



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: January 4, 2024
MOAHR Docket No.: 23-008290
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; and 42 CFR 438.400 to 438.424, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on January 3, 2024. [REDACTED] Petitioner's Authorized Hearing Representative, appeared on behalf of the Petitioner. Leigha Klaver, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Christina Tafoya, Adult Services Worker, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for Home Help Services (HHS)?

FINDINGS OF FACT

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

1. Prior to September 1, 2023, Petitioner was enrolled with Meridian, a MI Health Link Integrated Care (ICO) organization, and receiving HHS. (Exhibit A; Testimony.)

2. On or around September 1, 2023, Petitioner's enrollment with Meridian was terminated due to a Medicaid issue. (Exhibit A; Testimony.)
3. On October 16, 2023, Petitioner's family made a referral to the Department for HHS. (Exhibit A; Testimony.)
4. On October 16, 2023, the Department sent Petitioner an introduction letter and requested Petitioner complete and return both a HHS application and a completed 54A medical needs form. (Exhibit A; Testimony.)
5. On October 16, 2023, the Department spoke with Marla Schwartz regarding Petitioner's request for HHS and further discussed the need to turn in a completed HHS application and corresponding 54A medical needs form. (Exhibit A; Testimony.)
6. At no point in time relevant to this proceeding did the Petitioner turn in an HHS application or completed 54A Medical Needs form. (Testimony.)
7. On November 6, 2023, the Department sent Petitioner a Negative Action Notice. The notice indicated Petitioner was being denied HHS due to Petitioner being enrolled into a MI Health Link Integrated Care (ICO) as of November 1, 2023. (Exhibit A; Testimony.)
8. On November 27, 2023, the Michigan Office of Administrative Hearings and Rules, received from Petitioner a request for hearing. (Exhibit A.)

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 Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Home Help Services (HHS) are provided to enable functionally limited individuals to live independently and receive care in the least restrictive, preferred settings. These activities must be certified by a health professional and may be provided by individuals or by private or public agencies.

ASM 126 addresses the MI Health Link program:

Effective March 1, 2015, the Michigan Department of Health and Human Services (MDHHS), in partnership with the Centers for Medicare and Medicaid Services (CMS), implemented a new capitated managed care program called MI Health Link. This program integrates, into a single coordinated delivery system, all physical health care,

pharmacy, long-term supports and services and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid.

* * *

MDHHS and Center for Medicaid and Medicare Services (CMS) contracts with managed care entities called Integrated Care Organizations (ICOs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental and long term supports and services (nursing facility and home and community-based services).

* * *

COVERED SERVICES

The MI Health Link offers an array of services to dual eligible individuals enrolled in the program. All health care services covered by Medicare and Medicaid including:

- Dental and vision services.
- Diagnostic testing and lab services.
- Emergency and urgent care.
- Equipment and medical supplies.
- Home health services.
- Hospitalizations and surgeries.
- Medications (without co-payments).
- Nursing home services.
- Physicians and specialists.
- Transportation for medical emergencies and medical appointments.

Services for long-term supports and services including:

- Adult day program.
- Chore services.
- Community transition services.
- Equipment to help with activities of daily living.
- Fiscal intermediary services.
- Home delivered meals.
- Home modifications.
- Non-medical transportation.

- Nursing home care.
- Personal care.
- Personal emergency response system.
- Preventive nursing services.
- Private duty nursing.
- Respite.

* * *

HOME HELP

Dual eligible clients enrolled in MI Health Link must receive personal care services through the Integrated Care Organizations (ICOs). Individuals enrolled under this program may **not** receive services from home help or adult community placement and MI Health Link concurrently. If the client chooses MI Health Link, the specialist must close the case.

Note: ASCAP generates a DHS-1212, Advance Negative Action Notice, when there is a reduction, suspension or termination of services. Make appropriate notations in the comment section to explain the reason for the negative action.

Individuals in MI Health Link may choose to enroll or dis-enroll monthly as permitted by Medicare rules. Therefore, it is important to note that an individual enrolled and receiving personal care services from an Integrated Care Organization (ICO) in one month may choose to dis-enroll from MI Health Link and reapply for Home Help or adult community placement the following month.¹

On appeal is the denial of HHS for the time period of September 1, 2023, through October 31, 2023. During this time period, the Petitioner did not submit an application or completed 54A as required. Furthermore, by the time the Department issued a negative action, Petitioner was already re-enrolled with the ICO and no longer eligible for HHS through the Department in accordance with ASM 126.

The Petitioner's Representative was confused by everything that had transpired. Petitioner indicated a mistake was made by the Department of Health and Human Services regarding Petitioner's Medicaid coverage and further hinted that the Petitioner never should have been disenrolled by the ICO in August of 2023. Petitioner's

¹ Adult Services Manual MI Health Link Program ASM 126, February 1, 2022, pp 1-2, 4-7.

Representative testified they had never received the application documents or corresponding 54A, but note entries reflect several verbal conversations taking place regarding the need for these documents to be turned in.²

As far as this issue is concerned, however, the Petitioner has failed to show the Department acted improperly in denying Petitioner's request for HHS. As mentioned previously, the Petitioner failed to return an application and corresponding 54A as required and by the time the Department issued the negative action notice, the Petitioner was already re-enrolled in the ICO. Consequently, I find sufficient evidence to affirm the Department's actions in this case.

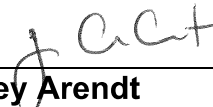
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides the Department acted appropriately in denying Petitioner's request for HHS.

IT IS, THEREFORE, ORDERED that:

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

CA/pe



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, Director
Department of Health and Human Services

² See Exhibit A, pp 22-23.

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

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

Via Electronic Mail:

Petitioner

[REDACTED]
MI [REDACTED]
[REDACTED]

Authorized Hearing Representative

[REDACTED]
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Agency Representative

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