

Date Mailed: January 15, 2026

Docket No.: 25-040167

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 upon a request for hearing filed on behalf of Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on December 18, 2025. [REDACTED], Petitioner's legal guardian/mother, appeared and testified on Petitioner's behalf. Katie Feher, Senior Manager of Denials and Appeals, represented Respondent Meridian Complete (Respondent). Paige Hawley, Manager of Care Management, testified as a witness for Respondent.

During the hearing, Respondent submitted two evidence packets that were admitted into the record as Exhibit A, pages 1-61, and Exhibit B, pages 1-79, respectively,

ISSUE

Did Respondent properly decide to reduce Petitioner's expanded community living supports (ECLS) and personal care services?

FINDINGS OF FACT

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

1. Petitioner is a [REDACTED] Medicaid beneficiary who has been diagnosed with autism spectrum disorder, epilepsy, an intellectual disability, hypertension, obesity, pilonidal cysts, eczema, and keloid scarring. (Exhibit A, page 39).
2. He is also non-verbal, and he requires a legal guardian. (Exhibit A, pages 39-42).
3. Respondent is an Integrated Care Organization (ICO) contracted by the Michigan Department of Health and Human Services (Department or MDHHS) and the Centers for Medicare & Medicare Services (CMS) to provide covered services through the MI Health Link managed care program.

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4. Petitioner is enrolled in the MI Health Link program and has been authorized for services through Respondent. (Testimony of Manager of Care Management).
 5. As part of his services, Petitioner has been approved for 42 hours per week of ELCS and 16 hours per week of personal care services. (Exhibit A, page 28; Exhibit B, page 46; Testimony of Manager of Care Management).
 6. Those services were authorized following the completion of a complete, in-home assessment. (Testimony of Petitioner's representative; Testimony of Manager of Care Management).
 7. Petitioner's parents, who he resides with, are his self-directed caregivers. (Exhibit A, page 17).
 8. On September 15, 2025, staff from Respondent completed a face-to-face reassessment with Petitioner and Petitioner's guardian in Petitioner's home. (Exhibit A, page 17; Exhibit B, page 35).
 9. In the subsequent assessment report, Respondent did not identify any specific changes or improvements in Petitioner. (Testimony of Manager of Care Management).
 10. However, it did find that Petitioner required less personal care services after detailing Petitioner's personal care services and the level of assistance he needed task by task. (Exhibit A, pages 19-25; Testimony of Manager of Care Management).
 11. For example, Respondent determined that the 26 minutes per day that Petitioner had been receiving for toileting was mostly duplicative of the assistance he was authorized for wound care, and that only 36.4 minutes per week of such assistance was warranted. (Exhibit A, pages 19-20; Testimony of Manager of Care Management).
 12. Similarly, it found that Petitioner needed less time than previously approved for taking medication, from 20 minutes per day to 10 minutes per day, despite Petitioner continuing to require extensive assistance with that task given the number of medications he was taking. (Exhibit A, page 20; Testimony of Manager of Care Management).
 13. Respondent also found that Petitioner requires less ECLS than previously authorized after detailing Petitioner's assistance and particularizing his ECLS by activities. (Exhibit A, pages 23-25; Testimony of Manager of Care Management).

14. On September 22, 2025, Respondent sent Petitioner a written Notice of Denial of Medical Coverage in which it stated that Petitioner's ECLS would be reduced from 42 hours per week to 27.75 hours per week as of October 7, 2025. (Exhibit A, pages 27-37).

15. With respect to the reason for that decision, the notice stated:

We reduced the medical services/items listed above because: On 9/15/25 Meridian assessed for how much help you need in the home. Expanded community living supports hours are approved when a person requires prompting, cueing, guiding, teaching, observing, or reminding to complete ADLs. An enrollee can receive IADL assistance if he or she qualifies for ECLS. Based on your assessment, your expanded community living supports hours have been reduced from 42 weekly hours to 27.75 weekly hours. This change starts on 10/7/25. 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, page 28

16. That same day, Respondent also sent Petitioner a written Notice of Denial of Medical Coverage in which it stated that Petitioner's personal care services would be reduced from 16 hours per week to 13.75 hours per week as of October 7, 2025. (Exhibit B, pages 45-55).

17. With respect to the reason for that decision, the notice stated:

We reduced the medical services/items listed above because: On 9/15/25 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 weekly hours to 13.75 weekly hours. This change starts on 10/7/25. 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, page 46

18. On September 30, 2025, Petitioner filed an Internal Appeal with Respondent regarding the decisions to reduce his ECLS and personal care services. (Exhibit A, pages 38-43; Exhibit B, pages 56-61).
19. On October 29, 2025, Respondent sent Petitioner a Notice of Appeal Decision in which it stated that Petitioner's appeal regarding the reduction in ECLS was denied. (Exhibit A, pages 44-56).
20. With respect to the reason for the denial, the notice stated in part:

We received your appeal request about your reduced ECLS (Expanded Community Living Support) hours. We reviewed the in-person assessment done on 09/15/2025. The assessment shows you are dependent on your caregivers. The assessment shows your caregivers are given time to help you with daily life activities to keep you safe (money management, social participation in community, transportation to community events, preserving health and safety, dressing, and transferring). Based on your in-person assessment, your personal care hours were reduced from 42 weekly hours to 27.75 weekly hours. This decision was based on the MI Health Link Minimum Operating Standards.

Therefore, the request for caregiver support hours of an extra 14.25 weekly hours stays denied.

Exhibit A, page 45

21. That same day, Respondent also sent Petitioner a Notice of Appeal Decision in which it stated that Petitioner's appeal regarding the reduction in personal care services was denied. (Exhibit B, pages 62-74).
22. With respect to the reason for the denial, the notice stated in part:

We received your appeal request about your reduced Personal Care Service hours. We reviewed the in-person assessment done on 09/15/2025.

Your assessment shows you need limited help with eating and using the bathroom. Your assessment shows you need supervision with dressing and transferring. Your assessment also shows you are independent with walking. Your assessment does show you need a lot help with bathing, grooming, medications, and meal prep. Your assessment shows your caregiver is given time for laundry, shopping, and light housecleaning. Your caregiver is also given time for your wound care and range of motion exercises. The notes show the given weekly hours are reflected in the amount of help you need. Based on your in-person assessment, your personal care hours were reduced from 16 weekly hours to 13.75 weekly hours. This decision was based on the MI Health Link Minimum Operating Standards.

Therefore, the request for Personal Care Service hours of an extra 2.25 weekly hours stays denied.

Exhibit B, page 63

23. On November 12, 2025, MOAHR received the request for hearing filed in this matter on Petitioner's behalf with respect to the reduction in his services. (Exhibit A, pages 1-10; Exhibit B, pages 1-10).

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.

As discussed above, Petitioner has been authorized for personal care services and ECLS through Respondent pursuant to the MI Health Link program. With respect to that program in general and those services in particular, the applicable version of the Medicaid Provider Manual (MPM) states in part:

SECTION 1 – GENERAL INFORMATION

Effective March 1, 2015, the Michigan Department of Health and Human Services (MDHHS), in partnership with the Centers for Medicare & Medicaid Services (CMS), implemented a new managed care program called MI Health Link. This program integrates into a single coordinated delivery system all physical health care, pharmacy, long term supports and services, and behavioral health care for individuals who are dually eligible for full Medicare and full Medicaid. The goals of the program are to improve coordination of supports and services offered through Medicare and Medicaid, enhance quality of life, improve quality of care, and align financial incentives.

MDHHS and CMS have signed a three-way contract with managed care entities called Integrated Care Organizations (ICOs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental, and long term supports and services (nursing facility and home and community based services). The MI Health Link program also includes a home and community-based services (HCBS) waiver for MI Health Link enrollees who meet nursing facility level of care, choose to live in the community rather than an institution, and have a need for at least one of the waiver services as described in this chapter. This waiver is called the MI Health Link HCBS Waiver.

The Michigan Prepaid Inpatient Health Plans (PIHPs) in the four demonstration regions are responsible for providing all Medicare and Medicaid behavioral health services for individuals who have mental illness, intellectual/developmental disabilities, and/or substance use disorders. The Eligibility and Service Areas section provides a list of the regions and related counties.

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SECTION 5 – COVERED SERVICES

MI Health Link offers the following services:

- Medicare covered services, including pharmacy
- Medicaid State Plan services, including personal care services and hearing aid coverage

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- Dental services
 - Equivalent to the Medicaid adult dental benefit as described in the Dental Chapter of this manual.
 - Long Term Supports and Services (LTSS)
 - Nursing facility services
 - State Plan personal care services
 - Supplemental Services for individuals who live in the community and do not meet nursing facility level of care as determined by the LOCD.
 - MI Health Link HCBS Waiver services for individuals who live in the community and meet nursing facility level of care as determined by the LOCD
 - Services provided through PIHPs for individuals' needs related to behavioral health (BH), intellectual/developmental disability (I/DD) and substance use disorders (SUD)

The MI Health Link program waives the requirement for a three-day hospital stay prior to receiving rehabilitation or skilled care in a Michigan licensed nursing facility. Admission requirements include a physician-written order for nursing facility services, a completed LOCD, and a completed Pre-Admission Screening and Resident Review (PASRR).

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.

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5.1.B. ASSESSMENT REQUIREMENTS

During the Level I Assessment, ICO Care Coordinators (or designee who meets the qualifications for an ICO Care Coordinator) must consider if the individual may need personal care services. If the ICO Care Coordinator believes the individual may be eligible for MI Health Link personal care services, the ICO Care Coordinator will conduct the Personal Care Assessment. The face-to-face, comprehensive assessment is the basis for determining and authorizing the amount, scope and duration, and payment of services. The individual needs to be reassessed at least quarterly or with a change of functional and/or health status to determine and authorize the amount, scope and duration, and payment of services. The reassessment must be face-to-face.

ADLs and IADLs are ranked by the ICO Care Coordinator during the Personal Care Assessment. Through the assessment, ADLs and IADLs are assessed according to the following five point scale, where 1 is totally independent and 5 requires total assistance.

Independent	The individual performs the activity with no human assistance.
Verbal assistance	The individual performs the activity with verbal assistance such as reminding, guiding or encouraging.
Minimal human assistance	The individual performs the activity with some direct physical assistance and/or assistance technology.
Moderate human assistance	The individual performs the activity with a great deal of human assistance and/or assistive technology.
Dependent	The individual does not perform the activity even with human assistance and/or assistance technology.

An individual must be assessed with need for assistance with at least one ADL to be eligible to receive personal care services. Payment for personal care services may only be authorized for needs assessed at the level three (3) ranking or greater.

In addition, the individual must have an ADL functional ranking of three (3) or greater to be eligible for IADL services. Once an individual is determined eligible for personal care services, his/her authorized ADL and IADL services and the amount, scope and duration must be included in the Individual Integrated Care and Supports Plan (IICSP).

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5.1.D. REASONABLE TIME AND TASK

When a task (activity) is assigned to a specific provider, the rank of the activity is used against a

Reasonable Time Schedule (RTS) table to determine the recommended time that activity should be assigned. Providers should use the RTS table provided by MDHHS to record and report minutes spent delivering services. The maximum amount is across all assigned providers for an individual, so these are case maximums. When an individual's needs exceed the hours recommended by the RTS, a rationale must be provided and maintained in the individual's record.

5.1.F. REIMBURSEMENT AND RATES

After enrollment and according to the requirements of the three-way contract, the ICO must maintain the individual's current personal care providers and amount, scope and duration of services until the IICSP is reviewed and updated and providers are secured with individual approval. An ICO should use the Medicaid Home Help Payment Schedule to continue paying providers as scheduled. (Refer to the Directory Appendix for additional information.) An ICO should follow this schedule until the ICO and personal care provider agree upon a new payment schedule, which should be defined in the contract between the ICO and the personal care provider. The ICO must publish a pay cycle and must pay these claims on the next available pay cycle date.

Furthermore, an ICO should use the Individual and Agency County Rates to determine payment rates for the transition period until the ICO and personal care provider agree upon a rate that is defined in the ICO and personal care provider contract. (Refer to the Directory Appendix for additional information.)

After the transition period, payment rates for personal care services are established by the ICO. Tasks are assigned minute values which are converted to hours and billed as a total at the end of the ICO's preferred pay period. Reimbursement is subject to any state or federal laws that may be applicable in the future.

A request for higher or lower hours than shown on the RTS is permissible. A textual rationale is required if the amount of services needed is different than the RTS. Possible reasons for using higher hours include incontinence, severely impaired speech, paralysis and obesity. Possible reasons for lower hours include shared living arrangements (specifically for IADLs, except for administering medications) and responsible relatives able and available to assist.

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. This does not include situations where others live in adjoined apartments, flats or in a separate home on shared property and there is no shared common living area. In shared living arrangements where it can be clearly documented that IADLs for the enrolled individual are completed separately from others in the home, hours for IADLs do not need to be prorated.

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5.3.G. EXPANDED COMMUNITY LIVING SUPPORTS

To receive ECLS, individuals **MUST** need prompting, cueing, observing, guiding, teaching, and/or reminding to independently complete ADLs. ECLS does not include hands on assistance for ADLs unless something occurs incidental to this service. ECLS includes social/community participation, relationship maintenance, and attendance at medical appointments.

ECLS includes:

- Assisting, reminding, cueing, observing, guiding and/or training in the following activities:
 - Meal preparation
 - Laundry

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- Routine, seasonal, and heavy household care and maintenance
 - ADLs such as bathing, eating, dressing, and personal hygiene
 - Shopping for food and other necessities of daily living
- Assistance, support, and/or guidance with activities such as:
 - Money management
 - Non-medical care (not requiring nursing or physician intervention)
 - Social participation, relationship maintenance, and building community connections to reduce personal isolation
 - Transportation (excluding to and from medical appointments) from the individual's residence to community activities, among community activities, and from the community activities back to the individual's residence
 - Participation in regular community activities incidental to meeting the individual's community living preferences
 - Attendance at medical appointments
 - Acquiring or procuring goods and services necessary for home and community living
 - Reminding, cueing, observing, and/or monitoring of medication administration.
 - Staff assistance with preserving the health and safety of the individual in order that they may reside and be supported in the most integrated independent community setting.
 - Training or assistance on activities that promote community participation, such as using public transportation, using libraries, or volunteer work.
 - Dementia support, including but not limited to redirection, reminding, modeling, socialization activities, and activities that assist the individual as identified in the individual's IICSP.

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- Observing and reporting to the ICO Care Coordinator any changes in the individual's condition and the home environment.

If the individual has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, ECLS services that only require verbal cueing may be provided via a HIPAA compliant virtual method (audio and video only; cannot be only audio) in lieu of in person during the quarantine or isolation period only. Approval of remote support must be reflected on the individual's integrated care and support plan.

Individual providers chosen by the individual must meet the following provider qualifications (qualifications must be verified prior to initial service delivery and annually thereafter):

- Providers must be at least 18 years of age, have ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid and cardiopulmonary resuscitation, be able to prevent transmission of communicable disease and be in good standing with the law as validated by a criminal history review. If providing transportation related to this service, the provider must possess a valid Michigan driver's license.
- Providers of ECLS must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, recording information, and reporting and identifying abuse and neglect. The individual(s) must also be trained on the individual's specific needs as identified in the IICSP. Additionally, skills, knowledge, and experience with food preparation, safe food handling procedures are highly desirable.
- Previous relevant experience and training to meet MDHHS operating standards. Refer to the Three-Way Contract, supporting documentation, and agreements within the provider's contract with the ICO.

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- Must be deemed capable of performing the required tasks by ICO.

Home Care agency providers must meet the following provider qualifications (qualifications must be verified prior to initial service delivery and annually thereafter):

- Providers must be at least 18 years of age, have the ability to communicate effectively both orally and in writing and follow instructions, be trained in first aid, be trained in universal precautions and blood-borne pathogens, and be in good standing with the law as validated by a criminal history review.
- A RN licensed to practice nursing in the State shall furnish supervision of ECLS providers. At the State's discretion, other qualified individuals may supervise ECLS providers. The direct care worker's supervisor shall be available to the worker at all times the worker is furnishing ECLS services.
- The ICO and/or provider agency must train each worker to properly perform each task required for each individual the worker serves before delivering the service to that individual. The supervisor must ensure that each worker can competently and confidently perform every task assigned for each individual served. MDHHS strongly recommends each worker delivering ECLS services complete a certified nursing assistance training course.
- ECLS providers may prompt, cue, or supervise the individual to perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care if the direct care worker has been individually trained and supervised by an RN for each individual who requires such care. The supervising RN must ensure each worker's confidence and competence in the performance of each task required.
- ECLS service providers must have previous relevant experience or training and skills in housekeeping, household management, good health practices, observation, reporting, and recording information.

Additionally, skills, knowledge, and/or experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.

- Previous relevant experience and training to meet MDHHS operating standards. Refer to the Three-Way Contract, supporting documentation, and agreements within the provider's contract with the ICO.

When the ECLS services include transportation, the following standards apply:

- The ICO may not use MI Health Link funds to purchase or lease vehicles for providing transportation services to waiver individuals.
- The Secretary of State must appropriately license all drivers and register all vehicles used for transportation supported all or in part by MI Health Link funds. The provider must cover all vehicles used with liability insurance.
- All paid drivers for transportation providers supported entirely or in part by MI Health Link funds shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider shall offer such assistance unless expressly prohibited by either a labor contract or insurance policy.
- The provider shall train all paid drivers for transportation programs supported entirely or in part by MI Health Link funds to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.
- Each provider shall operate in compliance with P.A. 1 of 1985 regarding seat belt usage.

If the individual has an exposure or condition for which a federal, state, or local public health or government official(s) has released applicable quarantine or isolation guidelines, transportation on behalf of the individual during the quarantine or isolation period to allow others to obtain items required for the individual is acceptable.

Plans may use this service to authorize MI Health Link HCBS funds to reimburse individuals (ECLS providers) to run errands for enrollees when the enrollee does not accompany the driver of the vehicle during only an applicable quarantine or isolation period. The purpose of expanding the ECLS service is for the enrollee to gain access to the community as needed during these temporary periods.

Each direct service provider who chooses to allow staff to assist individuals with self-medication shall establish written procedures that govern the assistance given by staff. These procedures shall be reviewed by a consulting pharmacist, physician, or RN and shall include, at a minimum:

- The provider staff authorized to assist individuals with taking their own prescription or over-the-counter medications and under what conditions such assistance may take place. This must include a review of the type of medication the individual takes and its impact upon the individual.
- Verification of prescription medications and their dosages. The individual shall maintain all medications in their original, labeled containers.
- Instructions for entering medication information in individual files.
- A clear statement of the individual's and their legal representative's responsibility regarding medications taken by the individual and the provision for informing the individual and their legal representative of the provider's procedures and responsibilities regarding assisted self-administration of medications.

ECLS providers may only administer medications in compliance with Michigan Administrative Rule 330.7158:

- A provider shall only administer medication at the order of a physician and in compliance with the provisions of section 719 of the act, if applicable.
- A provider shall ensure that medication use conforms to federal standards and the standards of the medical community.

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- A provider shall not use medication as punishment, for the convenience of the staff, or as a substitute for other appropriate treatment.
 - A provider shall review the administration of a psychotropic medication periodically as set forth in the individual's IICSP and based upon the individual's clinical status.
 - If an individual cannot administer their own medication, a provider shall ensure that medication is administered by or under the supervision of personnel who are qualified and trained.
 - A provider shall record the administration of all medication in the individual's record. The ICO may do this electronically or via paper format, but the records must be readily available if requested by MDHHS.
 - A provider shall ensure that medication errors and adverse drug reactions are immediately and properly reported to a physician and recorded in the individual's record.

ECLS cannot be provided in circumstances where they would be a duplication of services available through MI Health Link. The distinction must be apparent by unique hours and units in the approved IICSP.

ECLS may be furnished outside the individual's home.

The individual oversees and supervises individual providers on an on-going basis when participating in arrangements that support self-determination. This may also include transportation to allow people to get out into the community when it is incidental to the IICSP. When transportation incidental to the provision of ECLS is included, the ICO shall not also authorize transportation as a separate waiver service for the individual.

Members of an individual's family may provide ECLS to the individual. However, the ICO shall not directly authorize funds to pay for services furnished to an individual by that person's spouse or legal guardian or other financially responsible person.

Family members who provide this service must meet the same standards as providers who are unrelated to the individual. Roommates or other individuals who live with the individual may provide ECLS services, but payment for services must be pro-rated by one-half if the service will also benefit the person performing the service (i.e., meal preparation, laundry, housecleaning, etc.). Paid ECLS services are only for the benefit of the individual receiving the services.

In shared living arrangements where there is more than one person in the home receiving the service by the same caregiver, payment for services must be based on a pro-rated percentage/fraction relative to the care each person receives. When services can be clearly documented separately from other individuals in the home, payment need not be pro-rated. Providers must be trained to perform each required task prior to service delivery. The supervisor must ensure the provider can competently and confidently perform each assigned task.

With the assistance of the individual and/or individual's caregiver, the ICO or direct service provider shall determine an emergency notification plan for each individual, pursuant to each visit for emergencies and provider no-shows or late arrivals.

ECLS does not include the cost associated with room and board. ECLS also excludes nursing and skilled therapy services.

ECLS provided in a licensed setting includes only those supports and services that are in addition to, and shall not replace, usual and customary care furnished to residents in the licensed setting. Documentation in the individual's record must clearly identify the individual's need for additional supports and services not covered by licensure. The IICSP must clearly identify the portion of the individual's supports and services covered by ECLS. The setting must comply with the requirements of the Home and Community Based Services (HCBS) Final Rule as described in the Home and Community-Based Residential and Non-Residential Settings subsection.

Here, Petitioner has been approved for 16 hours per week of personal care services and 42 hours per week of ECLS through Respondent; Respondent decided to reduce Petitioner's personal care services to 13.75 hours per week and his ECLS to 27.75 hours per week; and Petitioner has requested an administrative hearing with respect to those reductions.

In appealing those decisions, Petitioner bears the burden of proving by a preponderance of the evidence that Respondent erred in deciding to reduce his services. Moreover, the undersigned ALJ is limited to reviewing Respondent's decisions 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 with respect to either his personal care services or his ECLS, and the Respondent's decisions must therefore be affirmed.

Petitioner was previously approved for the greater amount of services, but that alone is insufficient to meet his burden of proof and each assessment stands on its own.

Similarly, while the record does not reflect any improvements that would warrant less services with respect to the tasks or areas where assistance was reduced, Respondent's witness credibly and thoroughly explained how it determined what times Petitioner should be approved for specific tasks.

Moreover, beyond a few misstatements in the assessment that were not relevant to the authorization decisions, Petitioner did not produce any testimony or evidence demonstrating that any errors by Respondent or why the reduced times were insufficient. Instead, Petitioner's representative just unpersuasively testified that nothing changed besides the assessors or stated generally that Respondent's assessment was inaccurate while not identifying any specific errors.

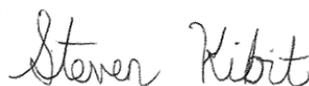
Accordingly, for the reasons discussed above, Petitioner has failed to meet his burden of proof and Respondent's decisions must therefore be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly decided to reduce Petitioner's ECLS and personal care services.

IT IS, THEREFORE, ORDERED that:

- Respondent's decisions are **AFFIRMED**.



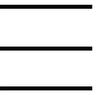
STEVEN KIBIT
ADMINISTRATIVE LAW JUDGE

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://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 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:

Authorized Hearing Representative

[REDACTED]
[REDACTED]
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Via Electronic Mail:

Department Contact

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Respondent

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Via First Class Mail:

Petitioner

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