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Date Mailed: March 13, 2020
MOAHR Docket No.: 20-000257
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 *et seq*; 42 CFR 438.400 *et seq*; and Mich Admin Code, R 792.11002.

After due notice, a hearing was held on March 10, 2020. Petitioner appeared on her own behalf. Theresa Root, Appeals Review Officer, appeared on behalf of the Respondent, the Department of Health and Human Services (Department). Jaime Lucente, Adult Services Worker, appeared as a witness for the Department. Abdullah Alshammari interpreted the hearing.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly terminate Petitioner's HHS case because she enrolled in the MI Health Link program?

FINDINGS OF FACT

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

1. On September 23, 2019, the Department received a referral for Petitioner for the HHS program. (Exhibit A, p 14.)
2. From October 24, 2019 through November 30, 2019, Petitioner was approved for and receiving HHS from the Department. (Exhibit A, p 15; Testimony.)

3. On or around November 20, 2019, the Department discovered Petitioner would be enrolling with Molina Health Care of Michigan ICO program effective December 1, 2019. (Exhibit A, p 13; Testimony.)
4. On November 20, 2019, the Department sent Petitioner a Negative Action Notice. The notice indicated Petitioner's HHS benefits would be terminated effective December 1, 2019. The notice indicated the termination was a result of Petitioner enrolling with Molina Health Care of Michigan ICO program. (Exhibit A, p 13; Testimony.)
5. On December 1, 2019, Petitioner effectively enrolled with Molina Health Care of Michigan ICO program. (Exhibit A, p 14; Testimony.)
6. On January 23, 2020, the Michigan Office of Administrative Hearings and Rules, received Petitioner's request for hearing. (Exhibit A, pp 4-8.)

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 eligibles 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

The Department argued they had no choice but to terminate Petitioner's HHS after Petitioner was enrolled with Molina Health Care of Michigan. In reviewing the policy provided and found above, I agree.

The policy is clear, in that when Petitioner is enrolled with an ICO, Petitioner must receive her personal care services (HHS) through the ICO (Molina Health Care of Michigan).

Petitioner did not provide any evidence to show she wasn't enrolled with Molina Health Care of Michigan. Consequently, I find enough evidence to affirm the Department's decision to terminate Petitioner's HHS.

¹ Adult Services Manual Mi Health Link Program ASM 126, November 1, 2019, pp 1-2, 4-7.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Petitioner's HHS.

IT IS, THEREFORE, ORDERED that:

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

CA/dh

J. Arendt

Corey Arendt

Administrative Law Judge
for Robert Gordon, 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 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

DHHS -Dept Contact

Michelle Martin
Capitol Commons
6th Floor
Lansing, MI 48909

DHHS

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Petitioner

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