

**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. 14-009174 CMH
Case No. ██████████

Appellant

_____ /

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 upon Appellant's request for a hearing.

After due notice, an in-person hearing was held on ██████████ at the ██████████ ██████████ Community Mental Health Offices in ██████████, Michigan. Appellant appeared on his own behalf.

██████████, Fair Hearings Officer, represented ██████████, the mental health authority for ██████████ County Michigan (CMH or WCHO). ██████████, Clinical Supervisor, appeared as a witness for the CMH.

ISSUE

Did CMH properly terminate Appellant's services when he moved out of the service area?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a ██████ year-old Medicaid beneficiary, born ██████████. (Exhibit A, p 1; Testimony)
2. ██████████ is under contract with the Department of Community Health (MDCH) to provide Medicaid covered services to people who reside in the CMH service area. (Testimony)
3. Appellant is diagnosed with schizoaffective disorder. (Exhibit A, p 1; Testimony)
4. Appellant began receiving services at ██████████ in ██████████. Appellant was homeless at the time. (Exhibit A, p 1; Testimony)

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5. In [REDACTED] and [REDACTED], [REDACTED] became aware that Appellant was spending a significant amount of time in [REDACTED], Michigan. Appellant later confirmed that he intended to stay in [REDACTED], Michigan. (Exhibit A, p 7; Testimony)
6. On [REDACTED], [REDACTED] sent Appellant a Notice indicating that his services were being terminated effective September 3, 2014 because he was no longer living in the [REDACTED] service area. (Exhibit B, pp 1-4; Testimony)
7. Appellant's Request for Hearing was received by the Michigan Administrative Hearing System on [REDACTED]. (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.

Title XIX of the Social Security Act, enacted in 1965, authorizes Federal grants to States for medical assistance to low-income persons who are age 65 or over, blind, disabled, or members of families with dependent children or qualified pregnant women or children. The program is jointly financed by the Federal and State governments and administered by States. Within broad Federal rules, each State decides eligible groups, types and range of services, payment levels for services, and administrative and operating procedures. Payments for services are made directly by the State to the individuals or entities that furnish the services.

42 CFR 430.0

The State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.

42 CFR 430.10

Section 1915(b) of the Social Security Act provides:

The Secretary, to the extent she finds it to be cost-effective and efficient and not inconsistent with the purposes of this subchapter,

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may waive such requirements of section 1396a of this title (other than subsection (s) of this section) (other than sections 1396a(a)(15), 1396a(bb), and 1396a(a)(10)(A) of this title insofar as it requires provision of the care and services described in section 1396d(a)(2)(C) of this title) as may be necessary for a State...

The State of Michigan has opted to simultaneously utilize the authorities of the 1915(b) and 1915(c) programs to provide a continuum of services to disabled and/or elderly populations. Under approval from the Centers for Medicare and Medicaid Services (CMS) the Department of Community Health (MDCH) operates a sections 1915(b) and 1915(c) Medicaid Managed Specialty Services waiver. CMH contracts with the Michigan Department of Community Health to provide specialty mental health services, including DD services. Services are provided by CMH pursuant to its contract obligations with the Department and in accordance with the federal waiver.

Medicaid beneficiaries are only entitled to medically necessary Medicaid covered services for which they are eligible.

's Clinical Supervisor testified that he has worked for CMH since [REDACTED] and was the supervisor of Appellant's case manager. 's Clinical Supervisor indicated that he had frequent discussions with both Appellant and his case manager during the time Appellant received services from [REDACTED] O. 's Clinical Supervisor testified that in [REDACTED] and [REDACTED], CMH became aware that Appellant was living in [REDACTED], Michigan and, when contacted, Appellant eventually indicated his intent to remain in [REDACTED]. 's Clinical Supervisor indicated that the CMH coordinated Appellant's transition to CMH in [REDACTED] by continuing his medications and providing him contact information for CMH in [REDACTED]. 's Clinical Supervisor testified that [REDACTED] cannot indefinitely serve someone who is residing outside of the service area and that Notice was provided to Appellant on [REDACTED] informing him that his services would be terminated effective [REDACTED].

Appellant testified at length regarding the issues that he had with [REDACTED]. Appellant was informed that those issues would have to be resolved through a Recipient's Rights complaint, which Appellant indicated he had already filed. With regard to his residency, Appellant admitted that he left [REDACTED] County for [REDACTED] in the summer of [REDACTED] and remains in Lansing today. Appellant indicated that he just wanted to make a record of all the issues he had while trying to work with [REDACTED].

Based on the competent and material evidence on the whole record, Appellant has failed to prove, by a preponderance of evidence that [REDACTED] erred in terminating his services when he moved out of the service area. Each CMH is required by contract to serve persons living within its service area. Once someone leaves a CMH service area, that CMH works with the person to transfer care to the new service area. [REDACTED] attempted to coordinate the transition in this matter by continuing Appellant's medications and giving him contact information for resources in [REDACTED]. Here, Appellant admitted at the hearing that he left the [REDACTED] service area and moved to [REDACTED]. While Appellant maintains that his move was not voluntary, but rather precipitated by the poor service he received in [REDACTED] County, those issues are not

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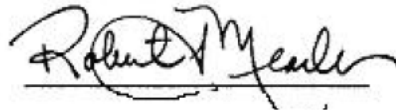
relevant here and will ultimately need to be resolved through a Recipient's Rights Complaint. Given that Appellant moved out of the ████████ service area, ████████ acted properly in terminating his services.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the CMH properly terminated Appellant's services when he moved out of the service area.

IT IS THEREFORE ORDERED that:

The CMH's decision is AFFIRMED.



Robert J. Meade
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

cc: ██████████

RJM ████████

Date Signed: ██████████

Date Mailed: ██████████

***** 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.