



**Date Mailed:** December 17, 2025

**Docket No.:** 25-038728

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]  
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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。

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**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 MCL 400.37, and upon a request for a hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on December 10, 2025. Petitioner appeared and testified on his own behalf. Leigha Klaver, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Ian Lowers, a Departmental Analyst with the Department; [REDACTED], a registered nurse/supports coordinator with A&D Home Health Care Inc.; and [REDACTED], a social worker with A&D Home Health Care Inc.; testified as witnesses for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-116. No other proposed exhibits were submitted.

### **ISSUE**

Did the Department properly decide to terminate Petitioner's services through the MI Choice Waiver Program?

### **FINDINGS OF FACT**

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

1. In May of 2025, Petitioner applied for services through A&D Home Health Care Inc. pursuant to the MI Choice Waiver Program. (Exhibit A, pages 23-31).
2. On May 14, 2025, A&D Home Health Care Inc. staff conducted a Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) with Petitioner. (Exhibit A, pages 23-31).
3. In that LOCD, Petitioner was found to be eligible for the MI Choice Waiver Program based upon his passing through Door #1 of the LOCD. (Exhibit A, pages 23-31).

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4. Petitioner passed through Door #1 due to his need for supervision for transferring and limited assistance with toilet use. (Exhibit A, pages 25-26).
  5. On October 28, 2025, A&D Home Health Care Inc. staff conducted another LOCD with Petitioner. (Exhibit A, pages 32-40).
  6. At that time, and during the seven days prior, Petitioner was independent in transferring and toilet use, as well as in bed mobility and eating. (Exhibit A, pages 34-36; Testimony of Petitioner; Testimony of Registered Nurse/Supports Coordinator).
  7. In that second LOCD, Petitioner was found to be ineligible for the MI Choice Waiver Program based upon his failure to qualify via entry through any of the doors of that tool. (Exhibit A, pages 32-40, 47-84).
  8. A&D Home Health Care Inc. then sent Petitioner written notice that it had been determined that he no longer met the medical eligibility criteria for the MI Choice Waiver Program. (Exhibit A, page 86).
  9. On November 3, 2025, MOAHR received a request for hearing filed by Petitioner in this matter with respect to that decision. (Exhibit A, pages 85-91).

### **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.

The Medicaid Provider Manual (MPM) describes the policy for admission and continued eligibility for the MI Choice Waiver Program:

#### **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.

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- 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 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.

\* \* \*

## **2.2 FUNCTIONAL ELIGIBILITY**

The MI Choice waiver agency must verify an applicant's functional eligibility for program enrollment using the LOCD application in CHAMPS. Waiver agencies must conduct an LOCD in person with an applicant and submit that information in the LOCD application in CHAMPS, or the agency may adopt an existing LOCD conducted by another provider. The information submitted is put through an algorithm within the application to determine whether the applicant meets LOCD criteria. Only the LOCD application in CHAMPS can determine functional eligibility for the nursing facility level of care. Additional information can be found in the Nursing Facility Level of Care Determination Chapter and is applicable to MI Choice applicants and participants.

*MPM, October 1, 2025 version  
MI Choice Chapter, pages 1-2*

Moreover, regarding the required LOCD referenced in the above policy, the MPM also states in part:

### **SECTION 1 – GENERAL INFORMATION**

The Michigan Department of Health and Human Services (MDHHS) is required to assess all individuals seeking Medicaid-funded long-term services and supports (LTSS) that require level of care eligibility to determine their functional need for those services. The determination is an essential component of eligibility for services provided in nursing facilities, the MI Choice Waiver Program, the Program of All-Inclusive Care for the Elderly (PACE), and the MI Health Link Home and Community Based Services (HCBS) Waiver Program. Policies contained herein apply equally and consistently to each of these programs except as noted.

MDHHS uses a standard assessment and process for all programs and services that require an individual meet the nursing facility level of care. Programs may not use any other assessment in place of the Level of Care Determination (LOCD) tool for this determination. The LOCD assures a consistent and reliable process for determining that individuals meet the functional eligibility requirements.

Providers may access the LOCD online in the Community Health Automated Medicaid Processing System (CHAMPS) through the MILogin application. (Refer to the Directory Appendix for website information.) LOCD assessment data is entered and processed in CHAMPS.

The LOCD is a “point in time” assessment; that is, it determines the individual’s functional eligibility at the time of the assessment. MDHHS assumes that beneficiaries will maintain functional eligibility until they are determined otherwise through a reassessment or the LOCD’s End Date. An LOCD is an in-person meeting between the qualified and licensed health professional and the individual seeking functional eligibility.

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## **SECTION 3 – NURSING FACILITY LEVEL OF CARE DETERMINATION PROCESS**

### **3.1 LOCD ASSESSMENT REQUIREMENT FOR REIMBURSEMENT**

The LOCD must be conducted prior to or on the day of an individual's admission to a nursing facility or enrollment in MI Choice Waiver Program, PACE, or MI Health Link HCBS Waiver Program to ensure reimbursement for a Medicaid eligible beneficiary. The LOCD must be conducted in person by a qualified and licensed health professional. The qualified and licensed health professional conducting the LOCD or a designated employee of the organization must enter the assessment findings online in the CHAMPS system. Except where otherwise noted, only LOCDs entered in CHAMPS are considered valid for establishing functional eligibility.

The LOCD is considered payable when all the following conditions are met:

- the beneficiary meets LOCD criteria;
- the LOCD is entered online in CHAMPS;
- the LOCD is active on the date of service (meaning the date of service is on or after the LOCD Start Date and before the LOCD End Date); and
- the beneficiary is receiving LTSS and meets all program-specific eligibility criteria.

### **3.2 PERSONS AUTHORIZED TO CONDUCT THE LOCD**

A qualified and licensed health professional must be a physician, registered nurse, licensed practical nurse, licensed social worker (Limited License Bachelor of Social Work, Limited License Master Social Worker, Licensed Bachelor Social Worker, or Licensed Master Social Worker), physician's assistant, nurse practitioner, licensed psychologist, physical therapist, respiratory therapist, occupational therapist or speech therapist. Once the LOCD is completed by a qualified and licensed health professional, a clinical or non-clinical staff person may enter the LOCD information in CHAMPS. When the LOCD data are entered,

CHAMPS applies the MDHHS algorithm to determine eligibility.

### **3.3 INITIAL LOCD ASSESSMENT**

The LOCD must be conducted in person by a qualified and licensed health professional (as defined in the Persons Authorized to Conduct the LOCD subsection) before the provider is eligible for Medicaid reimbursement for services rendered to the beneficiary. The LOCD must be conducted prior to or on the day of admission or enrollment. The LOCD assessment findings for all LOCDs conducted, including Door 0 (zero), which indicate the individual does not meet LOCD criteria must be entered online in CHAMPS. (LOCD Doors are described in the Nursing Facility Level of Care Determination Criteria section.)

\* \* \*

### **3.7 ONGOING FUNCTIONAL ELIGIBILITY**

Medicaid LTSS providers are required to ensure the individual continues to meet eligibility requirements on an ongoing basis. The functional eligibility that is assessed by the LOCD is one of the eligibility requirements. Therefore, Medicaid LTSS providers must ensure that individuals meet LOCD criteria on an ongoing basis. The LTSS provider is responsible for conducting a new LOCD if there is a significant change in the beneficiary's condition. When a provider possesses information that a beneficiary may no longer meet eligibility, the provider must conduct an in person reassessment. Such information may come in the form of progress notes, routine assessments, staff observations, or any other documentation that might call into question the continued functional eligibility of the beneficiary.

\* \* \*

## **SECTION 4 – NURSING FACILITY LEVEL OF CARE DETERMINATION CRITERIA**

The Michigan Nursing Facility Level of Care Determination criteria includes seven domains of need, called Doors. The Doors include: (1) Activities of Daily Living; (2) Cognitive Performance; (3) Physician Involvement; (4) Treatments and Conditions; (5) Skilled Rehabilitation Therapies; (6)

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Behaviors; and (7) Service Dependency. The Doors and the assessment items are listed below.

Guidance on administering the LOCD, including definitions and methods, is provided in the Michigan Medicaid Nursing Facility Level of Care Determination Field Definition Guidelines.

The LOCD should be an accurate reflection of an individual's current functional status. This information is gathered in an in-person meeting by speaking to the individual and those who know the individual well, observing the individual's activities, and reviewing an individual's medical documentation. Refer to the Michigan Medicaid Nursing Facility Level of Care Determination Field Definition Guidelines on the MDHHS website for more information. (Refer to the Directory Appendix for website information.)

#### **4.1 DOOR 1: ACTIVITIES OF DAILY LIVING**

Door 1 assesses four ADLs: (1) Bed Mobility; (2) Transfers; (3) Toilet Use; and (4) Eating.

#### **4.2 DOOR 2: COGNITIVE PERFORMANCE**

Door 2 assesses short-term memory, cognitive skills for daily decision-making and making self-understood.

#### **4.3 DOOR 3: PHYSICIAN INVOLVEMENT**

Door 3 assesses the frequency of physician visits and physician order changes.

#### **4.4 DOOR 4: TREATMENTS AND CONDITIONS**

Door 4 assesses a set of nine treatments and conditions that may be a predictor of potential frailty or increased health risk. The treatments and conditions include: Stage 3-4 Pressure Sores; Intravenous or Parenteral Feeding; Intravenous Medications; End-stage Care; Daily Tracheostomy Care, Daily Respiratory Care, Daily Suctioning; Pneumonia within the Last 14 Days; Daily Oxygen Therapy; Daily Insulin with Two Order Changes in the Last 14 Days; and Peritoneal or Hemodialysis.

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#### **4.5 DOOR 5: SKILLED REHABILITATION THERAPIES**

Door 5 assesses the presence of rehabilitation interventions, including physical therapy, occupational therapy, and speech therapy.

#### **4.6 DOOR 6: BEHAVIOR**

Door 6 assesses behavioral challenges. It includes five behavioral symptoms: wandering, verbal abuse, physical abuse, socially inappropriate or disruptive behavior, and resistance to care. Door 6 also assesses for the presence of delusions and hallucinations.

#### **4.7 DOOR 7: SERVICE DEPENDENCY**

Door 7 applies to beneficiaries currently receiving other services and supports in nursing facilities, MI Choice, PACE, or the MI Health Link HCBS Waiver program. It assesses the beneficiary's dependence on services to maintain the current level of functioning and whether there are options for maintaining the level of functioning with services and supports available in the community.

#### **4.8 DOOR 8: FRAILITY**

MDHHS or its designee determined that the beneficiary is eligible for Medicaid LTSS services based upon the Frailty Criteria. Individuals who exhibit certain behaviors and treatment characteristics that indicate frailty may be admitted or enrolled to LTSS programs requiring an LOCD. The individual needs to trigger one element of this criteria to be considered for Frailty. Refer to the Michigan Medicaid Nursing Facility Level of Care Determination Exception Process on the MDHHS website for more information. (Refer to the Directory Appendix for website information.) For the MI Health Link program, the Frailty Criteria are applied by the Integrated Care Organization.

#### **4.9 DOOR 0: INELIGIBLE**

The LOCD was conducted and the beneficiary did not meet the criteria for any of the doors. The beneficiary is not eligible for Medicaid LTSS services at this time. (Refer to the

Individual Does Not Meet LOCD Criteria, Action Notices, and Appeal Rights section for additional information.)

**4.10 DOOR 87: ELIGIBLE PENDING IN-PERSON REASSESSMENT**

The passive redetermination process could not confirm eligibility. The provider has 45 days from the date of the passive redetermination or until the current End Date, whichever is earlier, to conduct a new in-person assessment.

*MPM, October 1, 2025 version  
Nursing Facility LOCD Chapter  
Pages 1, 3, 9-10*

A LOCD is therefore mandated for all Medicaid-reimbursed enrollments in MI Choice. Moreover, even after admission, an enrollee must also continue to meet the outlined criteria in the LOCD on an ongoing basis.

The LOCD completed on October 28, 2025, was the basis for the action at issue in this case. To be found eligible for the MI Choice Waiver Program, the Petitioner must have met the requirements of at least one door:

**Scoring Door 1:** The applicant must score at least six points to qualify under Door 1.

**(A) Bed Mobility, (B) Transfers, and (C) Toilet Use:**

- Independent or Supervision = 1
- Limited Assistance = 3
- Extensive Assistance or Total Dependence = 4
- Activity Did Not Occur = 8

**(D) Eating:**

- Independent or Supervision = 1
- Limited Assistance = 2
- Extensive Assistance or Total Dependence = 3
- Activity Did Not Occur = 8

\* \* \*

**Scoring Door 2:** The applicant must score under one of the following three options to qualify under Door 2.

1. “Severely Impaired” in Decision Making.

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2. "Yes" for Memory Problem, and Decision Making is "Moderately Impaired" or "Severely Impaired."
  3. "Yes" for Memory Problem, and Making Self Understood is "Sometimes Understood" or "Rarely/Never Understood."

\* \* \*

**Scoring Door 3:** The applicant must meet either of the following to qualify under Door 3

1. At least one Physician Visit exam AND at least four Physician Order changes in the last 14 days, OR
2. At least two Physician Visit exams AND at least two Physician Order changes in the last 14 days.

\* \* \*

**Scoring Door 4:** The applicant must score "yes" in at least one of the nine categories and have a continuing need to qualify under Door 4.

\* \* \*

**Scoring Door 5:** The applicant must have required at least 45 minutes of active ST, OT or PT (scheduled or delivered) in the last 7 days and continues to require skilled rehabilitation therapies to qualify under Door 5.

\* \* \*

**Scoring Door 6:** The applicant must score under one of the following 2 options to qualify under Door 6.

1. A "Yes" for either delusions or hallucinations within the last 7 days.
2. The applicant must have exhibited any one of the following behaviors for at least 4 of the last 7 days (including daily): Wandering, Verbally Abusive, Physically Abusive, Socially Inappropriate/Disruptive, or Resisted Care.

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**Scoring Door 7:** The applicant must be a current participant, demonstrate service dependency, and meet all three criteria [participant for at least one consecutive year (no break in coverage); requires ongoing services to maintain current functional status; no other community, residential, or informal services are available to meet the applicant's needs] to qualify under Door 7.

*Exhibit A, pages 97, 101-104, 106-107*

Here, acting for the Department, A&D Home Health Care Inc. determined that Petitioner did not pass through any of the above doors during the October 28, 2025 LOCD, and that he was, therefore, no longer eligible for the MI Choice Waiver.

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

Given the available information and applicable policies in this case, Petitioner has failed to meet that burden of proof; and the Department's decision must therefore be affirmed as the facts in this case reflect that Petitioner did not pass through any of the doors of the LOCD.

The undersigned ALJ and Petitioner went through each of the 7 doors of the LOCD during the hearing and Petitioner's testimony expressly confirmed that both during the relevant look-back periods and at the time of the hearing, he did not pass through any of those doors.

Petitioner did testify that nothing has changed with respect to his medical conditions or needs since the first LOCD and that he should therefore remain in the program. However, the record demonstrates that something has either changed or that the first LOCD was inaccurate. Specifically, while Petitioner was previously found to pass through Door #1 due to a need for supervision for transferring and limited assistance with toilet use, his testimony during the hearing provided that he did not need such assistance now or during the relevant look-back periods.

Moreover, while Petitioner testified and argued that the staff from A&D Home Health Care Inc. came to his home with the LOCD already filled out and their conclusions predetermined; that testimony and argument is unpersuasive given that Petitioner did not contradict or dispute any of the specific findings at issue.

Similarly, while Petitioner also testified and argued that the eligibility determination was

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based on retaliation for Petitioner complaining about the services he was receiving, that testimony and argument is likewise unpersuasive given the undisputed facts demonstrating that Petitioner did not pass through any of the 7 doors of the LOCD as required to remain in the waiver program.

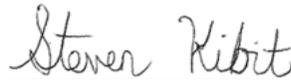
To the extent Petitioner has additional or updated information to provide in support of his need for MI Choice services, then he can always request such services again in the future along with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the available information and applicable policies.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly decided to terminate Petitioner's services through the MI Choice Waiver Program.

**IT IS, THEREFORE, ORDERED** that:

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



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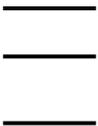
**STEVEN KIBIT**  
**ADMINISTRATIVE LAW JUDGE**

**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](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://lrs.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](mailto: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:**

**Respondent**

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