



**Date Mailed:** June 20, 2025

**Docket No.:** 25-016819

**Case No.:** [REDACTED]

**Petitioner:** [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।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

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.

[REDACTED] MI [REDACTED]

**Date Mailed:** June 20, 2025

**Docket No.:** 25-016819

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

## **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 hearing was held on June 17, 2025. [REDACTED] appeared on behalf of Petitioner. Katie Feher appeared on behalf of Respondent, Meridian, the Medicaid Health Plan (Respondent or MHP). Dr. Indira Onquzurike, Medical Director, appeared as a witness for the MHP.

### **ISSUE**

Did the MHP properly deny Petitioner's request for continued occupational therapy (OT)?

### **FINDINGS OF FACT**

Based on the competent, material, and substantial evidence presented, the Administrative Law Judge finds as material fact:

1. On April 8, 2025, the Respondent sent Petitioner a Notice of Adverse Benefit Determination. The notice indicated that Petitioner's request for 26 OT visits was denied. (Exhibit A.)
2. On April 21, 2025, the Respondent received from Petitioner, an internal appeal. (Exhibit A.)
3. On April 28, 2025, the Respondent provided Petitioner with a Notice of Internal Appeal Decision. The notice upheld the previous denial, denying Petitioner's request for OT. The notice provided the following:

We received your appeal request for your child to have 26 more OT (Occupational Therapy (OT)) visits to work on the remaining goals. The notes show your child has been

25-016819

approved for 115 OT visits to address the same health condition (Segmental and somatic dysfunction of upper extremity, spastic quadriplegic cerebral palsy). The therapy notes show your child is making slow gains. The therapy notes also show your child has met 16 of their 21 set goals. The notes show goals are aimed at similar skills. The therapy notes show the remaining goals are for wrist motion and handwriting. The therapy notes show this has been addressed for an extended period. The notes sent do not show why the remaining skills left to address cannot be done with HEP (home exercise program). The notes sent do not support more skilled care beyond what has been approved for this health condition. Per the Evolent Clinical Guideline 603 for Outpatient Habilitative Physical Therapy (PT) and Occupational Therapy (OT); Evolent Clinical Guideline 606-01 for Record Keeping and Documentation Standards: Physical Medicine, the notes must show:

-Why are the skills of a therapist needed to address the remaining goals (notes show ongoing and lower complexity goals and repetitive treatment activities; goals and treatment activities targeting handwriting, wrist range of motion, and tossing a ball can also be addressed with a home program and caregiver support at this phase of care.)

The notes did not show this. Therefore, the request for 26 additional OT visits remains denied.<sup>1</sup>

4. On May 7, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Exhibit A.)

### **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.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified MHPs.

---

<sup>1</sup> Exhibit A, pp 10-11.

---

The Respondent is one of those MHPs, and as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.<sup>2</sup>

With regard to occupational therapy, the Medicaid Provider Manual states:

## **SECTION 5 – STANDARDS OF COVERAGE AND SERVICE LIMITATIONS**

### **5.1 OCCUPATIONAL THERAPY**

MDHHS uses the terms Occupational Therapy, OT, and therapy interchangeably. OT is covered when furnished by a Medicaid-enrolled outpatient therapy provider when performed by:

- A licensed occupational therapist (OT);
- A licensed occupational therapy assistant (OTA) under the supervision of an OT (i.e., the OTA's services must follow the

---

<sup>2</sup> Medicaid Provider Manual, Medicaid Health Plan, January 1, 2025, p

evaluation and treatment plan developed by the OT, and the OT must supervise and monitor the OTA's performance with continuous assessment of the beneficiary's progress). All documentation must be reviewed and signed by the appropriate supervising OT;

- A student completing his clinical affiliation under the direct supervision of (i.e., in the presence of) an OT. All documentation must be reviewed and signed by the supervising OT.<sup>3</sup>

Respondent's Medical Director testified that Petitioner's request for continued OT was denied because Petitioner had reached a point where the continuous skilled therapy was no longer required and could be replaced by in home treatment. It was additionally noted that the documentation provided with the request did not identify a need for continuous treatment and interventions.

Petitioner's Representative indicated Petitioner relied on a primary caregiver for almost all needs including bathing and dressing and required the permanent use of a wheelchair. It was argued Petitioner had limited use of the left hand and primarily used right hand for all tasks including use of a communication device. It was also noted that Petitioner utilized only 78 of the 116 OT visits that were approved in the past.

Based on the evidence presented, Petitioner has failed to satisfy the burden of proving by a preponderance of the evidence that the Respondent improperly denied Petitioner's OT request. Petitioner did not rebut the Respondent's argument regarding the lack of medical documentation to substantiate a need for service and further did not address the argument that Petitioner' could transition to in-home care and exercises. As such, the Respondent's decision was proper and must be upheld.

### **DECISION AND ORDER**

Based on the above findings of fact and conclusions of law, the Administrative Law Judge finds that the Respondent's denial of Petitioner's request for OT was proper.

**IT IS THEREFORE ORDERED** that:

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

  
\_\_\_\_\_  
**COREY A. ARENDT**

<sup>3</sup> Medicaid Provider Manual, Therapy Services, January 1, 2025, p 10.

---

## 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](https://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://irs.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](mailto: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.



**Via Electronic Mail:**

**Department Contact**  
MDHHS-MANAGED CARE PLAN DIVISION  
400 S PINE ST 7TH FL  
LANSING, MI 48933  
**MDHHS-MCPD@MICHIGAN.GOV**

**Community Health Representative**  
MERIDIAN COMPLETE  
C/O KATIE FEHER  
777 WOODWARD AVE  
STE 700  
DETROIT, MI 48244  
**KATIE.FEHER@CENTENE.COM**

**Via First Class Mail:**

**Authorized Hearing Representative**

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

**Authorized Hearing Representative**

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

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