

ISSUE

Did Department properly deny Petitioner's request for weekly nursing visits?

FINDINGS OF FACT

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

1. Department is an organization that contracts with the Michigan Department of Health and Human Services (MDHHS) and oversees PACE in Petitioner's geographical area.
2. Petitioner is enrolled in PACE and receiving services through Department. Petitioner's services include Home Aid visits 3 times daily at 45 minutes per visit. During these visits, Petitioner is provided various assistance with the tasks of baths, clothing changes, brief changes, medication reminders, meal preparation, and grocery shopping. (Exhibit A; Testimony).
3. Petitioner's aids are instructed to look for skin breakdowns and open wounds and are further instructed to report any changes to the Respondent. (Exhibit A; Testimony.)
4. Both aids and Petitioner have reported skin breakdowns to Respondent in the past resulting in a nurse evaluating Petitioner. (Testimony.)
5. Petitioner suffers from periodic wounds that require skilled nursing for wound cleaning/dressing. (Testimony.)
6. Petitioner is a mild risk for pressure injuries and has a Braden score of 15/23. (Exhibit A; Testimony.)
7. On March 31, 2025, Department sent Petitioner an Adequate Action Notice. The notice indicated Petitioner's request for weekly nursing visits was denied. (Exhibit A.) The notice specifically provided the following regarding the denial:

IDT reviewed clinic RNs assessment conducted in response to request and considered implications to the participant's medical, physical, emotional, and social needs. IDT denies request with recommendation for home care PCAs to continue to monitor REDACTED's lower extremities and buttocks and alert clinic if there is an issue.¹
8. On June 23, 2025, the Michigan Office of Administrative Hearings and

¹ Exhibit A, p 2.

Rules received from Petitioner, a request for hearing. (Hearing File.)

9. On or around July 15, 2025, a new wound was discovered on Petitioner's right buttock; and an RN was assigned to tend to wound care until the wound was healed. (Exhibit A; Testimony.)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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. PACE services are available as part of the Medicaid program and, with respect to the program and eligibility for it, the Medicaid Provider Manual (MPM) provides:

SECTION 1 – GENERAL INFORMATION

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible.

PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services designed to meet the following objectives:

- Enhance the quality of life and autonomy for frail, older adults;
- Maximize the dignity of, and respect for, older adults;
- Enable frail, older adults to live in the community as long as medically and socially feasible; and
- Preserve and support the older adult's family unit.

The PACE capitated benefit was authorized by the federal Balanced Budget Act of 1997 and features a comprehensive service delivery system with integrated Medicare and Medicaid financing.

An interdisciplinary team, consisting of professional and paraprofessional staff, assesses beneficiary needs, develops a plan of care, and monitors delivery of all services (including acute care services as well as nursing facility services, when necessary) within an integrated system for a seamless

provision of total care. Typically, PACE organizations provide social and medical services in an adult day health center supplemented by in-home and other services as needed.

The financing model combines payments from Medicare and Medicaid, allowing PACE organizations to provide all needed services rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. PACE organizations assume full financial risk for beneficiary care without limits on amount, duration, or scope of services.

Physicians currently treating Medicaid patients who are in need of nursing facility care may consider PACE as an option. Hospital discharge planners may also identify suitable candidates for referral to PACE as an alternative to a nursing facility. (Refer to the Directory Appendix for PACE contact information.)

SECTION 2 – SERVICES

The PACE organization becomes the sole source of services for Medicare and Medicaid beneficiaries who choose to enroll in a PACE organization.

The PACE organization is able to coordinate the entire array of services to older adults with chronic care needs while allowing elders to maintain independence in the community for as long as possible. The PACE service package must include all Medicare and Medicaid covered services, in addition to other services determined necessary by the interdisciplinary team for the individual beneficiary. Services must include, but are not limited to:

- Adult day care that offers nursing, physical, occupational, and recreational therapies, meals, nutritional counseling, social work, and personal care
- All primary medical care provided by a PACE physician familiar with the history, needs and preferences of each beneficiary, all specialty medical care, and all mental health care
- Interdisciplinary assessment and treatment planning

- Home health care, personal care, homemaker, and chore services
- Restorative therapies
- Diagnostic services
- Transportation for medical needs
- All necessary prescription drugs and any authorized over-the-counter medications included in the plan of care
- Social services
- All ancillary health services, such as audiology, dentistry, optometry, podiatry, speech therapy, prosthetics, durable medical equipment, and medical supplies
- Respite care
- Emergency room services, acute inpatient hospital and nursing facility care when necessary
- End-of-Life care²

Here, Petitioner has been approved for PACE services at all times relevant to this matter and it is only the denial of his request for a weekly nursing checks.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that Department erred. Moreover, the undersigned Administrative Law Judge is limited to reviewing Department's decision in light of the information available at the time the decision was made.

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

Petitioner argued for weekly nursing visits to assess his lower extremities as he felt that the care providers were unqualified, inexperienced, young, and immature. Petitioner failed to present any proof that the workers were unqualified and that the system in place was insufficient. Thus, Petitioner's arguments failed to show that such visits were medically necessary.

² MPM, PACE, April 1, 2024, pp 1-2.

It is worth noting the evidence presented indicates that recently a skin break down was discovered; and the appropriate treatment was assigned to treat the discovery. This shows that that the system in place is working and sufficient at this time.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Department's properly denied Petitioner's request for weekly nursing checks.

IT IS, THEREFORE, ORDERED that:

Department's decision is **AFFIRMED**.