STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF COMMUNITY HEALTH

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 373-4147

Docket No. 2012-71216 HHS

) testified that when she arrived for the face

the Appellant's home was vacant

Case No.

IN THE MATTER OF:

Appellant /									
DECISION AND ORDER									
This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 <i>et seq.</i> , upon the Appellant's request for a hearing.									
After due notice, a hearing was held on on behalf of the Appellant. Department. His witnesses were and									
<u>ISSUE</u>									
Did the Department properly terminate the Appellant's Home Help Services (HHS) for lack of an in-home, face-to-face assessment?									
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 year old Medicaid-SSI beneficiary. (Appellant's Exhibit #1)									
 The Appellant alleges disability via "Psychiatric disease." (Department's Exhibit A, p. 12) 									
3) The Appellant testified that he was denied program placement because the ASW									

could not find his house. (See Testimony and Appellant's Exhibit #1)

5) The Department witness (

to face, in-home assessment on

and boarded up. (See Testimony

4) The Appellant and his witness said that they "turned in a slip" with his new address to the worker in the "Drop Box." (See Testimony and Appellant's Exhibit #1)

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6)	The	Department	provided	documentary	evidence	supporting	testimony.
	(Department's Exhibit A, p. 19)						

- 7) On section, the sent the Appellant an Advance Negative Action Notice (DHS1212) advising him that his Home Help Services would be terminated because of the impossibility of conducting an in-home assessment on (Department's Exhibit A, pp. 2, 6)
- 8) The Appellant's further appeal rights were contained therein.
- 9) The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on . (Appellant's Exhibit #1)

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 <u>certified</u> by a medical professional.

COMPREHENSIVE ASSESSMENT

The DHS-324, Adult Services Comprehensive Assessment is the primary tool for determining need for services. The comprehensive assessment must be completed on all open independent living services cases. ASCAP, the automated workload management system, provides the format for the comprehensive assessment and all information must 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.
- The assessment may also include an interview with the individual who will be providing home help services.

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 A new face-to-face assessment is required if there is a request for an increase in services before payment is authorized.

- A face-to-face assessment is required on all transfer-in cases before a payment is authorized.
- 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.

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(Emphasis supplied) Adult Service Manual (ASM), §120, page 1 of 5, 5-1-2012.

The Department witness testified that following notice she attempted to conduct an in-home assessment of the Appellant for purposes of evaluating his continued receipt of Home Help Services. She was unable to locate the Appellant's current residence.

The Appellant testified that he moved – but had communicated his address change to the ASW via the "Drop Box." The ASW testified that no such change of address was received until it appeared on the new DHS 390 submitted after the fact.

On review - by the Appellant's own testimony the assessment was frustrated owing to non-communication of the Appellant's change of address. It is the client's responsibility to maintain a correct address with the Department. It is not the Department's responsibility to seek such information unless properly presented. Absent criminal mischief - the failure to conduct the in-home assessment, as required under policy, was not the fault of the Department or its ASW,

It is the province of the ASW to determine eligibility for services; the ASM requires an inhome assessment of HHS recipients for continued services. It is fundamental that someone requesting Home Help have an address to which the ASW can respond for an in-person, inhome assessment.

The Appellant failed to preponderate his burden of proof that the Department erred in terminating his HHS for lack of an in-home assessment.

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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 HHS.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Dale Malewska Administrative Law Judge for James K. Haveman, Director Michigan Department of Community Health



Date Mailed: 04/01/13

*** NOTICE ***

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.