



Date Mailed: January 20, 2026
Docket No.: 25-043627
Case No.: [REDACTED]
Petitioner: [REDACTED]



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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Date Mailed: January 20, 2026

Docket No.: 25-043627

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and upon the Appellant's request for a hearing.

After due notice, a hearing was held on January 14, 2026. [REDACTED] appeared on behalf of Petitioner. Alyssa Brandt, appeared on behalf of Respondent, (Department). Kaylee Bacle, Julie Clark, Kellme Younglove, and Calley Green, appeared as witnesses for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for PACE services?

FINDINGS OF FACT

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

1. Department is an organization that contracts with the Michigan Department of Health and Human Services ("MDHHS") and oversees PACE in Department's geographical area.
2. In March of 2024, the Department implemented a safety plan due to staff safety concerns requiring [REDACTED] to remain in another room when care was being provided. (Exhibit A; Testimony.)
3. In August of 2024, the department revised the safety plan to require [REDACTED] to be absent from home during visits. (Exhibit A; Testimony.)
4. Between September 1, 2025, and October 8, 2025, multiple violations of the safety plan were documented. (Exhibit A; Testimony.)
5. Between September 24, 2025, and October 8, 2025, there were seven missed visits. (Exhibit A; Testimony.)

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6. On September 30, 2025, Adult Protective Services substantiated a complaint of neglect, emotional abuse, and financial exploitation with respect to [REDACTED]. APS later closed the case and advised the Guardian was responsible for effectuating a safe housing arrangement. (Exhibit A; Testimony.)
 7. On October 6, 2025, Petitioner's Guardian requested short-term respite based on safety concerns associated with the home environment. (Exhibit A; Testimony.)
 8. On October 7, 2025, an assessment was conducted. During the assessment, Petitioner reported that she feels safe in her home; preferred to continue living there; could await morning home-care to address nighttime toileting needs and identified friends who can assist if needed. (Exhibit A; Testimony.)
 9. On October 9, 2025, the Department issued an Adequate Action Notice denying Petitioner's request for Respite. The notice indicated the request for services failed to provide a specific medical reasoning for respite; the Petitioner expressed she felt safe in her home and wanted to remain there and an issue with providing support care in alternative housing while recommending day-center attendance five days per week. (Exhibit A; Testimony.)
 10. Between October 15, 2025, and October 17, 2025, the Department recommended reducing weekday home-care due to unsuccessful visits under the safety plan and proposed meeting needs through extended day-center services with evening home-care continuing and weekend three times daily visits unchanged. (Exhibit A; Testimony.)
 11. On October 17, 2025, the Department upheld the Respondent denial and endorsed the plan to reduce weekday home-care with extended day-center services. (Exhibit A; Testimony.)
 12. On October 20, 2025, the Department formally denied Petitioner's request for respite services. (Exhibit A.)
 13. On November 11, 2025, the Petitioner submitted an internal appeal. (Exhibit A.)
 14. On November 14, 2025, the Department implemented the adjusted schedule. (Exhibit A.)
 15. On December 12, 2025, Petitioner's Guardian placed Petitioner at [REDACTED] [REDACTED] (Exhibit A.)
 16. On December 31, 2025, Petitioner disenrolled from the Department.

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(Exhibit A.)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

PACE services are available as part of the Medicaid program and, with respect to the program and its services, the Medicaid Provider Manual (MPM) provides:

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

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

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

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

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

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organizations provide social and medical services in an adult day health center supplemented by in-home and other services as needed.

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

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

SECTION 2 – SERVICES

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

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

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

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- Restorative therapies
 - Diagnostic services, including laboratory, x-rays, and other necessary tests and procedures
 - Transportation for medical needs
 - All necessary prescription drugs and any authorized over-the-counter medications included in the plan of care
 - Social services
 - All ancillary health services, such as audiology, dentistry, optometry, podiatry, speech therapy, prosthetics, durable medical equipment, and medical supplies
 - Respite care
 - Emergency room services, acute inpatient hospital and nursing facility care when necessary
 - End-of-Life care¹

Moreover, regarding PACE services and applicant appeals, the MPM also states in part:

3.13.C. PACE SERVICES

Noncoverage or nonpayment of services by the PACE organization for a beneficiary enrolled in PACE is an adverse action. If the beneficiary and/or representative disagrees with the noncoverage or nonpayment of services by the PACE organization, they have the right to request an administrative hearing before an administrative law judge. Information regarding the appeal process may be found on the Michigan Administrative Hearing System (MAHS) website. (Refer to the Directory Appendix for website information.) The beneficiary may request continuation of the disputed service with the understanding that he may be liable for the cost of the disputed service if the determination is not made in his favor.²

¹ *Medicaid Provider Manual*, PACE, April 1, 2019, pp 1-2.

² *Id.* pp 7-8.

The evidentiary record presents two intertwined questions. Whether short-term respite was medically necessary at the time of request, and whether the Department acted appropriately in restricting weekday home-care to the day center in response to persistent safety-plan noncompliance. Based on the facts found above, the Department's decisions in regard to these two matters is supported by the record.

In regard to the respite denial, the Department considered the assessment; the Petitioner's expressed safety and home preferences; and the availability of alternative supports. Based on those findings, the Department concluded there was no acute medical necessity for facility-based respite at that time, particularly where the precipitating concerns centered on household dynamics/house safety. The Adequate Action Notice accurately captured that rationale and preserved appeal rights. The Guardians testimony about in-home conditions was not persuasive in light of the evidence regarding participants stated preferences, and the clinical capacity at the day-center to meet Petitioners needs.

The evidence also indicates the Respondent acted within its care planning discretion to restructure services so that weekday needs were met in the day center, while evening weekday visits continued and weekend three-times daily home care remained in place. Although the Guardian testified to late/short/no-show weekday visits, the contemporaneous notes attributed service failures largely to caregiver presence/interference, with staff properly withdrawing when unsafe conditions persisted, consistent with the safety plan.

Based on these findings, the Department's decisions should be affirmed.

DECISION AND ORDER

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

IT IS, THEREFORE, ORDERED that:

Department's decision is **AFFIRMED**.



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

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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://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 MOAHR-BSD-Support@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 and
Electronic Mail:**

Authorized Hearing Representative

[REDACTED]
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[REDACTED]
MI [REDACTED]

