

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

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IN THE MATTER OF:

Docket No. 2010-47740 HHS

██████████
Appellant
_____ /

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 ██████████ ██████████, sister, appeared on the Appellant's behalf. ██████████ appeared and testified. ██████████ ██████████, Appeals and Review Officer, represented the Department. ██████████, Adult Services Worker, and ██████████, Adult Services Supervisor, were present as Department witnesses.

ISSUE

Did the Department properly deny the Appellant's Home Help Services application?

FINDINGS OF FACT

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

1. In ██████████, the Appellant contacted the Department to apply for Home Help Services and provided an address on ██████████. (Adult Services Worker Testimony and Exhibit 1, pages 4-7)
2. On ██████████ after sending a Home Call Letter giving notice of the appointment, the Adult Services Worker attempted to conduct a home visit to at the ██████████ but the Appellant was not home. (Adult Services Worker Testimony and Exhibit 1, pages 4-6)
3. The Appellant was moving in ██████████, and made multiple attempts to contact the Adult Service Worker by telephone to re-schedule the home visit once she received the Home Call Letter. The Appellant was unable to reach the Adult Services Worker and often was unable to leave a voicemail message. (Appellant Testimony)

4. On ██████████, the Adult Services Worker sent the Appellant an Adequate Negative Action Notice indicating her Home Help Services application was denied because she was not home for the scheduled appointment. (Exhibit 1, pages 4-6)
5. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's Requests 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.

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.

Adult Services Manual (ASM 362 and 363), addresses Home Help Services reviews:

CONTACTS

The worker must, at a minimum, have a face to face interview with the client **and** care provider, prior to case opening, then every six months, in the client's home, at review and redetermination.

Adult Services Manual (ASM 362), 12-1-2007 Page 3 of 5.

COMPREHENSIVE ASSESSMENT

The Adult Services Comprehensive Assessment (FIA-324) is the primary tool for determining need for services. The comprehensive assessment will be completed on all open cases, whether a home help payment will be made or not. ASCAP, the automated workload management system provides the format for the comprehensive assessment and all information will be entered on the computer program.

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.

- A face-to-face contact is required with the client in his/her place of residence.
- An interview must be conducted with the caregiver, if applicable.
- Observe a copy of the client's social security card.
- Observe a picture I.D. of the caregiver, if applicable.
- The assessment must be updated as often as necessary, but minimally at the six-month review and annual redetermination.
- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department record.
- Follow specialized rules of confidentiality when ILS cases have companion APS cases.

REVIEWS ILS cases must be reviewed every six months. A face-to-face contact is required with the client, in the home. If applicable, the interview must also include the caregiver.

*Adult Services Manual (ASM 363), 9-1-2008,
Pages 2 and 6 of 24*

In the present case, the Adult Services Worker testified that she scheduled the required home visit for ██████████. She stated that a letter notifying the Appellant of this appointment was sent in advance of the appointment to the ██████████ address the Appellant provided with her request for Home Help Services in ██████████. (See Exhibit 1, page 7) The contact index screen print out shows two home call letters were sent ██████████ and ██████████ (Exhibit 1, pages 4-6) The Adult Services Worker testified that she attempted to complete the home visit on ██████████, but the Appellant was not home and that she had not received any written correspondence or phone messages from the Appellant regarding a change of address.

The Appellant testified that she was moving in ██████████ and was not available for the scheduled appointment. The Appellant stated that once she received the Home Call Letter, she tried to contact the Adult Services Worker by phone to reschedule the appointment. The Appellant explained that she made multiple telephone calls, and left voicemail messages when she could, but the Adult Services Worker's voicemail was often full. The Appellant stated she also attempted to update her address with the Adult Service Worker's supervisor. The Appellant testified that she was able to update her address with her Medicaid worker.

The above cited policy clearly requires a home visit as part of completing a comprehensive assessment on all new cases to determine the need for services. Upon review of the evidence in this case, there was clearly a breakdown in communication between the Appellant and the Adult Services Worker. The Adult Services Worker was

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unable to complete the required home visit because the Appellant was in the process of moving and had not received the Appellant's messages requesting that the appointment be rescheduled. Unfortunately, without the completion of a home visit and comprehensive assessment, no determination was ever made that the Appellant is eligible for the Home Help Services program and if so, what services were needed. Accordingly, the Department's denial the Appellant's [REDACTED] Home Help Services application must be upheld.

If she has not already done so, the Appellant can re-apply for the Home Help Services program. The Department would then schedule a new home visit and complete a comprehensive assessment to determine the Appellant's need for services.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's May 2010 Home Help Services application.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 11/10/2010

***** 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.