

**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. 2011-13642 HHS
Case No. 2100678

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 ██████████. Shirley Burton appeared on her own behalf. ██████████, represented the Department. ██████████, and ██████████, were present as Department witnesses.

ISSUE

Did the Department properly suspend the Appellant's Home Help Services case?

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 who was receiving Home Help Services (HHS).
2. The Appellant's case was due for an annual redetermination and a home visit was scheduled for ██████████. (Exhibit 1, page 10)
3. On ██████████, the Department issued a Home Visit Letter to the Appellant. (Exhibit 1, page 10)
4. On ██████████, the Adult Services Specialist attempted to complete the home visit, but the Appellant was not home for the appointment and her phone number was disconnected. (Exhibit 1, page 9)

5. On [REDACTED], the Department sent the Appellant an Advance Negative Action Notice indicating her Home Help Services case would be suspended effective [REDACTED], because she missed the yearly redetermination in [REDACTED]. The notice stated that the Appellant must reschedule before payments would be reinstated. (Exhibit 1, pages 5-8)
6. On [REDACTED], the State Office of Administrative Hearings and Rules received the Appellant's Request for Hearing. (Exhibit 1, pages 3-4)

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.

Six Month Review

Requirements for the review contact must include:

- A review of the current comprehensive assessment and service plan.
- A reevaluation of the client's Medicaid eligibility, if home help services are being paid.
- Follow-up collateral contacts with significant others to assess their role in the case plan.
- Review of client satisfaction with the delivery of planned services.

Annual Redetermination

Procedures and case documentation for the annual review are the same as the six month review, with the following additions:

Requirements

- A reevaluation of the client's Medicaid eligibility, if home help services are being paid.
- A new medical needs (DHS-54A) certification, if home help services are being paid.

Note: The medical needs form for SSI recipients will **only** be required at the initial opening and is no longer required in the redetermination process. All other Medicaid recipients will need to have a DHS-54A completed at the initial opening and then annually thereafter.

- A face-to-face meeting with the care provider, if applicable. This meeting may take place in the office, if appropriate.

*Adult Services Manual (ASM 363), 9-1-2008,
Pages 2 and 6-7 of 24*

In the present case, the Adult Services Specialist testified that the Appellant's case was due for an annual redetermination and a home visit was scheduled for ██████████. A Home Call Letter was issued on ██████████, notifying the Appellant of the appointment. (Exhibit 1, page 10) The Adult Services Specialist explained that on ██████████, he went to the Appellant's home but she was not present and her phone number was disconnected. (██████████ Testimony, Exhibit 1, page 9) On ██████████, an Advance Negative Action Notice was issued to the Appellant indicating her HHS case would be suspended due to the missed appointment. The notice also indicated that the Appellant must re-schedule before payments would be reinstated. (Exhibit 1, pages 5-8)

The Appellant testified her phone was disconnected because she could not afford it. She explained that she had been real sick and was in and out of the hospital. The Appellant also stated that she was moving, forgets things, and may not have been getting her mail. However, the Appellant indicated her moves occurred after the missed home visit. She moved from the ██████████ address to the ██████████ address in ██████████, and then to the ██████████ address in ██████████. The Appellant was also unsure of when she was in and out of the hospital and ER. This may have been in

[REDACTED] but she does not remember much. (Appellant Testimony)

Policy requires the Adult Services Specialist to complete the home visit as part of the annual redetermination process. Without completing the home visit, the Adult Services Specialist would not be able to determine ongoing eligibility for the Home Help Services program. The Adult Services Specialist sent a letter in advance of the appointment, and attempted to call the Appellant when she was not present for the home visit. The Appellant's HHS case could not be reinstated until the Appellant contacted the Department to re-schedule the appointment so the annual redetermination could be completed. Accordingly the Department's suspension of the Appellant's HHS case is upheld.

Since the Appellant has moved to a different county, a different local Department of Human Services office would handle her case. The Appellant should contact the Department of Human Services office in her new county of residence regarding her ongoing Home Help Services needs.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 4/8/2011

***** 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.