

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: May 19, 2020
MOAHR Docket No.: 20-002001
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

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

After due notice, a telephone hearing was held on May 12, 2020. [REDACTED], Authorized Hearing Representative (AHR), appeared and testified on Petitioner's behalf.

Ann Weir, Hearings Coordinator, appeared and testified on behalf of the Michigan Department of Health and Human Services' Waiver Agency, Region 9 Area Agency on Aging (Region 9 or Waiver Agency). Tina Vliet, RN, Case Manager and Carol Jansen, Social Worker Case Manager appeared as witnesses for the Waiver Agency.

ISSUE

Did the Waiver Agency properly determine that Petitioner was not eligible for the MI Choice Waiver 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. Petitioner is a [REDACTED]-year-old Medicaid beneficiary, born [REDACTED], who requested services through the MI Choice Waiver Program. (Exhibit A, p 8; Testimony).
2. The Waiver Agency is a contract agent of the Michigan Department of Health and Human Services (MDHHS) and is responsible for waiver eligibility determinations and the provision of MI Choice Waiver Services. (Exhibit A; Testimony)
3. On January 27, 2020, Petitioner was screened for services by a Waiver Agency Intake Specialist following a referral from MDHHS Adult Services.

(Exhibit A, p 3; Testimony)

4. On January 30, 2020, a Level of Care Determination (LOCD) of Petitioner was done by the Waiver Agency to determine medical eligibility for the MI Choice Waiver Program. Based on the results of the LOCD, the Waiver Agency determined that Petitioner was not medically eligible for the MI Choice Waiver Program because she did not pass through any of the seven doors of the LOCD. (Exhibit A, pp 8-16; Testimony).
5. The evaluators, however, determined that Petitioner would be a good candidate for the Care Management program and Petitioner was agreeable to receiving services through that program. Petitioner was approved to receive 3 hours of in-home care services per week through the Ogema County Commission on Aging (OCCOA). (Exhibit A, pp 3, 35-36; Testimony).
6. On January 31, 2020, the Waiver Agency sent Petitioner an Adequate Action Notice informing Petitioner that it determined she was not medically eligible for the MI Choice Waiver Program. (Exhibit A, p 7; Testimony).
7. On February 17, 2020, the Waiver Agency placed a call to Petitioner to review her services. Petitioner stated that she was satisfied with receiving the 3 hours of services per week through OCCOA and that she had had no emergency room visits, falls, or hospital trips in the past 30 days. (Exhibit A, pp 3, 35; Testimony)
8. On March 17, 2020, the Waiver Agency placed a call to Petitioner to review her services. Petitioner stated that she was satisfied with receiving the 3 hours of services per week through OCCOA and that she had had no emergency room visits, falls, or hospital trips in the past 30 days. (Exhibit A, pp 3, 35; Testimony)
9. On March 18, 2020, the Michigan Office of Administrative Hearings and Rules received Petitioner's request for an administrative hearing. (Exhibit 1).

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.

This Petitioner is claiming services through the Department's Home and Community Based Services for Elderly and Disabled (HCBS/ED). The waiver is called MI Choice in Michigan. The program is funded through the federal Centers for Medicare and

Medicaid (formerly HCFA) to the Michigan Department of Health and Human Services (Department). Regional agencies function as the Department's administrative agency.

Waivers are intended to provide the flexibility needed to enable States to try new or different approaches to the efficient and cost-effective delivery of health care services, or to adapt their programs to the special needs of particular areas or groups of recipients. Waivers allow exceptions to State plan requirements and permit a State to implement innovative programs or activities on a time-limited basis, and subject to specific safeguards for the protection of recipients and the program. Detailed rules for waivers are set forth in subpart B of part 431, subpart A of part 440 and subpart G of part 441 of this chapter. *42 CFR 430.25(b)*

A waiver under section 1915(c) of the [Social Security] Act allows a State to include as "medical assistance" under its plan, home and community based services furnished to recipients who would otherwise need inpatient care that is furnished in a hospital, SNF [Skilled Nursing Facility], ICF [Intermediate Care Facility], or ICF/MR [Intermediate Care Facility/Mentally Retarded], and is reimbursable under the State Plan. *42 CFR 430.25(c)(2)*

The policy regarding enrollment in the MI Choice Waiver program is contained in the *Medicaid Provider Manual*, which provides in part:

SECTION 1 – GENERAL INFORMATION

MI Choice is a waiver program operated by the Michigan Department of Community Health (MDCH) to deliver home and community-based services to elderly persons and persons with physical disabilities who meet the Michigan nursing facility level of care criteria that supports required long-term care (as opposed to rehabilitative or limited term stay) provided in a nursing facility. The waiver is approved by the Centers for Medicare and Medicaid Service (CMS) under section 1915(c) of the Social Security Act. MDCH carries out its waiver obligations through a network of enrolled providers that operate as organized health care delivery systems (OHCDS). These entities are commonly referred to as waiver agencies. MDCH and its waiver agencies must abide by the terms and conditions set forth in the waiver.

MI Choice services are available to qualified participants throughout the state and all provisions of the program are available to each qualified participant unless otherwise noted in this policy and approved by CMS. (p. 1).

* * *

SECTION 2 - ELIGIBILITY

The MI Choice program is available to persons 18 years of age or older who meet each of three eligibility criteria:

- An applicant must establish his/her financial eligibility for Medicaid services as described in the Financial Eligibility subsection of this chapter.
- The applicant must meet functional eligibility requirements through the online version of the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD).
- It must be established that the applicant needs at least one waiver service and that the service needs of the applicant cannot be fully met by existing State Plan or other services.

All criteria must be met in order to establish eligibility for the MI Choice program. MI Choice participants must continue to meet these eligibility requirements on an ongoing basis to remain enrolled in the program. (p.1, emphasis added).

* * *

2.2.A. MICHIGAN MEDICAID NURSING FACILITY LEVEL OF CARE DETERMINATION

MI Choice applicants are evaluated for functional eligibility via the Michigan Medicaid Nursing Facility Level of Care Determination. The LOCD is available online through Michigan's Single Sign-on System. Refer to the Directory Appendix for website information. Applicants must qualify for functional eligibility through one of seven doors.

These doors are:

- Door 1: Activities of Daily Living Dependency
- Door 2: Cognitive Performance
- Door 3: Physician Involvement
- Door 4: Treatments and Conditions
- Door 5: Skilled Rehabilitation Therapies
- Door 6: Behavioral Challenges
- Door 7: Service Dependency

The LOCD must be completed in person by a health care professional (physician, registered nurse (RN), licensed practical nurse (LPN), licensed social worker (BSW or MSW), or a physician assistant) or be completed by staff that have direct oversight by a health care professional.

The online version of the LOCD must be completed within fourteen (14) calendar days after the date of enrollment in MI Choice for the following:

- All new Medicaid-eligible enrollees
- Non-emergency transfers of Medicaid-eligible participants from their current MI Choice waiver agency to another MI Choice waiver agency
- Non-emergency transfers of Medicaid-eligible residents from a nursing facility that is undergoing a voluntary program closure and who are enrolling in MI Choice

Annual online LOCDs are not required; however, subsequent redeterminations, progress notes, or participant monitoring notes must demonstrate that the participant continues to meet the level of care criteria on a continuing basis. If waiver agency staff determines that the participant no longer meets the functional level of care criteria for participation (e.g., demonstrates a significant change in condition), another face-to-face online version of the LOCD must be conducted reflecting the change in functional status. This subsequent redetermination must be noted in the case record and signed by the individual conducting the determination.

*Medicaid Provider Manual
MI Choice Waiver Chapter
January 1, 2020, pp 1-2*

To be found eligible for MI Choice Waiver services, Petitioner must meet the requirements of at least one Door. The Waiver Agency presented testimony and documentary evidence that Petitioner did not meet any of the criteria for Doors 1 through 7.

Door 1
Activities of Daily Living (ADLs)

Scoring Door 1: The applicant must score at least six points to qualify under Door 1.

(A) Bed Mobility, (B) Transfers, and (C) Toilet Use:

- Independent or Supervision = 1
- Limited Assistance = 3
- Extensive Assistance or Total Dependence = 4

- Activity Did Not Occur = 8
- (D) Eating:
 - Independent or Supervision = 1
 - Limited Assistance = 2
 - Extensive Assistance or Total Dependence = 3
 - Activity Did Not Occur = 8

Petitioner was found to be independent with bed mobility, transfers, toilet use and eating. As such, Petitioner did not qualify under Door 1.

Door 2 Cognitive Performance

Scoring Door 2: The applicant must score under one of the following three options to qualify under Door 2.

1. “Severely Impaired” in Decision Making.
2. “Yes” for Memory Problem, and Decision Making is “Moderately Impaired” or “Severely Impaired.”
3. “Yes” for Memory Problem, and Making Self Understood is “Sometimes Understood” or “Rarely/Never Understood.”

Petitioner’s short-term memory was found to be okay, her cognitive skills for daily decision-making were found to be modified independent, and she was usually able to make herself understood. As such, Petitioner did not qualify under Door 2.

Door 3 Physician Involvement

Scoring Door 3: The applicant must meet either of the following to qualify under Door 3

1. At least one Physician Visit exam AND at least four Physicians Order changes in the last 14 days, OR
2. At least two Physician Visit exams AND at least two Physicians Order changes in the last 14 days.

Petitioner reported 0 physician visits and 0 physician change orders within the 14-day period leading up to the LOCD. As such, Petitioner did not qualify under Door 3.

Door 4 Treatments and Conditions

Scoring Door 4: The applicant must score “yes” in at least one of the nine categories above and have a continuing need to qualify under Door 4.

In order to qualify under Door 4 the applicant must receive, within 14 days of the assessment date, any of the following health treatments or demonstrated any of the following health conditions:

- A. Stage 3-4 pressure sores
- B. Intravenous or parenteral feedings
- C. Intravenous medications
- D. End-stage care
- E. Daily tracheostomy care, daily respiratory care, daily suctioning
- F. Pneumonia within the last 14 days
- G. Daily oxygen therapy
- H. Daily insulin with two order changes in last 14 days
- I. Peritoneal or hemodialysis

Petitioner reported none of the conditions or treatments associated with Door 4. Accordingly, Petitioner did qualify under Door 4.

Door 5 **Skilled Rehabilitation Therapies**

Scoring Door 5: The applicant must have required at least 45 minutes of active ST, OT or PT (scheduled or delivered) in the last 7 days and continues to require skilled rehabilitation therapies to qualify under Door 5.

Petitioner was not currently receiving any skilled rehabilitation therapies at the time of the LOCD. Accordingly, Petitioner did not qualify under Door 5.

Door 6 **Behavior**

Scoring Door 6: The applicant must score under one of the following 2 options to qualify under Door 6.

1. A "Yes" for either delusions or hallucinations within the last 7 days.
2. The applicant must have exhibited any one of the following behaviors for at least 4 of the last 7 days (including daily):
Wandering, Verbally Abusive, Physically Abusive, Socially Inappropriate/Disruptive, or Resisted Care.

Petitioner did not have any delusions or hallucinations within seven days of the LOCD. Petitioner did not exhibit any of the challenging behaviors associated with Door 6 within seven days of the LOCD. Accordingly, Petitioner did not qualify under Door 6.

Door 7
Service Dependency

Scoring Door 7: The applicant must be a current participant and demonstrate service dependency under Door 7.

The LOC Determination provides that Petitioner could qualify under Door 7 if she is currently (and has been a participant for at least one (1) year) being served by either the MI Choice Program, PACE program, or Medicaid reimbursed nursing facility, requires ongoing services to maintain current functional status, and no other community, residential, or informal services are available to meet the applicant's needs.

Here, Petitioner has not been a participant in the Waiver Program for at least one year and the Waiver Agency determined that other community, residential, or informal services are available to meet her needs.

Petitioner's AHR testified that she helped Petitioner complete the request for hearing. Petitioner's AHR indicated that Petitioner no longer has in-home help through OCCOA and she is not sure what happened there. Petitioner's AHR testified that Petitioner's health has deteriorated since the January assessment and her thinking is not very clear at this time. Petitioner's AHR also indicated that Petitioner has noted a problem getting transportation to medical appointments.

In response, the Waiver Agency's witness indicated that Petitioner's husband does have services through the Waiver Agency and that worker is able to help pick up groceries that Petitioner and her husband order on-line.

Based on the information available at the time of the LOCD, Petitioner did not meet the Medicaid nursing facility level of care criteria. The LOCD is designed by the Michigan Department of Health and Human Services and must be applied in all cases regardless of what the applicant's diagnosis is. This does not imply that Petitioner does not need any assistance, or that she does not have any medical problems, only that she was not eligible to receive services through the MI Choice Waiver Program at the time of the assessment. Here, the Waiver Agency completed an LOCD in-person with Petitioner and based its findings on information provided by Petitioner and their own observations of Petitioner. As noted, Petitioner did not meet any of the Doors in the LOCD. Accordingly, the Waiver Agency properly determined that Petitioner was not eligible for MI Choice Waiver services.

Petitioner did not prove by a preponderance of evidence that the Waiver Agency erred in finding that she was not medically eligible for the MI Choice Waiver Program.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Waiver Agency properly determined that Petitioner was not medically eligible for the MI Choice Waiver Program.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



RM/sb

Robert J. Meade

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 Department Rep.

Heather Hill
400 S. Pine 5th Floor
Lansing, MI
48933

Community Health Rep

Ann Weir
Northeast Michigan Community Services
2375 Gordon Rd
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DHHS -Dept Contact

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Petitioner

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Authorized Hearing Rep.

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