

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
P. O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax (517) 373-4147

IN THE MATTER OF

██████████,  
Appellant

Docket No. 15-014000 CMH  
Case No. ██████████

\_\_\_\_\_ /

**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, a hearing was held on ██████████. Appellant was represented at the hearing by attorney ██████████. ██████████, Appellant's mother and ██████████, Respite Provider, appeared and testified on Appellant's behalf.

Attorney ██████████ represented Respondent ██████████ Community Mental Health (CMH or Respondent). ██████████, Case Manager, and ██████████, Child and Family Supervisor, appeared as witnesses for the Department.

**ISSUE**

Did the CMH properly reduce Appellant's Community Living Supports (CLS) hours?

**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 Medicaid beneficiary.
2. Appellant is a ██████ year old minor child (DOB ██████████)
3. Appellant has been diagnosed with Down's Syndrome and Autistic Disorder.
4. CMH is under contract with the Department of Health and Human Services (DHHS) to provide Medicaid covered services to people who reside in the CMH service area.
5. Appellant resides at home with his family and attends ██████████ High

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School. He has developed positive relationships with the staff and feels safe and supported.

6. Appellant attends school five days a week in the program for Autism Spectrum Disorder ██████████. His area of disability is classified as SXI.
7. Appellant is working on communication skills, sensory-seeking behaviors and difficulties with sensory self-regulation.
8. TBA-ISD provides OT consultation and speech/language therapy.
9. Appellant has impaired social and social interaction skills.
10. Appellant sleeps in a bed with a soft zippered canopy to keep him from wandering at night. He has eloped from home before.
11. Pursuant to an Individual Plan of Services (IPOS) Addendum dated ██████████, Appellant was authorized to receive 33 hours per week of Community Living Services (CLS) and 24 hours per week of Respite Care Services (RCS) for 30 days. State's Exhibit Two
12. On ██████████, a subsequent IPOS reduced CLS hours to 15 hours per week and RCS hours to 18 hours (group respite) per week. State's Exhibit Three
13. On ██████████ an Adequate Action Notice was sent to Appellant's Guardian, stating "Your Individual Plan of Service or Treatment Plan has been developed or revised. The Plan identifies the amount, scope and duration of services to be provided to you."
14. On ██████████, Appellant's guardian filed a Request for a Hearing contesting the reduction in CLS and RCS hours.
15. On ██████████, ██████████ CMH was notified of the 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.

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,

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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 he finds it to be cost-effective and efficient and not inconsistent with the purposes of this subchapter, 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 Michigan Department of Health and Human Services (formerly the Michigan Department of Community Health, MDCH) operates a section 1915(b) and 1915(c) Medicaid Managed Specialty Services and Support program waiver. CMH contracts with the Michigan Department of Health and Human Services (MDHHS) to provide services under the waiver pursuant to its contract obligations with the Department.

Medicaid beneficiaries are entitled to medically necessary Medicaid covered services for which they are eligible. Services must be provided in the appropriate scope,

duration, and intensity to reasonably achieve the purpose of the covered service. See 42 CFR 440.230.

The *Medicaid Provider Manual, Mental Health/Substance Abuse*, section articulates Medicaid policy for Michigan. It states with regard to community living supports:

### **17.3.B. COMMUNITY LIVING SUPPORTS**

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Coverage includes:

- Assisting, reminding, observing, guiding and/or training in the following activities:
  - meal preparation
  - laundry
  - routine, seasonal, and heavy household care and maintenance
  - activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
  - shopping for food and other necessities of daily living

CLS services may not supplant state plan services, e.g., Personal Care (assistance with ADLs in a certified specialized residential setting) and Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance is needed, the beneficiary, with the help of the PIHP case manager or supports coordinator **must** request Home Help and, if necessary, Expanded Home Help from the Department of Human Services (DHS). CLS may be used for those activities while the beneficiary awaits determination by DHS of the amount, scope and duration of Home Help or Expanded Home Help. The PIHP case manager or supports coordinator must assist, if necessary, the beneficiary in filling out and sending a request for Fair Hearing when the beneficiary believes that the DHS

authorization amount, scope and duration of Home Help does not accurately reflect the beneficiary's needs based on findings of the DHS assessment.

- Staff assistance, support and/or training with activities such as:
  - money management
  - non-medical care (not requiring nurse or physician intervention)
  - socialization and relationship building
  - transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
  - participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
  - attendance at medical appointments
  - acquiring or procuring goods, other than those listed under shopping, and nonmedical services
  
- Reminding, observing and/or monitoring of medication administration
  
- Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

CLS may be provided in a licensed specialized residential setting as a complement to, and in conjunction with, state plan Personal Care services. Transportation to medical appointments is covered by Medicaid through DHS or the Medicaid Health Plan. Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving community living supports.

The Medicaid Provider Manual explicitly states that recipients of B3 supports and services, the category of services for which Appellant is eligible, is not intended to meet every minute of need, in particular when parents of children without disabilities would be expected to be providing care:

Decisions regarding the authorization of a B3 service (including the amount, scope and duration) must take into account the PIHP's documented capacity to reasonably and equitably serve other Medicaid beneficiaries who also have needs for these services. The B3 supports and services are not intended to meet all the individual's needs and preferences, as some needs may be better met by community and other natural supports. Natural supports mean unpaid assistance provided to the beneficiary by people in his/her network (family, friends, neighbors, community volunteers) who are willing and able to provide such assistance. It is reasonable to expect that parents of minor children with disabilities will provide the same level of care they would provide to their children without disabilities. MDCH encourages the use of natural supports to assist in meeting an individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. PIHPs may not require a beneficiary's natural support network to provide such assistance as a condition for receiving specialty mental health supports and services. The use of natural supports must be documented in the beneficiary's individual plan of service.

*Medicaid Provider Manual  
Mental Health and Substance Abuse Section  
January 1, 2014, Page 111*

### **17.3.I. RESPITE CARE SERVICES**

Respite care services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care. Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time. In those cases, community living supports, or other services of paid support or training staff, should be used. Decisions about the methods and amounts of respite should be decided during person centered planning. PIHPs may not require active clinical treatment as a prerequisite for receiving respite care. These services do not supplant or substitute for community living support or other services of paid support/training staff.

CMH is mandated by federal regulation to perform an assessment for the Appellant to determine what Medicaid services are medically necessary and determine the amount or level of the Medicaid medically necessary services that are needed to reasonably achieve his goals.

CMH's representative testified that the purpose of CLS is skill building and that CLS is not intended to meet all the needs of the beneficiary. Appellant's goal is that he will be successful with social interactions at home and in the community. CMH contends that Appellant's current IPOS Addendum goal is that Appellant will be successful at home and in the community. Appellant will

- Demonstrate safety skills in the community.
- Wash hands independently with one verbal prompt before eating and after using the toilet.
- Brush teeth independently with one verbal prompt in the morning and before bed.
- Report on something he experienced during the day or at school to parents or caregivers once daily.

CMH contends that 15 hours of CLS per week is sufficient for Appellant to reach his objectives. Appellant attends school full time during the regular school year. Increasing the number of hours is clinically unlikely to produce a corresponding increase in safety skills. In short, additional hours of CLS would be ineffective as an intervention. CMH has the authority under Section 2.5 of the Medicaid Provider Manual to deny a requested service on the grounds that it would not be clinically effective.

CMH further contends that additional hours of CLS cannot be expected to treat, ameliorate, diminish or stabilize the symptoms of Appellant's developmental disability, or assist the beneficiary to attain or delay progression of his developmental disability, or assist the beneficiary to attain or maintain a sufficient level of functioning to meet his objective. In short, any additional hours of CLS would not meet medical necessity criteria set forth in Section 2.5A of the Medicaid Provider Manual.

Lastly, CMH contends that Respite Care services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregiver(s) from daily stress and care demands, during the times they are providing care. There is no evidence that a reduction for 30 hours RCS will adversely impact the beneficiary's ability to reach the goals and objectives of his IPOS. CLS and RCS were authorized in an amount that is sufficient in scope and duration to reasonably achieve Appellant's goals.

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Appellant's representative contends that Appellant is still working on daily living skills. Appellant has Down's syndrome and substantial autistic disorders. As a result, communication is very difficult for him and he is most easily understood by those he interacts with regularly who can interpret his request or gestures. Because Appellant is [REDACTED] it is critically important that his support and education be consistent and not truncated at this stage. Appellant needs this opportunity to take advantage of the Community Living Supports and respite care services so that he can achieve the best opportunity to improve his communication and daily living skills possible. The proposed reduction in CLS is arbitrary and capricious.

Appellant's representative further contends that RCS is medically necessary as it is being authorized. Most [REDACTED] year old boys would not reasonably require the type of supervision that Appellant does. Cutting respite care will put a great deal of stress on all of the parties involved, including Appellant, and there is no more medically appropriate evaluation that has been provided or done which would support any reduction at all of Respite Care Services.

Testimony on the record indicates that Appellant has demonstrated progress but has not reached the stated goals. He attends school approximately nine hours per day including the bus ride (Five days per week). He gets home from school at 4:00 PM. Appellant does not sleep much. He uses Community Living Supports after school and on weekends. Appellant's family is under severe stress because they have more than one disabled child to care for.

Appellant's representative has failed to meet the burden of proof to show, by a preponderance of evidence, that the currently offered amount of CLS is insufficient to meet his needs. As indicated above, Appellant is currently being offered 15 CLS hours per week. While it is understandable that Appellant's family has concerns with the hours offered by CMH, the fact remains that if there are no issues with CLS staff, Appellant will be receiving the 15 hours of CLS per week that his family desires for Appellant. CMH indicates that Appellant has made sufficient progress that his needs can be met with the reduced hours. Based on Appellant's current IPOS, 15 hours of CLS hours and 18 hours of shared RCS per week is sufficient in amount, scope and duration to meet Appellant's medically necessary needs. There is no entitlement to respite care under Medicaid Rules.

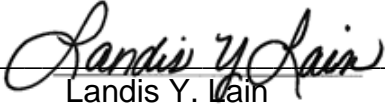
CMH has established by the necessary, competent and substantial evidence on the record that it was acting in compliance with Department policy when it determined that Appellant should receive 15 hours per week in Community Living Service hours and 18 hours per week of shared respite care hours based upon his current circumstances.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that CMH properly authorized CLS and RSC in an amount that is sufficient in scope and duration to reasonably allow Appellant to achieve his IPOS goals under the circumstances.

**IT IS THEREFORE ORDERED** that:

The CMH decision is **AFFIRMED**.

  
Landis Y. Wain

Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health and Human  
Services

cc:



LYL/ 

Date Signed: November 19, 2015

Date Mailed: November 20, 2015

**\*\*\* 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.