

ISSUE

Did the Program of All-Inclusive Care for the Elderly (PACE) organization properly deny Petitioner's request for a smaller trapeze and hospital bed?

FINDINGS OF FACT

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

1. Department is an organization that contracts with the Michigan Department of Health and Human Services (MDHHS) and oversees the PACE program in Petitioner's geographical area.
2. On or around December 20, 2022, Petitioner requested and received a 42-inch bed. (Testimony.)

3. On or around May 11, 2022, Petitioner requested and received a larger 48-inch bed. (Testimony.)
4. On or around November 15, 2022, Petitioner requested and received a smaller 42-inch bed. (Testimony.)
5. Between November 14, 2022, and November 23, 2023, Petitioner received several replacement mattresses and mattress pads. (Testimony.)
6. On December 16, 2022, Petitioner requested a 48-inch hospital bed. (Exhibit A, p 14; Testimony.)
7. On December 19, 2022, the Department sent Petitioner a notice of denial denying Petitioner's request for a 48-inch bed. (Exhibit A, p 22.) The notice stated the following regarding the reasons for denial:
 - Functionality can be accommodated in a 48-inch bed but not comfort.
 - 48-inch bed did not work in the past
 - Risk for skin breakdown and possible aspiration with the 48-inch bed
 - Not all recommendations have been trialed with the 42-inch bed that IDT has recommended.¹
8. On December 29, 2022, Petitioner requested a smaller trapeze. At the time of the request, Petitioner indicated her current trapeze was functional and adequate in providing assistance, however, it was too big and created a tripping hazard for those cleaning and moving around her bed. (Exhibit A, p 5; Testimony.)
9. On December 30, 2022, the Department sent Petitioner notice of denial denying Petitioner's request for a smaller trapeze. (Exhibit A, p 10; Testimony.) The notice stated the following regarding the reasons for denial:
 - An updated weight has not been able to be obtained to allow a smaller trapeze at this time.
 - A smaller trapeze can cause risk for injury due weight being unknown.

¹ Exhibit A, p 23.

- Her functional needs are being met with the current trapeze.
 - The PACE caregivers have not reported this as a safety risk to them.
 - Very limited out of bed activities are being performed ²
10. On January 30, 2023, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for 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.

PACE services are available as part of the Medicaid program:

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible.

PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services designed to meet the following objectives:

- Enhance the quality of life and autonomy for frail, older adults;
- Maximize the dignity of, and respect for, older adults;
- Enable frail, older adults to live in the community as long as medically and socially feasible; and
- Preserve and support the older adult's family unit.

The PACE capitated benefit was authorized by the Balanced Budget Act of 1997 and features a comprehensive service delivery system with integrated Medicare and Medicaid financing.

An interdisciplinary team, consisting of professional and paraprofessional staff assesses beneficiary needs develops

² Exhibit A, p 10.

a plan of care, and monitors delivery of all services (including acute care services as well as nursing facility services, when necessary) within an integrated system for a seamless provision of total care. Typically, PACE organizations provide social and medical services in an adult day health center supplemented by in-home and other services as needed.

The financing model combines payments from Medicare and Medicaid, allowing PACE organizations to provide all needed services rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. PACE organizations assume full financial risk for beneficiary care without limits on amount, duration, or scope of services.

Physicians currently treating Medicaid patients who are in need of nursing facility care may consider PACE as an option. Hospital discharge planners may also identify suitable candidates for referral to PACE as an alternative to a nursing facility. (Refer to the Directory Appendix for PACE contact information.)

SECTION 2 - SERVICES

The PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll in a PACE organization.

The PACE organization is able to coordinate the entire array of services to older adults with chronic care needs while allowing elders to maintain independence in the community for as long as possible. The PACE service package must include all Medicare and Medicaid covered services, in addition to other services determined necessary by the interdisciplinary team for the individual beneficiary. Services must include, but are not limited to:

- Adult day care that offers nursing, physical, occupational, and recreational therapies, meals, nutritional counseling, social work and personal care;
- All primary medical care provided by a PACE physician familiar with the history, needs and preferences of each beneficiary, all specialty medical care, and all mental health care;
- Interdisciplinary assessment and treatment planning;

- Home health care, personal care, homemaker, and chore services;
- Restorative therapies;
- Diagnostic services, including laboratory, x-rays, and other necessary tests and procedures;
- Transportation for medical needs;
- All necessary prescription drugs and any authorized over-the-counter medications included in the plan of care;
- Social services;
- All ancillary health services, such as audiology, dentistry, optometry, podiatry, speech therapy, prosthetics, durable medical equipment, and medical supplies;
- Respite care;
- Emergency room services, acute inpatient hospital and nursing facility care when necessary; and
- End-of-Life care³

8.3 NONCOVERED SERVICES

The items or services listed below are not covered by the Medicaid program:

All services or supplies that are not medically necessary⁴

In this case, there are two items that were denied. The first item is the trapeze, and the second item is the 48-inch bed. In regard to the trapeze, the Department indicated Petitioner's needs were currently being met with the larger bed; and that a smaller trapeze could cause risk for injury as the Petitioner's current weight was unknown, and the Petitioner's last known weight exceeded the maximum range for the requested trapeze. In regard to the 48-inch bed denial, the Department indicated Petitioner had used a 48-inch bed in the past and was unsatisfied with the bed resulting in a change back to the 42-inch bed. The Department also indicated that the 48-inch bed would not incline to an angle that would safely allow Petitioner to eat and would increase the chances of skin breakdowns if inclined to the maximum range. Additionally, the documentation provided indicates Petitioner had not yet tried other less costly alternatives.

The Petitioner did not offer any argument as to the medical need for the smaller trapeze and did not dispute the reasoning and justification for the denial. The Petitioner did, however, raise some arguments regarding the need for the larger 48-inch bed.

³ Medicaid Provider Manual (MPM), Program of All-Inclusive Care for the Elderly, October 1, 2019, pp 1, 2.

⁴ Medicaid Provider Manual, General Information for Providers, October 1, 2020, p 23.

However, the Petitioner's rationale and justification did not address the reasoning for the denial. The Petitioner did not address the maximum tilt or show that other less costly alternatives have been tried and failed.

Petitioner has the burden of proof, and considering the evidence presented, Petitioner has not met her burden. Consequently, I find sufficient evidence to affirm the Department's determination to deny Petitioner's request for a hospital bed and trapeze. The Petitioner is always able to make a new request for services.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's request for a hospital bed and trapeze based on the available information.

IT IS THEREFORE ORDERED that:

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