

**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. 2009-35402 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 ██████████. ██████████ represented herself at hearing. ██████████ was present as a witness on her behalf.

The Department was represented by ██████████. ██████████, appeared as a witness on behalf of the Department.

ISSUE

Did the Department improperly fail to authorize payment to the Appellant's chore provider?

FINDINGS OF FACT

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

1. The Appellant is a Medicaid beneficiary with a small Medicaid deductible (formerly spend down) due each month.
2. The Appellant meets her Medicaid deductible each month relevant to the issue at hand.
3. The Appellant has been a participant in the Adult Home Help Services program at all times pertinent to this decision.
4. The Appellant's chore provider has not received payment for services rendered since ██████████. She is owed payment for services rendered in ██████████

[REDACTED]. The Appellant's chore provider did not provide services in [REDACTED] due to lack of payment.

5. The Appellant satisfied her Medicaid deductible for each of the months at issue.
6. The Department of Human Services has failed to effect a change in their computerized records allowing the Adult Services Worker to authorize payment to the chore provider for the months at issue.
7. The Adult Services Worker is not authorized to effectuate the change to the Department records that is necessary to authorize the payments owed to the chore provider.
8. The Department of Human Services has attempted to rectify its own computerized records, however, a new computer application is not allowing the records to be altered to correct the problem at hand. The Department has requested a help "ticket", identifying the problem. The ticket number is [REDACTED] and it was placed [REDACTED].
9. No action has been taken to date on the ticket referenced above.
10. The Appellant requested an administrative hearing contesting the failure to authorize payment to her provider on [REDACTED].

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 physician and may be provided by individuals or by private or public agencies.

ELIGIBILITY FOR HOME HELP SERVICES

Home help services (HHS) are defined as those, which the Agency is paying for through Title XIX (Medicaid) funds. The customer must be eligible for Medicaid in order to receive these services.

Medicaid/Medical Aid (MA)

Verify the customer's Medicaid/Medical aid status.

The customer may be eligible for MA under one of the following:

- All requirements for MA have been met, **or**
- MA spend-down obligation has been met.

The client must have a scope of coverage of:

- 1F or 2F, **or**
- 1D or 1K (Freedom to work), **or**
- 1T (Healthy Kids Expansion).

Clients with eligibility status of 07 (Income scale 2-Non MA) and scope of coverage 20 or 2B are **not** eligible for Medicaid until they have met their MA deductible obligation.

An ILS case may be opened (service program 9) to assist the client in becoming MA eligible. However, do **not** authorize HHS payment prior to the MA eligibility date. The payment must be prorated if the eligibility period is less than the full month. To prorate, divide the monthly care cost by the number of days in the month. Then, multiple (sic) that daily rate by the number of eligible days.

Note: A change in the scope of coverage by the eligibility specialist (ES) will generate a DHS-5S for cases active to services programs 1, 7, and 9.

Adult Services Manual (ASM) 6-1-2007

AUTHORIZATION

Payment Authorization System

Enter home help provider enrollments and payment authorizations on the Model Payment System (MPS) using the **Payments** module of the **ASCAP** system.

No payment can be made unless the provider has been enrolled on the MPS provider database. See the ASCAP user guide on the adult services home page.

HHS payments to providers must be:

- Authorized for a specific type of service, period of time and payment amount.
- Authorized to the person actually providing the service.
- Made payable jointly to the client and the provider.

Any payment authorization that does **not** meet the above criteria must have the reason fully documented in the **Payments** module,

exception rationale box, in **ASCAP**. The supervisor will document through the electronic approval process.

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ASM 363 September 1, 2008 page 19

The material facts are not in dispute. The Appellant has a monthly Medicaid deductible (spend-down). For the months of [REDACTED], it was [REDACTED]. For the months of [REDACTED], it was [REDACTED]. She has met it for all months at issue. The Department of Human Services eligibility worker is responsible to manually enter a code into the Department records, which are computerized. After the eligibility worker does this, the Adult Services Worker can authorize payment to the provider. The eligibility worker has attempted to enter the code to reflect the fact that the Appellant met her deductible. The computer has not accepted the change, thus the payment owing the provider cannot be authorized by the Adult Services Worker. The Adult Services Worker has attempted to work through Department channels to remedy the issue, to no avail. The only result so far has been assigning a help "ticket" to the problem, back in [REDACTED]. No action has been taken to address the help ticket, thus the provider is working without pay.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department improperly failed to pay the Appellant's chore provider by failing to remedy their own records.

IT IS THEREFORE ORDERED that:


The Department of Human Services must correct its own records to allow payment authorization for the months of [REDACTED].

Jennifer Isiogu
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 10/16/2009


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Decision and Order

***** 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.