

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant

_____ /

Docket No. 2009-36823 HHS
Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared on his own behalf. ██████████, appeared as a witness for the Appellant. ██████████, represented the Department. ██████████ and ██████████, appeared as witnesses for the Department.

ISSUE

Did the Department properly authorize HHS payment to begin the date Appellant's doctor signed his medical needs form?

FINDINGS OF FACT

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

1. Appellant is a ██████████ man with partial amputation of both feet. (Exhibits 1, 2).
2. Appellant is a Medicaid beneficiary.
3. The Appellant's friend/chore provider live in an apartment together.
4. In or around ██████████ Appellant was discharged from a nursing facility.
5. On ██████████ Appellant's doctor signed a medical needs form indicating Appellant would need assistance with some activities of daily living for up to two years because of bilateral partial feet amputation, a foot ulcer and need to use crutches. (Ex 1, p 8).

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6. Pursuant to the [REDACTED], doctor-signed medical needs form Appellant was authorized for Home Help Services. The effective date of authorization was [REDACTED], and tasks authorized included foot care. His chore provider was his friend and witness at hearing, [REDACTED].
7. On [REDACTED], an Adult Services Worker made a visit to Appellant's home to conduct a Home Help Services reassessment. (Exhibit 1, page 7).
8. As a result of the information gathered from the Appellant and his friend/chore provider at the reassessment the worker removed the task and time authorized for wound care because Appellant no longer had need for care for his foot ulcer. (Exhibit 1, pages 5-6).
9. On [REDACTED], the Department sent a Services Approval Notice notifying Appellant that his Home Help Services payments would be reduced because wound care was no longer needed. (Exhibit 1, pages 5-6).
10. On [REDACTED], the State Office of Administrative Hearings and Rules received a Request for Hearing filled out and signed by Appellant's friend/chore provider, [REDACTED]. (Exhibit 1, pages 3-4). Appellant was not appealing the Department's reduction action, rather Appellant's friend/chore provider was seeking payment for helping Appellant from the time he was discharged from the nursing facility in [REDACTED] to the [REDACTED], date Appellant's doctor signed his medical needs form. (Exhibit 1, pages 3-4).
11. Department policy prohibits the payment for HHS services prior to the date a doctor signs the medical needs form.

CONCLUSIONS OF LAW

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

Home Help Services (HHS) are provided to enable functionally limited individuals to live independently and receive care in the least restrictive, preferred settings. These activities must be certified by a health professional and may be provided by individuals or by private or public agencies.

During the hearing the Appellant testified that he was not contesting the reduction of Home Help Services payments because wound care was no longer needed. Appellant's friend/chore provider testified she requested a hearing because she was seeking payment for helping Appellant from the time he was discharged from the nursing facility in [REDACTED] to the [REDACTED], date Appellant's doctor signed his medical needs form. (Exhibit 1, pages 3-4).

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The Department established that its policy prohibits the payment for HHS services prior to the date a doctor signs the medical needs form. Department witness [REDACTED] testified and Department witness [REDACTED] confirmed that it received the medical needs form for Appellant and subsequently conducted a home visit assessment, but made HHS payments retroactive to the [REDACTED], date the Appellant's doctor signed his medical needs form.

Adult Services Manual (ASM 363, 9-1-08), pages 9 of 24 outlines the Department's policy regarding date of HHS authorization:

Do not authorize HHS prior to the date of the medical professional signature on the DHS-54-A. (Ex 1, p 13).

Applying the Department policy to facts in the case demonstrates that the Department acted properly by not approving HHS payment authorization prior to the [REDACTED], date Appellant's doctor signed his medical needs form.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly authorized HHS payment to begin the date Appellant's doctor signed his medical needs form.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Lisa K. Gigliotti
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 1/13/2010

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.