program services at that time. (Exhibit 1, page 6) The Clinical Manager testified that based on the available information, the Appellant did not meet any of the criteria for priority on the wait list. (Clinical Manager Testimony)

██████████
Docket No. 2013-63957 EDW
Hearing Decision & Order

The Appellant's mother testified that when she called ██████████ on ██████████ she was requesting services for both the Appellant and herself. The Appellant and his mother live in the same home. The Appellant has progressive supranuclear palsy. Every day the Appellant is getting a little worse, and they are looking into getting him a hospital bed now. The Appellant's mother testified that the home care services the Appellant has been receiving will be up in a few weeks. The Appellant's mother is ██████ years old, has macular degeneration, and it is hard for her to care for the Appellant. For example it would be hard for the Appellant's mother to get the Appellant up and showered. (Mother Testimony)


The Clinical Manager stated she would look into whether or not services were also considered for the Appellant's mother when the ██████████ call was received. Further, the Clinical Manager went over the criteria considered for priority on the Wait List based on imminent risk of placement in a nursing facility. (Clinical Manager Testimony) Based on the Mother's testimony regarding the progression of the Appellant's condition and the anticipated loss of an essential caregiver in the very near future, assessment using the Imminent Risk Assessment may be appropriate. ██████████ will also consider this when calling the Appellant's mother back to follow up about the request for services for her. (Clinical Manager Testimony)

However, the ██████████ Adequate Action Notice was based on the information available at the time the Telephone Intake Guidelines screening was completed. The Appellant was found probably eligible and placed on the waiting list for the MI Choice Waiver Program because the program is at capacity. (Exhibit 1, pages 2-6) There was no evidence to establish that the Appellant met the criteria for priority on the waiting list based on the information provided to ██████████ at the time the Telephone Intake Guidelines screening was completed. Accordingly, ██████████ placed the Appellant on the waiting list in chronological order by the date services were requested. The Waiver Agency provided sufficient evidence that it implemented the MI Choice waiting list procedure in accordance with Department policy based on the available information; therefore, its actions were proper.

While he remains on the wait list, the Appellant can always contact the waiver agency if his circumstances change such that he may have become eligible for diversion status, such as the progression of his condition and expected loss of an essential caregiver.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Waiver Agency properly denied assessment of the Appellant and placed the Appellant on the waiting list based on the information available at the time of the Telephone Intake Guidelines screening was completed.


Docket No. 2013-63957 EDW
Hearing Decision & Order

IT IS THEREFORE ORDERED that:

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

/s/

Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: 

Date Mailed 

CL/db

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 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.