

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P. O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax (517) 373-4147

IN THE MATTER OF:

Docket No. 15-002167 MHP

██████████
Appellant
_____ /

HEARING DECISION AND ORDER OF DISMISSAL

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, following Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant is ██████ years old and did not appear to testify. Appellant's mother and Authorized Hearing Representative ██████████ appeared and testified at the hearing on Appellant's behalf. ██████████, Appeals Coordinator and ██████████, Medical Director appeared and testified on behalf of Respondent C ██████████s, A Product of ██████████ or Respondent).

ISSUE

Did Respondent properly deny the Appellant's request for a speech, occupational and physical therapy?

FINDINGS OF FACT

1. Respondent is a Qualified Health Plan contracted with the State of Michigan Comprehensive Health Care Program.
2. Appellant was an enrolled member of Respondent ██████ v ██████s at the time of the request for services and continues to be enrolled.
3. The ██████████ member handbook and certificate of coverage were sent at the time of enrollment.
4. The member handbook outlines covers limitations, prior authorization requirements, limitations and exclusions, and pharmacy guidelines.
5. Appellant is a ██████ year old child, date of birth ██████████, who is diagnosed with developmental delay and Aicardi-Goutrieres Syndrome Type 2,

dysarthria, Severe Expressive Language Disorder, and Severe Receptive Language Disorder. (Respondent's Exhibit A-51)

6. As of ██████████ Appellant received Early Intervention Services through the ██████████ School District. Appellant receives ██████ hours of home visits per week when school is in session.
7. On ██████████ respondent received a request from ██████████ ██████ to approve services for coverage of Occupational Therapy ██████ visits for Appellant.
8. On ██████████, Respondent's Medical Director approved Appellant for ██████ visits of Occupational Therapy.
9. On ██████████, Respondent sent Appellant notice that the request was partially denied stating: "The documentation provided does not demonstrate the medical necessity of the requested number of visits; this is based on the clinical information provided and current administrative guidelines. In view of the history provided, only ██████ visits are approved.
10. On ██████████, Respondent received a request from ██████████ ██████ for Speech therapy
11. On ██████████, respondent sent Appellant notice that the request for coverage of speech therapy was denied because the information provided indicates that the member is receiving services through the school system; duplicate services are not a covered item under current administrative guidelines.
12. On ██████████ Respondent received a request from ██████████ ██████ for ██████ physical therapy visits.
13. On ██████████ Respondent sent Appellant notice that the request for physical therapy coverage was denied because the information provided indicates that the member is receiving services through the school system; duplicate services are not a covered service under current administrative guidelines. (Respondent's Exhibit A-31)
14. On ██████████ Appellant's mother filed a request for a hearing to appeal the denial of speech, occupational and physical therapy. (Respondent's Exhibit A-6)
15. On ██████████, Respondent received the Administrative Hearing Request and Notice of Administrative Hearing from the Michigan Administrative Hearing System.

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans. The Respondent is in one of those Medicaid Health Plans and, regarding such plans, the Michigan Medicaid Provider Manual states:

SECTION 1 – GENERAL INFORMATION

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

██████████ Certificate of Coverage Section 7.1 NON-COVERED SERVICES state: Services not listed in Section 6 are Excluded under the Agreement, unless required to be covered by Medicaid program of Michigan law. Under the provisions of this Agreement, the following shall not be covered by the PLAN:

7.1.25.8: Services, including therapies (speech, language, physical, occupational) provided to persons with developmental disabilities and billed through Community Mental Health Services Program Providers or Intermediate School Districts.

[REDACTED]
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Hearing Decision and Order of Dismissal

Appellant was receiving services for physical therapy and speech therapy through the school district. Duplicative services are not a covered service under current administrative guidelines. The MHP did approve Appellant for [REDACTED] sessions of occupational therapy with the possibility of more sessions if heeded them. The MHP's decision must be upheld under the circumstances.

DECISION AND ORDER

Based on the above findings of fact and conclusions of law, the Administrative Law Judge finds that the Respondent has established by the necessary competent, substantial and material evidence on the record that it was acting in accordance with Department policy when it denied Appellant's requests for Speech and Physical Therapy under the circumstances.

IT IS HEREBY ORDERED:

Accordingly, Respondent's decision to deny Appellant's request for physical therapy and speech therapy is AFFIRMED.

If you have any questions, please contact the Michigan Administrative Hearing System at (877) 833-0870.



Landis Y. Lain
Administrative Law Judge
for Director, Nick Lyon
Michigan Department of Health and Human Services

Date Signed: [REDACTED]
Date Mailed: [REDACTED]

LYL/db

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.