

Date Mailed: July 10, 2025

Docket No.: 25-019778

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for hearing filed by Petitioner Shamitria Burns (Petitioner).

After due notice, a telephone hearing was held on July 3, 2025. Petitioner appeared and testified on her own behalf. Markieta Armstrong-Lewis, Community Transition Specialist, appeared and testified on behalf of Respondent Disability Network Wayne County Detroit (Respondent).¹

During the hearing, Petitioner's request for hearing was entered into the record without objection as Exhibit #1. No other proposed exhibits were submitted by either party.

ISSUE

Did Respondent properly terminate Petitioner's Community Transition Services (CTS)?

FINDINGS OF FACT

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

1. Respondent is a transition agent contracted with the Michigan Department of Health and Human Services (MDHHS) to administer CTS for Medicaid beneficiaries who meet eligibility criteria.
2. In June of 2023, following a hospitalization, Petitioner received CTS through Respondent as she transitioned into a home. (Testimony of Petitioner).
3. Since transitioning into her home in June of 2023, Petitioner has not received any CTS through Respondent. (Testimony of Petitioner).

¹ On July 2, 2025, the day before the scheduled hearing, Respondent requested that the matter be adjourned. However, that request was denied the same day due to a lack of good cause.

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4. On May 20, 2025, Respondent sent Petitioner written notice that her CTS would be terminated as of May 30, 2025. (Exhibit #1, page 1).
 5. With respect to the reason for the decision, the notice stated: "The reason for this change is, no longer meets barrier." (Exhibit #1, page 1).
 6. On May 29, 2025, MOAHR received the request for hearing filed by Petitioner with respect to that notice. (Exhibit #1, page 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.

Community Transition Services (CTS) are Medicaid Home and Community-Based Services (HCBS) authorized through §1915(i) of the Social Security Act to assist nursing facility residents that would like to explore community-based living options

With respect to CTS, the applicable version of the Medicaid Provider Manual (MPM) states in part:

Community Transition Services (CTS) are Home and Community-Based Services (HCBS) for Medicaid beneficiaries who meet eligibility criteria. The benefit is administered by the Michigan Department of Health and Human Services (MDHHS) on a fee-for-service (FFS) basis through transition agencies including Area Agencies on Aging, Centers for Independent Living, and other qualified community-based organizations.

Beneficiaries eligible for CTS include nursing facility and institutional residents who meet needs-based criteria and have at least one risk factor as described in this chapter. Provision of CTS does not relieve institutions of required discharge planning activities.

* * *

To be eligible for CTS, beneficiaries must:

- be eligible for Medicaid or have **all** the following:

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- a completed Michigan Medicaid application with all necessary verifications submitted to the local MDHHS office awaiting review;
 - reasonable assurance that local MDHHS office will likely approve the submitted application; and
 - application registration on Bridges as verified by MDHHS.
- be age 65 or older;
 - be age 18 through 64 with a physical disability;
 - meet one of the following:
 - be at risk of inappropriate institutionalization due to being served in an institution but do not meet the level of care for that institution; or
 - indicate on the Freedom of Choice form that they no longer choose to receive long term services and supports in an institutional setting;
 - meet Needs-Based Criteria identified within this chapter; and
 - have at least one risk factor, as identified within this chapter, that cannot be addressed by standard institutional discharge procedures.

* * *

2.2 RISK FACTORS

Beneficiaries must have at least one of the following risk factors:

- history or at risk of inability to secure or retain housing in the community;
- history or at risk of inability to secure HCBS without assistance;

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- history or at risk of inability to secure documentation needed for independent living without assistance, including identification cards, health insurance cards, birth certificate, etc.; or
 - history of an unsafe or inaccessible living environment.

2.3 RE-EVALUATION OF ELIGIBILITY

Individuals who have been approved to receive CTS must have an annual re-evaluation of their eligibility. This includes a re-evaluation of eligibility criteria mentioned above as well as a re-assessment using the community transition assessment.

SECTION 3 – COVERED SERVICES [CHANGE MADE 4/1/2025]

To qualify for CTS, beneficiaries must receive monthly monitoring and at least one of the transition services outlined in the Transition Navigation Case Management subsection of this chapter every three months. Transition services are not available through a self-directed arrangement. **(revised per bulletin MMP 24-49)**

3.1 TRANSITION NAVIGATION CASE MANAGEMENT

Transition Navigator (TN) services are provided to ensure the delivery of supports and services needed to meet the beneficiary's goals for living in the community after an institutionalization. The TN functions to be performed and the frequency of face-to-face and other contacts are specified in the beneficiary's person-centered service plan (PCSP). The frequency and scope of TN contacts must take into consideration the health and welfare needs of the beneficiary. TN services may include the direct provision of CTS as specified in the PCSP.

* * *

3.2 COMMUNITY TRANSITION SERVICES [CHANGE MADE 4/1/2025]

CTS are non-reoccurring expenses necessary to enable a beneficiary who is transitioning from a nursing facility or other institutional setting to the community to establish a basic household and do not constitute room and board. This service is available while in the institution to prepare the beneficiary's chosen home and to accommodate a successful discharge to the community. This service may be available in the community when additional needs that were not accounted for prior to discharge are identified.

CTS includes the following:

- Security deposits and fees for community living, **(revised per bulletin MMP 24-49)**
- Set-up fees for utilities or service access, including telephone, electricity, heating and water,
- Essential household furnishings and moving expenses required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed and bath linens, and
- Services necessary for the beneficiary's health and safety, such as pest eradication, allergen control, and one-time cleaning prior to occupancy.

Some items or services under CTS may require prior authorization from MDHHS. (Refer to the Directory Appendix for website information related to the Transition Services Coding Structure.)

3.2.A. LIMITATIONS

CTS are furnished only to the extent that they are reasonable and necessary as determined through the PCSP development process, clearly identified in the PCSP and only when the beneficiary is unable to meet

such expense, or when the services cannot be obtained from other sources. CTS do not include monthly rental or mortgage expenses, food, regular utility charges, or household appliances or items that are intended for purely diversional or recreational purposes.

Personal emergency response systems provided as a transition service are limited to those that do not have ongoing monthly fees and are a one-time purchase.

*MPM, April 1, 2025 version
CTS Chapter, pages 1-7*

Here, as provided in the Advance Action Notice, Respondent decided to terminate Petitioner's CTS pursuant to the above policies.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that Respondent erred. Moreover, the undersigned ALJ is limited to reviewing Respondent's decision in light of the information it had at the time it made the decision.

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

The facts and background in this case are disputed, but, given that Respondent's representative indicated that she was substituting for another representative and had no personal knowledge of the case, the undersigned ALJ finds Petitioner's testimony to be both uncontradicted and credible.

In that testimony, Petitioner stated that she was first approved for CTS in June of 2023 and that she received services when transitioning out of the hospital into her home. She also testified that she has not received any CTS since moving into her home, but that her case never closed with Respondent. She further testified that she was not aware of all of the services that could have been provided, and that she needs assistance with obtaining groceries, new furniture, and medical supplies.

However, even accepting all of Petitioner's testimony as true, she has failed to meet her burden of proof in this case. Petitioner was approved for CTS as she transitioned from the hospital to the community, and it is undisputed that she had since transitioned and had remained in the community for almost two years at the time of the decision in this case. Moreover, while Petitioner wishes she had received more services at the time of the transition, that does not warrant additional CTS at this time and long after her transition has been completed. Similarly, while Petitioner seeks, and may require, additional services through MDHHS, those services would not be CTS and, instead, would constitute ongoing services that must be sought through other programs.

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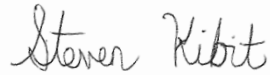
Petitioner had successfully transitioned into the community; CTS are no longer necessary or appropriate; and, whatever services may be available to Petitioner elsewhere, the decision in this case must be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly terminated Petitioner's Community Transition Services.

IT IS THEREFORE ORDERED that:

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



Steven Kibit
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 LARA-MOAHR-DCH@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 First Class & Electronic Mail:

Petitioner

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