



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON I. BROWN
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: May 9, 2024
MOAHR Docket No.: 24-002708
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 9, 2024. [REDACTED] Authorized Hearing Representative (AHR) appeared and testified on Petitioner's behalf. Shawn Blackledge, Petitioner, appeared as a witness.

Ann Weir, Hearings Coordinator, appeared and testified on behalf of the Department's Waiver Agency, Region 9 Area Agency on Aging. (Waiver Agency).

ISSUE

Did the Waiver Agency properly deny Petitioner services because he did not meet the MI Choice Intake Guidelines (MIG)?

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 was referred to the Waiver Agency for screening on March 6, 2024. (Exhibit A, pp 2, 5; Testimony).
2. On March 6, 2024, the Waiver Agency conducted a telephone screening using the MIG with Petitioner. Following the screening, the Waiver Agency determined that Petitioner scored a B (homemaker services) and was, therefore, not eligible to be put on the waitlist for the waiver program based on answers to the intake questions. (Exhibit A, pp 2, 5; Testimony).

3. On March 6, 2024, the Waiver Agency notified Petitioner in writing that the request for services was denied as it did not appear that he met any of the eligibility categories for services. (Exhibit A, pp 2, 5; Testimony).
4. On March 20, 2024, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing. (Exhibit 1).
5. On March 26, 2024, after receiving Petitioner's appeal, the Waiver Agency visited Petitioner and completed the Nursing Facility Level of Care Determination (LOCD) to check Petitioner's eligibility for waiver services more thoroughly. Petitioner did not pass through any of the Doors in the LOCD so was not eligible for waiver services. (Exhibit A, pp 2-4, 7-14; Testimony)

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. 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.

Petitioner is seeking services through the Department's Home and Community Based Services for Elderly and Disabled. The waiver is called MI Choice in Michigan. The program is funded through the federal Centers for Medicare and Medicaid to the Michigan Department of Health and Human Services. Regional agencies, in this case AAA, 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)

The Medicaid Provider Manual (MPM) outlines the governing policy for the MI Choice Waiver program and, with respect to functional eligibility and the intake process for the program, the applicable version of the MPM states in part:

2.2 FUNCTIONAL ELIGIBILITY

The MI Choice waiver agency must verify an applicant's medical/functional eligibility for program enrollment by inputting a valid Michigan Medicaid

Nursing Facility Level of Care Determination (LOCD) into the online LOCD application. A valid LOCD is defined as an LOCD that was completed in-person with the applicant according to MDCH policy and put in the online LOCD application within 14 calendar days after the date of enrollment into the MI Choice program. (Refer to the Directory Appendix for website information.) The LOCD is discussed in the Michigan Medicaid Nursing Facility Level of Care Determination subsection of this chapter. Additional information can be found in the Nursing Facility Coverages Chapter and is applicable to MI Choice applicants and participants.

The applicant must also demonstrate a continuing need for and use of at least two covered MI Choice services, one of which must be Supports Coordination. This need is originally established through the Initial Assessment using the process outlined in the Need for MI Choice Services subsection of this chapter.

* * *

3.2 MI CHOICE INTAKE GUIDELINES

The MI Choice Intake Guidelines is a list of questions designed to screen applicants for eligibility and further assessment. Additional probative questions are permissible when needed to clarify eligibility. The MI Choice Intake Guidelines does not, in itself, establish program eligibility. A properly completed MI Choice Intake Guidelines is mandatory for MI Choice waiver agencies prior to placing applicants on a MI Choice waiting list when the agency is operating at its capacity. Individuals who score as Level C, Level D, Level D1 or Level E are those applicants determined potentially eligible for program enrollment and will be placed on the MI Choice waiting list. The date of the MI Choice Intake Guidelines contact establishes the chronological placement of the applicant on the waiting list. The MI Choice Intake Guidelines may be found on the MDCH website. (Refer to the Directory Appendix for website information.)

When the waiver agency is at capacity, applicants requesting enrollment in MI Choice must either be screened by telephone or in person using the MI Choice Intake Guidelines at the time of their request for proper placement on the waiting list. If a caller is seeking services for another individual, the waiver agency shall either contact the applicant for whom services are being requested or complete the MI Choice Intake Guidelines to the extent possible using information known to the caller. For applicants who are deaf, hearing impaired, or otherwise unable to participate in a telephone interview, it is acceptable to use an interpreter, a third-party in the interview, or assistive technology to facilitate the exchange of information.

As a rule, nursing facility residents who are seeking to transition into MI Choice are not contacted by telephone but rather are interviewed in the nursing facility. For the purposes of establishing a point of reference for the waiting list, the date of the initial nursing facility visit (introductory interview) shall be considered the same as conducting a MI Choice Intake Guidelines, so long as the functional objectives of the MI Choice Intake Guidelines are met. (Refer to the Waiting Lists subsection for additional information.) Specifically, the introductory meeting must establish a reasonable expectation that the applicant will meet the functional and financial eligibility requirements of the MI Choice program within the next 60 days.

Applicants who are expected to be ineligible based on MI Choice Intake Guidelines information may request a face-to-face evaluation using the Michigan Medicaid Nursing Facility Level of Care Determination and financial eligibility criteria. Such evaluations should be conducted as soon as possible, but must be done within 10 business days of the date the MI Choice Intake Guidelines was administered. MI Choice waiver agencies must issue an adverse action notice advising applicants of any and all appeal rights when the applicant appears ineligible either through the MI Choice Intake Guidelines or a face-to-face evaluation.

When an applicant appears to be functionally eligible based on the MI Choice Intake Guidelines but is not expected to meet the financial eligibility requirements, the MI Choice waiver agency must place the applicant on the agency's waiting list if it is anticipated that the applicant will become financially eligible within 60 days. Individuals may be placed on the waiting lists of multiple waiver agencies.

The MI Choice Intake Guidelines is the only recognized tool accepted for telephonic screening of MI Choice applicants and is only accessible to MI Choice waiver agencies. It is not intended to be used for any other purpose within the MI Choice program, nor any other Medicaid program. MI Choice waiver agencies must collect MI Choice Intake Guidelines data electronically using software through the department's contracted vendor.

*Medicaid Provider Manual
MI Choice Waiver Chapter
January 1, 2024, pp 1, 5-6*

Here, Respondent conducted a telephone intake using the required MI Choice Intake Guidelines and, based on the answers Petitioner gave during the intake, he scored as a Level B (homemaker services). Given this level, the Waiver Agency determined that Petitioner was ineligible for waiver services per policy and, as required, it issued an adverse action notice advising Petitioner of his right to appeal that determination. After receiving that appeal, the Waiver Agency visited Petitioner and completed the LOCD

tool to check Petitioner's eligibility for waiver services more thoroughly. Petitioner did not pass through any of the Doors of the LOCD so was not eligible for waiver services.

Petitioner bears the burden of proving by a preponderance of the evidence that the Waiver Agency erred in denying his request for services. Moreover, this Administrative Law Judge is limited to reviewing the Waiver Agency's decision in light of the information it had at the time it made that decision.

Petitioner's AHR testified that she was not aware of the in-home visit where the LOCD was conducted or she would have been there. Petitioner's AHR pointed out that some of the information Petitioner provided is no longer accurate. Petitioner's AHR indicated that she did not realize that eligibility was all or nothing and just wanted assistance finding help for Petitioner, who mainly needs help with meals and housekeeping.

In response, the Waiver Agency's witness explained that Petitioner previously had services through the Adult Home Help program and she would work with Petitioner's AHR to address why those services were terminated and hopefully get them reinstated. The Waiver Agency's witness also explained that once Petitioner turns [REDACTED] years old, they have a care management program that may offer him some assistance.

In this case it appears that the Waiver Agency accurately recorded what Petitioner reported and based on those reports, Petitioner did not meet the criteria for services at the time. If Petitioner's condition worsens, he can reapply for services. However, based on the available information, the Waiver Agency's decision must be affirmed.

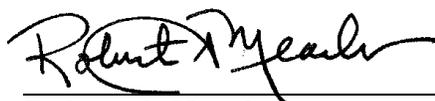
Petitioner's AHR is encouraged to work with the Waiver Agency to see if eligibility for Adult Home Help services can be reestablished.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MI Choice Waiver Agency properly denied Petitioner's request for services.

IT IS THEREFORE ORDERED that:

The Waiver Agency's decision is **AFFIRMED**.



Robert J. Meade
Administrative Law Judge

RM/sj

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

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 9th day of May 2024.

S. James

S. James
**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

Community Health Representative
Region 9 Area Agency on Aging
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Via First Class Mail:

Authorized Hearing Representative

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Petitioner

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