



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR



Date Mailed: July 18, 2016
MAHS Docket No.: 16-007029
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Landis Lain

DECISION AND ORDER

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

After due notice, a hearing was held on July 14, 2016. Petitioner [REDACTED] appeared on behalf of the Petitioner. Attorney [REDACTED] (P [REDACTED]) represented the [REDACTED] County Community Mental Health (MCCMH or Respondent).

Respondent's (Exhibits 1-5 pages 1-26) were admitted as evidence.

ISSUE

Did the MCCMH properly deny Petitioner continued outpatient psychotherapy and group therapy treatment?

FINDINGS OF FACT

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

1. Petitioner is a [REDACTED] year old woman who was, diagnosed and qualified for Mental Health Services through MCCMH.
2. Petitioner is to receive mental health services through August 18, 2016, based upon approval of goals in the Person Centered Plan.
3. On May 20, 2016, Petitioner requested treatment for mental health issues. (Exhibit 1, page 25)

4. On May 20, 2016, Petitioner participated in a Person Centered Plan (PCP) outlining goals she hoped to achieve as a result of the services to be provided to her. (Exhibit 4, pages 10-17)
5. On May 23, 2016, MCCMH denied Petitioner's request for continued services stating that the documentation does not establish medical necessity and not all signatures were obtained.
6. The reviewing MCCMH representative documented Petitioner's file in the following notes: 5/23/216 Denied. There is no separate goal. PCP goal/objective must be S.M.A.R.T.: specific, Measureable, Attainable, Realistic, and Timely. Documentation is not signed by all parties. Access is no longer able to return authorizations when documentation is not complete. Consumer counseling Center may resubmit an authorization request when documentation supports above stated information. A Due Process letter will be sent. (Exhibit 2, page 6)
7. On June 16, 2016, Petitioner filed a request for a hearing.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 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...

42 USC 1396n(b)

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 Health and Human Services (DHHS) operates a section 1915(b) Medicaid Managed Specialty Services and Support program waiver in conjunction with a section 1915(c).

2.5 MEDICAL NECESSITY CRITERIA

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or

- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. DETERMINATION CRITERIA

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.

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Petitioner states that she has rod sin her legs and a bad back. She needs the services.

The MCCMH representative determined that determination of medical necessity support, service or treatment must be documented in the beneficiary's plan of service. The Medicaid Provider manual also mandates that "for beneficiaries receiving mental health services, the individual plan of service must be developed through a person-centered planning process." (Exhibit 5, page 20) In this case, MCCMH denied the authorization request because there were no stated goals for some of the services (group therapy) and the stated goals for other services were not specific, person-centered or objectively measureable. (e.g. Goals 1A, 1B, 1D)

MCCMH has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with Department policy when it determined that the authorization request for mental health services was denied because there were no stated goals for group therapy and other services that were not specific, person-centered or objectively measurable. (Exhibit 3, page 8) Petitioner is invited to resubmit her request for authorization one the defects in the PCP are corrected. The Department's decision must be upheld.

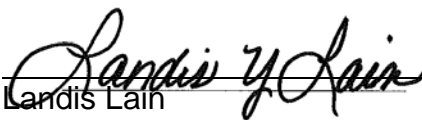
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MCCMH's decision to deny Petitioner authorization for mental health services from August 18, 2016 forward was proper under the circumstances.

IT IS THEREFORE ORDERED that

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

LL ■



Landis Lain

Administrative Law Judge

for Nick Lyon, Director

Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

Counsel for Respondent

[REDACTED]

DHHS -Dept Contact

[REDACTED]

DHHS-Location Contact

[REDACTED]

Petitioner

[REDACTED]