



Date Mailed: May 5, 2025
Docket No.: 25-010196
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

IN THE MATTER OF:

██████████,
Petitioner,

MOAHR Docket No.: 25-010196
Agency No.: 1266035414
Case Type: DCH EDW

v

**DEPARTMENT OF HEALTH AND HUMAN
SERVICES,**
Respondent.

**Issued and entered
this 5th day of May 2025
by: Corey A. Arendt
Administrative Law Judge**

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and upon Petitioner's request for a hearing.

After due notice, a telephone hearing was held on April 24, 2025. ██████████ appeared on behalf of Petitioner. ██████████ Petitioner, appeared as a witness on her own behalf. Amy Hakken, Hearing Officer, appeared on behalf of Respondent, A&D Home Care (Department). Mike Tysick, and Rebecca Zimmerman, appeared as witnesses for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did Department properly deny Petitioner's request for services?

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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 December 27, 2024, Department received a referral for Petitioner. (Exhibit A; Testimony.)
2. At the time of the referral, Petitioner had a Medicaid Spend Down (Plan First). (Exhibit A; Testimony.)
3. On January 17, 2025, the Department conducted an initial assessment to determine whether Petitioner qualified medically for the program. (Exhibit A; Testimony.)
4. On or around January 17, 2025, the Department was alerted to an issue with Petitioner's Medicaid and a need for the Michigan Department of Health and Human Services to receive some asset verification. This issue was discussed with Petitioner. (Exhibit A; Testimony.)
5. On February 20, 2025, the Department received notification Petitioner had failed to turn in the requested verifications; and Petitioner's Medicaid request would be denied. (Exhibit A; Testimony.)
6. On February 20, 2025, the Department sent Petitioner a negative action notice indicating Petitioner's request for services would be denied due to financial ineligibility. (Exhibit A; Testimony.)
7. On March 20, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing.

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 applied for 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 Respondent, 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 beneficiaries. 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 beneficiaries 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.⁴

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.⁵

The Medicaid Provider Manual (MPM) outlines the applicable criteria for the MI Choice Waiver Program and, with respect to eligibility for the program, states in part:

SECTION 2 – ELIGIBILITY

The MI Choice program is available to persons who are either elderly (age 65 or older) or adults with disabilities age 18 or older and meet the following eligibility criteria:

- An applicant must establish their financial eligibility for Medicaid services as described in the Financial Eligibility subsection of this chapter.
- Must be categorically eligible for Medicaid as aged or disabled.
- 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 requires at least two waiver services, one of which must be supports coordination, and that the service needs of

⁴ 42 CFR 430.25(b).

⁵ See 42 CFR 430.25(c)(2).

the applicant cannot be fully met by existing State Plan or other services.

All criteria must be met 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.

2.1 FINANCIAL ELIGIBILITY

Medicaid reimbursement for MI Choice services requires a determination of Medicaid financial eligibility for the applicant by MDHHS. As a provision of the waiver, MI Choice applicants benefit from an enhanced financial eligibility standard compared to basic Medicaid eligibility. Specifically, MI Choice is available to participants in the special home and community-based group under 42 CFR §435.217 with a special income level up to 300% of the Supplemental Security Income (SSI) Federal Benefit Rate. Medicaid eligibility rules stipulate that participants are not allowed to spend-down to the income limit to become financially eligible for MI Choice.

To initiate a financial eligibility determination, MI Choice waiver agencies must enter enrollment notifications electronically in the Community Health Automated Medicaid Processing System (CHAMPS). Once the electronic enrollment is completed in CHAMPS, the participant will be assigned an associated MI Choice Program Enrollment Type (PET) code. MI Choice waiver agencies must enter disenrollment notifications electronically in CHAMPS to notify MDHHS of participants who are no longer enrolled in MI Choice. Once an electronic disenrollment is completed in CHAMPS, the participant's PET code will end to reflect a disenrollment date. Proper recordkeeping requirements must be followed and reflected in the applicant's or participant's case record.⁶

Here, as discussed above, Department denied Petitioner's request for services pursuant to the above policies.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that Department erred. Moreover, the undersigned ALJ is limited to

⁶ Medicaid Provider Manual, MI Choice Waiver, January 1, 2025, p 2.

reviewing Department's decision in light of the information available at the time the decision was made.

Given the available information and applicable policies in this case, Petitioner has failed to meet her burden of proof; and Department's decision must, therefore, be affirmed.

Here, as credibly explained by Department's representative, while Petitioner provided some of the financial information being requested, the MDHHS determined that Petitioner was financially ineligible for the waiver program.

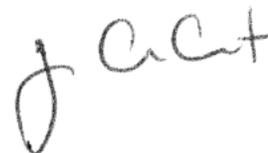
To the extent Petitioner's income or circumstances change, then Petitioner's representative can always request services again in the future along with that updated information. With respect to the decision at issue in this case, however, Department's decision must be affirmed given the undisputed information and applicable policies.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

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



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

PROOF OF SERVICE



I hereby state, to the best of my knowledge, information, and belief, that a copy of the foregoing document was served upon all parties and/or attorneys of record in this matter by first class mail at their respective addresses as disclosed below or electronic delivery as specified this 5th day of May 2025.

P Swalt

**Michigan Office of Administrative Hearings
and Rules, Secretary**

Via Electronic Mail:

**Community Health Representative
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Via First Class Mail:

Petitioner

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Authorized Hearing Representative

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