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

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Appellant

Docket No. 2010-46435 HHS

DECISION AND ORDER

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

After due notice, a hearing was	held on	. The Appellant,
, was present and represe	ented herself. Her	granddaughter,
appeared as the Appellant's	witness. Appeals	Review Officer,
represented the Department.	, Adu	It Services Specialist, testified on
behalf of the Department. Adult	Services Supervisor,	, was also present.

ISSUE

Did the Department properly deny the Appellant's request for Home Help Services (HHS)?

FINDINGS OF FACT

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

- 1. The Appellant is a Medicaid beneficiary.
- 2. The Appellant requested HHS in a second and a home visit was attempted, but the Appellant did not answer her door. (Exhibit 1, pages 4-6; Testimony o
- 3. On **Example**, the Department issued an Adequate Negative Action Notice, advising the Appellant that her request for HHS was denied, effective **Example**, because she was not home for the scheduled home visit. (Exhibit 1, pages 4-6)

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4. On **Exhibit 1**, the Department received the Appellant's Request for Hearing. (Exhibit 1, page 3)

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.

The purpose of HHS is 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.

Policy requires that the following criteria to be met in order to be eligible for HHS:

Home Help Services (HHS)

Payment related independent living services are available if the client meets HHS eligibility requirements. Clients who may have a need for HHS should be assisted in applying for Medicaid (MA). Refer the client to an eligibility specialist. Cases pending MA determination may be opened to program 9 (ILS). HHS eligibility requirements include all of the following:

- The client must be eligible for Medicaid.
- Have a scope of coverage of:
 - •• 1F or 2F,
 - •• 1D or 1K, (Freedom to Work), or
 - •• 1T (Healthy Kids Expansion).
- The client must have a need for service, based on
 - •• Client choice, and
 - •• Comprehensive Assessment (DHS-324) indicating a functional limitation of level 3 or greater in an ADL or IADL.

• Medical Needs (DHS-54A) form signed and dated by a medical professional certifying a medical need for personal care services. The medical professional must be an enrolled Medicaid provider and hold one of the following professional licenses:



- Physician.
- •• Nurse practitioner.
- •• Occupational therapist.
- •• Physical therapist.

Adult Services Manual (ASM) 362, pages 1-2, 12-1-2007

There is no dispute that the required in-home assessment to determine the Appellant's need for HHS was not conducted. The Appellant stated that she mixed up the dates, so she was not home at the time of the scheduled visit. Therefore, the Department's denial of the Appellant's request for HHS was proper. However, as the Appellant was advised at the hearing, she may re-apply for HHS at any time.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's denial of the Appellant's request for HHS was proper.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Kristin M. Heyse Administrative Law Judge for Janet Olszewski, Director Michigan Department of Community Health



Date Mailed: 10/26/2010

*** 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.

