

Date Mailed: February 12, 2026

Docket No.: 25-042622

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 by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on January 15, 2026. Dr. [REDACTED] M.D., appeared and testified on Petitioner's behalf. Petitioner's daughters, [REDACTED], also testified as witnesses for Petitioner. Aimee Page, Chief Clinical and Healthcare Strategy Officer, appeared and testified on behalf of Respondent AgeWays (Respondent). Molly Dobrzeniecki, registered nurse (RN)/Appeals Analyst, testified as a witness for Respondent.

During the hearing, Petitioner's request for hearing was entered into the record without objection as Exhibit A. Respondent also submitted ten proposed exhibits that were admitted into the record without objection as Exhibits #1-#10.

ISSUE

Did Respondent properly deny Petitioner's request for additional community living supports (CLS)?

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, among other conditions, a stroke, congestive heart failure, hypertension, arthritis, hemiplegia, insomnia, neuropathy, and depression. (Exhibit #3, pages 11-13).
2. She is also enrolled in the MI Choice Waiver Program through Respondent. (Testimony of RN/Appeals Analyst).
3. On September 17, 2025, staff from Respondent completed an initial assessment with Petitioner and two of her two daughters in Petitioner's home. (Exhibit #3, pages 1-30).
4. During that assessment, it was noted that Petitioner's health has declined significantly following a stroke during the past year. (Exhibit #3, page 5).

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5. She was also noted to be bedbound and never left alone. (Exhibit #3, pages 7, 22).
 6. In terms of her activities of daily living (ADLs) and instrumental activities of daily living (IADLs), the assessment found that Petitioner required limited assistance eating while being totally dependent in the areas of meal preparation; ordinary housework; managing finances; managing medications; shopping; transportation; bed mobility; transferring through a Hoyer lift; locomotion; dressing; toileting; personal hygiene; and bathing. (Exhibit #3, pages 18-23).
 7. The assessment also found that Petitioner's family is always in-and-out of her home, with two of her daughters sharing the responsibilities of her primary helper and being willing to provide support over two hours a day if necessary. (Exhibit #3, pages 5-6).
 8. Petitioner's son lives with her and stays with her during the night. (Exhibit #3, page 24).
 9. The assessment further found that Petitioner's family had been paying for private caregivers for Petitioner, and that they were able to continue to afford to cover themselves through assistance from family as needed. (Exhibit #3, page 4).
 10. Following that initial assessment, Petitioner was authorized for 31.5 hours per week of CLS pursuant to a Person-Centered Service Plan. (Testimony of RN/Appeals Analyst).
 11. Two Petitioner's daughters participated in the creation of the Person-Centered Service Plan, with the plan itself signed by Petitioner. (Exhibit #5, pages 3-5, 26).
 12. While Petitioner's daughters were identified as her primary caregivers during the assessment, the Person-Centered Service Plan provided that the CLS was to be provided by Petitioner's son as an employee with a provider agency. (Exhibit #5, page 17; Testimony of RN/Appeals Analyst).
 13. Specifically, CLS was approved for assistance with housework, including washing dishes three times a day; bed mobility; showering three times per week; transferring during a.m. and p.m. care, and an additional five times throughout the day as needed; skin care; eating; medication reminders; meal preparation three times per day; weekly linen changes; weekly laundry; hair care daily and during showers; ambulation; housework; and toileting and incontinence garments during a.m. and p.m. care, in addition to an additional five times throughout the day. (Exhibit #5, pages 24-25).

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14. Petitioner's son would work 7:00 a.m. through 9:00 a.m., and 9:00 p.m. through 11:30 p.m., daily, which was before and after his full-time job. (Exhibit #6, pages 1-4; Testimony of Petitioner's daughters).
 15. The Person-Centered Service Plan also identified Petitioner's daughters as her informal supports, including care with personal care, homemaking, laundry, meal preparation, financial management, translation, medication set up, shopping, transportation, medical decision-making, and socialization. (Exhibit #5, pages 3-5).
 16. On September 29, 2025, Petitioner requested that 56 hours per week of CLS be approved. (Testimony of Petitioner's representative; Testimony of RN/Appeals Analyst).
 17. On September 30, 2025, Respondent sent Petitioner a written Notice of Adverse Benefit Determination stating that Petitioner's request for additional CLS had been denied. (Exhibit #1, pages 1-9).
 18. The notice also stated in part that the action was based on the following:

The clinical documentation provided does not establish medical necessity.

Based on Initial Assessment which was conducted on 9/17/2025, 31.5 hours per week of Community Living Support (CLS) services were approved for [Petitioner], as this service approval was determined sufficient to meet [Petitioner's] care needs. [Petitioner] and her daughters . . . are requesting 56 hours of Community Living Support (CLS) services per week. The documentation does not support [Petitioner's] request for 56 hours per week, therefore request for the additional 24.5 hours of CLS per week is denied effective 9/29/25/

Exhibit #1, page 1

19. Petitioner then filed an Internal Appeal with Respondent regarding that decision. (Exhibit #2, page 1).
20. During the appeal process, one of Petitioner's daughters indicated that Petitioner's family is "tapped out" financially, emotionally, and physically. (Exhibit #2, page 3; Testimony of [REDACTED]).
21. On October 28, 2025, Respondent sent Petitioner a written Notice of Internal Appeal Decision – Denial stating that Respondent was upholding the decision to deny Petitioner's request. (Exhibit #2, pages 1-7).

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22. On December 2, 2025, MOAHR received the request for hearing filed in this matter with respect to the decision to reduce Petitioner's CLS. (Exhibit A, pages 1-8).
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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. 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.

Petitioner is receiving services through the Department's Home and Community Based Services for Elderly and Disabled. The waiver is called MI Choice in Michigan. The program is funded through the federal Centers for Medicare and Medicaid to the Michigan Department of Health and Human Services. Regional agencies, in this case Respondent, function as the Department's administrative agency.

Waivers are intended to provide the flexibility needed to enable States to try new or different approaches to the efficient and cost-effective delivery of health care services, or to adapt their programs to the special needs of particular areas or groups of beneficiaries. Waivers allow exceptions to State plan requirements and permit a State to implement innovative programs or activities on a time-limited basis, and subject to specific safeguards for the protection of beneficiaries and the program. Detailed rules for waivers are set forth in subpart B of part 431, subpart A of part 440, and subpart G of part 441 of this chapter.

42 CFR 430.25(b)

Types of services that may be offered through the waiver program include:

Home or community-based services may include the following services, as they are defined by the agency and approved by CMS:

- (1) Case management services.
- (2) Homemaker services.
- (3) Home health aide services.
- (4) Personal care services.
- (5) Adult day health services
- (6) Habilitation services.

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- (7) Respite care services.
 - (8) Day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services (whether or not furnished in a facility) for individuals with chronic mental illness, subject to the conditions specified in paragraph (d) of this section.
 - (9) Other services requested by the agency and approved by CMS as cost effective and necessary to avoid institutionalization.

42 CFR 440.180(b)

The Medicaid Provider Manual (MPM) outlines the governing policy for the MI Choice Waiver program and, with respect to services in general and CLS in particular, the applicable version of the MPM states in part:

SECTION 4 – SERVICES

The array of services provided by the MI Choice program is subject to the prior approval of CMS. Waiver agencies are required to provide any waiver service from the federally approved array that a participant needs to live successfully in the community, that is:

- indicated by the current assessment;
- detailed in the person-centered service plan; and
- provided in accordance with the provisions of the approved waiver.

Services must not be authorized unless they are defined in the PCSP and must not precede the establishment of a PCSP. Waiver agencies cannot limit in aggregate the number of participants receiving a given service or the number of services available to any given participant. Participants have the right to receive services from any willing and qualified provider within the waiver agency's provider network. When the waiver agency does not have a willing and qualified provider within their network, the waiver agency must utilize an out-of-network provider at no cost to the participant until an in-network provider can be secured. (Refer to the Providers section of this chapter for information on qualified provider standards.)

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MDHHS, waiver agencies, and direct service providers must not impose a copayment or any similar charge upon participants for waiver services. MDHHS and waiver agencies do not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.

Although MI Choice participants must have services approved by the waiver agency, participants have the option to select any participating provider in the waiver agency's provider network, thereby ensuring freedom of choice.

Services paid for with MI Choice funds must not duplicate nor replace services available through the State Plan. Where applicable, the participant must use State Plan, Medicare, or other available payers first. MI Choice is the funding source of last resort. The participant's preference for a certain provider is not grounds for declining another payer in order to access waiver services.

Providers must have previous relevant experience or training for the tasks specified and authorized in the PCSP. The waiver agency must deem the chosen provider capable of performing the required tasks.

For services involving transportation paid for with MI Choice funds, the Secretary of State must appropriately license all drivers and vehicles, and all vehicles must be appropriately insured as required by law.

Healthcare Common Procedure Coding System (HCPCS) codes for each service can be found in the Directory Appendix of the Medicaid Provider Manual.

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4.1.D. COMMUNITY LIVING SUPPORTS

Definition	Community Living Supports (CLS) facilitate an individual's independence and promote participation in the community. CLS can be provided in the participant's residence or in community settings. CLS includes assistance to enable participants to accomplish tasks
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	<p>that they would normally do for themselves if able.</p> <p>The services may be provided on an episodic or a continuing basis. The participant oversees and supervises individual providers on an ongoing basis when participating in self-determination options. These services are provided only in cases when neither the participant nor anyone else in the household is capable of performing or financially paying for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.</p>
<p>Requirements</p>	<p>CLS includes:</p> <ul style="list-style-type: none"> ▪ Assisting, reminding, cueing, observing, guiding and/or training in: <ul style="list-style-type: none"> ➤ Activities of Daily Living (ADL) such as bathing, eating, dressing, personal hygiene, toileting, transferring, etc. * ➤ Laundry and other household activities ➤ Non-medical care (not requiring nurse or physician intervention) * ➤ Meal preparation (does not include the cost of the meals themselves) ➤ Money management ➤ Shopping for food and other necessities of daily living

	<ul style="list-style-type: none"> ➤ Social participation, relationship maintenance, and building community connections to reduce personal isolation ➤ Training and assistance on activities that promote community participation such as using public transportation, using libraries, or volunteer work * ➤ Transportation from the participant's residence to medical appointments, community activities, among community activities, and from the community activities back to the participant's residence ➤ Routine, seasonal, and heavy household care and maintenance ➤ Attendance at medical appointments ➤ Participation in regular community activities incidental to meeting the individual's community living preferences ➤ Reminding, cueing, observing or monitoring of medication administration.* ➤ Dementia care including, but not limited to, redirection, reminding, modeling, socialization activities, and activities that assist the participant as identified in the individual's PCSP.* ➤ Staff assistance with preserving
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	<p>the health and safety of the participant in order that they may reside and be supported in the most integrated independent community setting.*</p> <ul style="list-style-type: none"> ➤ Observing and reporting any change in the participant's condition and the home environment to the supports coordinator.* <p>As applicable to the tasks being performed, the direct service provider furnishing CLS 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 experience with food preparation, safe food handling procedures, and reporting and identifying abuse and neglect are highly desirable.</p> <p>When the CLS services provided to the participant include tasks identified with an asterisk (*) above, the direct service providers furnishing CLS must also:</p> <ul style="list-style-type: none"> ▪ Be supervised by a RN licensed to practice nursing in Michigan. At the State's discretion, other qualified individuals may supervise CLS providers. For licensed residential settings, persons employed as facility owners or managers qualify to provide this supervision. The direct care worker's supervisor must be available to the worker at all times the worker is furnishing CLS services.
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	<ul style="list-style-type: none"> ▪ Develop in-service training plans and ensure all workers providing CLS services are confident and competent in the following areas before delivering CLS services to MI Choice participants, as applicable to the needs of that participant: safety, body mechanics, and food preparation including safe and sanitary food-handling procedures. ▪ Provide an RN to individually train and supervise CLS workers who perform higher-level, non-invasive tasks such as maintenance of catheters and feeding tubes, minor dressing changes, and wound care for each participant who requires such care. The supervising RN must ensure each worker's confidence and competence in the performance of each task required. ▪ MDHHS strongly recommends each worker delivering CLS services complete a certified nursing assistant (CNA) training course, first aid, and CPR training. <p>When the CLS services provided to the participant include transportation, the following standards apply:</p> <ul style="list-style-type: none"> ▪ Waiver agencies may not use waiver funds to purchase or lease vehicles for providing transportation services to waiver participants.
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- All paid drivers for transportation providers supported entirely or in part by MI Choice funds must be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. The provider must offer such assistance unless expressly prohibited by either a labor contract or insurance policy.
- The provider must train all paid drivers for transportation programs supported entirely or in part by MI Choice funds to cope with medical emergencies unless expressly prohibited by a labor contract or insurance policy.
- Each provider must operate in compliance with PA 1 of 1985 regarding seat belt usage.
- When transportation incidental to the provision of CLS is included, it shall not also be authorized as a separate waiver service for the participant.

Individuals providing CLS must be at least 18 years old, and able to communicate effectively both orally and in writing and follow instructions.

Members of a participant's family may provide CLS to the participant. However, waiver agencies must not directly authorize MI Choice funds to pay for services furnished to a

	<p>participant by that person's spouse.</p> <p>Family members who provide CLS must meet the same standards as providers who are not related to the participant.</p> <p>The waiver agency or provider agency must train each worker to perform properly each task required for each participant the worker serves before delivering the service to that participant. The supervisor must ensure that each worker competently and confidently performs every task assigned for each participant served.</p> <p>Each direct service provider who chooses to allow staff to assist participants with self-medication must establish written procedures that govern the assistance given by staff to participants with self-medication. These procedures must be reviewed by a consulting pharmacist, physician, or RN and must include, at a minimum:</p> <ul style="list-style-type: none">▪ The provider staff authorized to assist participants 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 participant takes and its impact upon the participant.▪ Verification of prescription medications and their dosages. The participant must maintain all medications in their original, labeled containers.
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	<ul style="list-style-type: none">▪ Instructions for entering medication information in participant files.▪ A clear statement of the participant's and participant's family's responsibility regarding medications taken by the participant and the provision for informing the participant and the participant's family of the provider's procedures and responsibilities regarding assisted self-administration of medications. <p>CLS providers may only administer medications in compliance with Michigan Administrative Rule 330.7158:</p> <ul style="list-style-type: none">▪ A provider must 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 must ensure that medication use conforms to federal standards and the standards of the medical community.▪ A provider must not use medication as punishment, for the convenience of the staff, or as a substitute for other appropriate treatment.▪ A provider must review the administration of a psychotropic medication periodically as set forth in the participant's PCSP and based upon the participant's
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	<p>clinical status.</p> <ul style="list-style-type: none"> ▪ If a participant cannot administer their own medication, a provider must ensure that medication is administered by or under the supervision of personnel who are qualified and trained. ▪ A provider must record the administration of all medication in participant's clinical record. ▪ A provider must ensure that staff report medication errors and adverse drug reactions to the participant's physician immediately and properly, and record the incident in the participant's clinical record. <p>CLS provided in a residential setting like assisted living, Adult Foster Care, or Homes for the Aged, includes only those services and supports that are in addition to, and must not replace, usual and customary supports and services furnished to residents in the licensed setting. CLS does not include the costs associated with room and board. Documentation in the participant's record must clearly identify the participant's need for additional supports and services not covered by licensure. The PCSP must clearly identify the portion of the participant's supports and services covered by CLS. Homemaking tasks incidental to the provision of assistance with ADL may also be included in CLS but must not replace usual and customary homemaking tasks required by licensure.</p>
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	<p>When CLS services are provided to the participant under a self-determination arrangement, the individual furnishing CLS must also be trained in cardiopulmonary resuscitation. This training may be waived when the provider is furnishing services to a participant who has a “Do Not Resuscitate” order.</p> <p>These service needs differ in scope, nature, supervision arrangements, or provider type (including provider training and qualifications) from services available in the State Plan. The differences between the waiver coverage and the State Plan are that the provider qualifications and training requirements are more stringent for CLS tasks as provided under the waiver than the requirements for these types of services under the State Plan.</p>
<p>Limitations</p>	<p>CLS does not include the costs associated with room and board.</p> <p>When transportation incidental to the provision of CLS is included, the waiver agency must not also authorize transportation as a separate waiver service for the participant.</p> <p>CLS excludes nursing and skilled therapy services.</p> <p>The phrase “These services are provided only in cases when neither the participant nor anyone else in the household is capable of</p>

	<p>performing or financially paying for them, and where no other relative, caregiver, landlord, community / volunteer agency, or third party payer is capable of or responsible for their provision” included in the definition of this service shall be interpreted as follows:</p> <ul style="list-style-type: none">▪ All informal supports must agree to provide the uncompensated (informal) services and supports to the participant as specified in the PCSP. Specifically, the record must show the following:<ul style="list-style-type: none">➤ All persons providing informal services and supports included on the PCSP are aware of and capable of performing the tasks assigned to them for the benefit of the participant as included in the person-centered service plan.➤ All informal supports agree to any financial liability related to the informal services and supports assigned to them on the person-centered service plan. This includes uncompensated or voluntary transportation of the participant.➤ Supports coordinators or other waiver agency staff did not arbitrarily assign the completion of services and supports that could otherwise be included as CLS to informal supporters. Rather, both the participant (or their responsible party) and the informal support agree in writing (by their signature on the person-centered service plan) to the provision of the identified
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	<p>services and supports as discussed during a person-centered planning meeting.</p> <p>Relatives, caregivers, landlords, community or volunteer agencies, or other third-party payers have been contacted on behalf of the participant and agree to provide services and supports to the participant because they are both capable of and responsible for the provision of the identified services and supports. This agreement is noted by an authorized signature on the person-centered service plan from a representative of the entity identified as responsible for the services and supports.</p>
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*MPM, July 1, 2025 version
MI Choice Waiver Chapter, pages 18, 23-27*

Here, as discussed above, Respondent denied Petitioner’s request to increase her CLS from 31.5 hours per week to 56 hours per week.

In appealing the 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 available at the time the decision was made.

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

Petitioner is authorized for a significant amount of CLS, and that amount appears to be sufficient given her needs; her person-centered service plan; and her significant natural/informal supports, both in the form of unpaid caregivers and financial support for additional paid caregivers.

Petitioner now disputes the amount of natural/informal supports identified by Respondent, but that argument is unpersuasive at this time given the above policy and the remainder of the record. Per the above policy, CLS is provided only in cases when neither the participant nor anyone else in the household is capable of performing or

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financially paying for them, and such capabilities were discussed during the assessment; documented in Petitioner's plan, a plan which Petitioner's daughters participated in developing and Petitioner signed; and were properly taken into account. Also, nothing supports any change in Petitioner's informal supports during the brief time between the initial assessment/authorization in this case and the request for additional CLS/denial at issue in this case.

Moreover, while Petitioner's natural/informal supports clearly provide significant amounts of care, and some breakdown or burnout is to be expected, that alone does not necessarily warrant additional CLS.

For example, respite services can be provided "to participants unable to care for themselves and . . . furnished on a short-term basis due to the absence of, or need of relief for, those unpaid individuals normally providing services and supports for the participant." MPM, January 1, 2026 version, MI Choice Waiver Chapter, pages 43-45.

Additionally, while the undersigned ALJ does not find that Petitioner's paid caregiver is doing anything improper in the timing of the shifts he works, *i.e.*, in the morning before he goes to his full-time job and in the evening after he returns home, it does appear that some of the care concerns raised by Petitioner's representative and witnesses could be addressed by a reallocation of service hours rather than additional CLS hours.

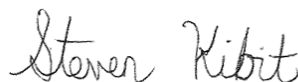
Accordingly, for the reasons discussed above, the undersigned ALJ finds that Petitioner has failed to meet her burden of proof with respect to the denial of additional CLS and that Respondent's decision must therefore be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's request for additional CLS.

IT IS THEREFORE ORDERED that:

- 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 Electronic Mail:

Respondent

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