

**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:**

██████████

Appellant

\_\_\_\_\_ /

**Docket No.** 2014-10903 EDW  
**Case No.** ██████████

**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 ██████████. ██████████, Appellant's son, appeared on Appellant's behalf.

██████████, Clinical Manager, appeared and testified on behalf of the Department's MI Choice Waiver Agency, the ██████████. ██████████ or Waiver Agency). ██████████, Case Manager, appeared as a witness for the Waiver Agency.

**ISSUE**

Did the Waiver Agency properly reduce Appellant's Community Living Supports (CLS) from 57.75 hours per week to 30 hours per week?

**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. (Exhibit A, Testimony)
2. ██████████ must implement the MI Choice Waiver program in accordance with Michigan's waiver agreement, Department policy and its contract with the Department. (Testimony)
3. Appellant is a ██████ year-old Medicaid beneficiary, born ██████████. Appellant is diagnosed with hypertension, hypercholestermia, GERD, depression, vascular dementia and muscle spasms. Appellant has residual weakness, expressive aphasia, R hemiplegia and cognitive deficits from a CVA in ██████████. (Exhibit A, pp 19-20; Testimony)

██████████  
**Docket No. 2014-10903 EDW**  
**Hearing Decision & Order**

4. Appellant lives with her son, who is her primary informal caregiver. Appellant's grandson and daughter-in-law are her paid caregivers through self-determination. (Exhibit A, p 16; Testimony)
5. Following an in-home reassessment on ██████████, Appellant's Supports Coordinator determined that Appellant's CLS hours would be reduced from 57.75 hours per week to 30 hours per week due to a prior duplication of services. (Exhibit A, pp 9; 13-27; Testimony)
6. On ██████████, the Waiver Agency sent Appellant an Advance Action Notice informing her that her CLS hours would be reduced from 57.75 hours per week to 30 hours per week, effective 12 days from the date of the notice. (Exhibit A, pp 11-12)
7. On ██████████, the Michigan Administrative Hearing System received a request for hearing from the Appellant. (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 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)*

A waiver under section 1915(c) of the [Social Security] Act allows a State to include as "medical assistance" under its plan, home and community based services furnished to

recipients who would otherwise need inpatient care that is furnished in a hospital, SNF [Skilled Nursing Facility], ICF [Intermediate Care Facility], or ICF/MR [Intermediate Care Facility/Mentally Retarded], and is reimbursable under the State Plan. 42 CFR 430.25(c)(2).

Home and community based services means services not otherwise furnished under the State's Medicaid plan, that are furnished under a waiver granted under the provisions of part 441, subpart G of this subchapter. 42 CFR 440.180(a).

Home or community-based services may include the following services, as they are defined by the agency and approved by CMS:

- Case management services.
- Homemaker services.
- Home health aide services.
- Personal care services.
- Adult day health services
- Habilitation services.
- Respite care services.
- Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness, subject to the conditions specified in paragraph (d) of this section.

Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization. 42 CFR 440.180(b).

The MI Choice Policy Chapter to the *Medicaid Provider Manual, MI Choice Waiver*, provides in part:

#### **4.1 COVERED WAIVER SERVICES**

In addition to regular State Plan coverage, MI Choice participants may receive services outlined in the following subsections. [p. 9].

##### **4.1.I. COMMUNITY LIVING SUPPORTS**

Community Living Supports (CLS) services facilitate a participant's independence and promote reasonable participation in the community. Services can be provided in the participant's residence or in a community setting to meet support and service needs.

CLS may include assisting, reminding, cueing, observing, guiding, or training with meal preparation, laundry, household care and maintenance,

shopping for food and other necessities, and activities of daily living such as bathing, eating, dressing, or personal hygiene. It may provide assistance with such activities as money management, nonmedical care (not requiring nurse or physician intervention), social participation, relationship maintenance and building community connections to reduce personal isolation, non-medical transportation from the participant's residence to community activities, participation in regular community activities incidental to meeting the participant's community living preferences, attendance at medical appointments, and acquiring or procuring goods and services necessary for home and community living.

CLS staff may provide other assistance necessary to preserve the health and safety of the participant so they may reside and be supported in the most integrated and independent community setting.

CLS services cannot be authorized in circumstances where there would be a duplication of services available elsewhere or under the State Plan. CLS services cannot be authorized in lieu of, as a duplication of, or as a supplement to similar authorized waiver services. The distinction must be apparent by unique hours and units in the individual plan of services. Tasks that address personal care needs differ in scope, nature, supervision arrangements or provider type (including provider training and qualifications) from personal care service in the State Plan. The differences between the waiver coverage and the State Plan are that the provider qualifications and training requirements are more stringent for CLS tasks as provided under the waiver than the requirements for these types of services under the State Plan.

When transportation incidental to the provision of CLS is included, it must not also be authorized as a separate waiver service. Transportation to medical appointments is covered by Medicaid through the State Plan. Community Living Supports do not include the cost associated with room and board.

*Medicaid Provider Manual  
MI Choice Waiver Section  
October 1, 2013, pp 12-13*

The MI Choice Waiver Program is a Medicaid-funded program and its Medicaid funding is a payor of last resort. In addition, Medicaid beneficiaries are only entitled to medically necessary Medicaid covered services. *42 CFR 440.230*. In order to assess what MI Choice Waiver Program services are medically necessary, and therefore Medicaid-covered, the Waiver Agency performs periodic assessments.

Appellant bears the burden of proving, by a preponderance of evidence, that 57.75 CLS hours are medically necessary.

The Waiver Agency witness testified that Appellant's CLS hours were reduced when it was discovered that Appellant's services were being duplicated. For example, Appellant's Case Manager testified that she had allotted one-half hour of care per day for morning hygiene, while also allowing 1 hour per day for a morning bath.

Appellant's son testified that the number of approved hours is too low based on the amount of services Appellant needs each day. Appellant's son testified that he has been taking care of his mother for 3 years and that she is totally disabled and unable to move at all on her right side. Appellant's son indicated that it takes close to 3 hours just to bathe the Appellant and that 30 hours per week is simply not enough hours for all of the care Appellant needs. Appellant's son indicated that everyone is not the same and that Appellant needs more hours than what is now allotted.

In response, the Waiver Agency witness indicated that the assessment is based on the individual needs of the client, that the Waiver Agency also considers the availability of informal supports, and that 30 hours per week is sufficient to meet Appellant's medical needs.

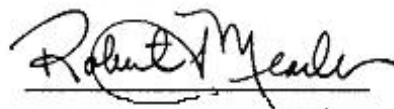
This ALJ finds that the Waiver Agency properly reduced Appellant's CLS hours from 57.75 hours per week to 30 hours per week. The evidence presented demonstrated that Appellant's services were previously being duplicated in the mornings. Once that duplication of services was removed, Appellant was properly authorized for 30 CLS hours per week.

### **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 reduced Appellant's CLS hours from 57.75 hours per week to 30 hours per week.

**IT IS THEREFORE ORDERED** that:

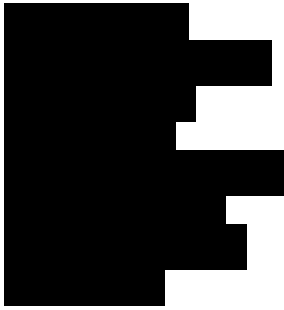
The Department's decision is **AFFIRMED**.



Robert J. Meade  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

**Docket No. 2014-10903 EDW**  
**Hearing Decision & Order**

cc:



Date Signed: December 11, 2013

Date Mailed: December 11, 2013

**\*\*\* 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.