



Date Mailed: October 30, 2025

Docket No.: 25-034694

Case No.: [REDACTED]

Petitioner: [REDACTED]

[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।

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.

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Docket No.: 25-034694

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 telephone hearing was held on October 29, 2025. [REDACTED] Petitioner appeared and testified on her own behalf. [REDACTED] Caregiver, appeared as a witness for Petitioner. Katie Feher, Senior Manager, Denials and Appeals, appeared on behalf of Respondent Meridian Complete, the Medicaid Health Plan (MHP) Scott Kuzniar, Senior Manager, Population Strategy; and Dawn Garceau, Manager, Case Management, appeared as witnesses for Respondent.

ISSUE

Did the MHP properly assess Petitioner's Personal Care (PC) services?

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 is a Medicaid beneficiary who is enrolled in Respondent's MHP. (Exhibit A; Testimony.)
2. On August 4, 2025, a six-month PC reassessment was conducted in Petitioner's home by Respondent's contractor, using the MI Health Link Minimum Operating Standards. (Exhibit A, pp 18-25; Testimony.)
3. During the assessment, Petitioner's Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) were reviewed with Petitioner and her caregiver. (*Id.*; Testimony.)
4. Following the assessment, Petitioner's PC services were reduced from 16.25 to 3.25 hours per week based on the review of ADL's and IADL's. (Exhibit A, pp 27-36; Testimony.)
5. On August 7, 2025, Respondent sent Petitioner a Notice of Denial of Medical Coverage which notified Petitioner that her PC services had been reduced. (Exhibit A, pp 26-35; Testimony.) Specifically, the Notice indicated:

We reduced the medical services/items listed above because: On 8/4/25 Meridian assessed how much help you need in the home. Personal care hours are allowed when a person needs help with daily tasks. To qualify for these services, you must need help with at least one daily task. This could be help with eating, going to the bathroom, bathing, grooming, dressing, and being able to get around. Based on your assessment, your personal care hours have been reduced from 16.25 weekly hours to 3.25 weekly hours. This change starts on 8/22/25. This decision was based on the MI Health Link Minimum Operating Standards. If your needs change, please call your care coordinator at 855-323-4578 Monday-Friday from 8am-8pm. We will come to your home for a new assessment.

(Exhibit A, p 26; Testimony.)

6. On August 13, 2025, Petitioner requested an internal appeal. (Exhibit A, pp 38; Testimony.)
7. On September 8, 2025, Respondent sent Petitioner a Notice of Appeal Decision. (Exhibit A, pp 38-49; Testimony.) The Notice indicated, in relevant part:

We received your appeal for more Personal Care Assistance Hours. You told us that your caregiver needs more time to complete tasks. We reviewed the notes from your in-person assessment completed on 08/04/2025. Your weekly hours were reduced (16.25 weekly hours to 3.25 weekly hours). You said you require assistance with activities of daily living skills and this was included in the assessment. You are receiving the allowed minutes for your daily living skills (ADLs) per the MI Health Link Minimum Operating Standards (hours correctly calculated and reflected in your authorization). We used the MI Health Link Minimum Operating Standards in making our decision.

Therefore, the request stays denied.

(Exhibit A, p 38; Testimony.)

8. On October 1, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 1-8.)

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.

In 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 Medicaid Health Plans.

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 Health and Human Services (MDHHS) 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.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
July 1, 2025, p 1
Emphasis added
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With regard to Personal Care services, the MPM provides, in relevant part:

5.1 STATE PLAN PERSONAL CARE SERVICES

For individuals enrolled in the MI Health Link program, State Plan personal care services will be provided and paid for by the ICO and will no longer be provided through the Medicaid Home Help program. Personal care services are available to individuals who require hands-on assistance in activities of daily living (ADLs) (i.e., eating, toileting, bathing, grooming, dressing, mobility, and transferring) as well as hands-on assistance in instrumental activities of daily living (IADLs) (i.e., personal laundry, light housekeeping, shopping, meal preparation and cleanup, and medication administration).

Personal care services are available to individuals living in their own homes or the home of another. Services may also be provided outside the home for the specific purpose of enabling an individual to be employed.

Providers shall be qualified individuals who work independently, contract with, or are employed by an agency. The ICO may directly hold provider agreements or contracts with independent care providers of the individual's choice, if the provider meets MDHHS qualification requirements, to provide personal care services. Individuals who currently receive personal care services from an independent care provider may elect to continue to use that provider. The individual may also select a new provider if that provider meets State qualifications. Paid family caregivers will be permitted to serve as a personal care provider in accordance with the state's requirements for Medicaid State Plan personal care services.

5.1.F. REIMBURSEMENT AND RATES

If the individual does not require the maximum allowable hours for IADLs, only the amount of time needed for each task shall be authorized. Assessed hours for IADLs (except medication administration) must be **prorated by one half** in shared living arrangements where other adults reside in the home as personal care services are only for the benefit of the individual. . . .

*Medicaid Provider Manual
MI Health Link Chapter
July 1, 2025, pp 1, 8*

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Pursuant to the above policy and its contract with the Department, the MHP has developed policies that are subject to the limitations and restrictions described in the MHP's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

Respondent's witnesses indicated that based on the information in the assessment they received and reviewed, the reduction was proper based on the MI Health Link MDHHS Minimum Operating Standards. Respondent's witnesses testified that the reduction was due to re-education efforts and closer following of the State guidelines to correct over allocations in the past.

Petitioner and her caregiver testified that the clinician who met them could not have gotten the information in the assessment from them because none of it was true. Petitioner indicated that she does not require assistance with bathing and she never told the clinician that she needed help with bathing. Petitioner indicated that she informed the clinician that she needed assistance with grooming (her hair mostly), laundry, housekeeping, shopping, errands and meal preparation. Petitioner indicated that she has been receiving the same level of services for many years and her needs have only grown – she has not improved.

Here, the clinician who completed the assessment was not present at the hearing to offer testimony or explain his or her findings. The only witnesses Respondent produced were witnesses that could confirm that if the information in the assessment was accurate, then a reduction in PC services was warranted. However, none of Respondent's witnesses could testify to the accuracy of what was in the assessment because they were not there. Petitioner and her caregiver credibly testified that the information in the assessment was not what they reported to the clinician during the assessment and that information is not aligned with Petitioner's needs.

Therefore, based on the evidence presented, Petitioner has proven by a preponderance of the evidence that the MHP's decision was improper and must be reversed.

DECISION AND ORDER

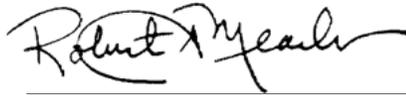
The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP improperly assessed Petitioner's Personal Care services.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **REVERSED**.

Respondent shall reinstate Petitioner's Personal Care services to 16.25 hours per week until another assessment can be conducted.

Respondent shall certify within 10 days of receipt of this Decision and Order that it has taken steps to comply with the Order.



ROBERT J. MEADE
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.

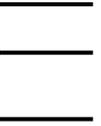
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation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

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