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

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IN THE MA	TTER OF:	Docket No. Case No.	2013-17077 HHS
Арре	ellant/	ouse No.	
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 appeared on his own behalf. represented the Department. a witness for the Department. appeared but did not testify.			
ISSUE			
Did the Department properly suspend Appellant's Home Help Payments due to the submission of improperly completed Provider logs?			
FINDINGS	OF FACT		
	istrative Law Judge, based upon the on the whole record, finds as material fact	•	iterial and substantial
1.	The Appellant is ayear-old Medi- Adult Home Help Services (HHS).	caid beneficia	ry who was receiving
2.	On, the Appellant's Appellant's HHS. (Exhibit A, pp. 24-25		approved to provide
3.	Provider Logs for the Appellant's HHS	for the month. The for the Appellante completion of	ms were all signed by t on of the work, and each

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- 4. The Department's witness, ASW she suspended the payments for his Home Help Services for inadequately completed provider logs. ASW stated the policy as well as the backs of the log sheets provide instructions to the client and provider how to fill out the log sheets. Appellant's logs were not completed correctly. (Exhibit A, pp. 6-18, 26-27 and Testimony).
- 5. On the Department sent the Appellant an Advance Negative Action Notice suspending his Home Help Payments as the Provider logs submitted had too many errors to be accepted by the Department. The Appellant's appeal rights were contained in the Advance Negative Action Notice. (Exhibit A, pp. 2, 6-13).
- 6. The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System for the Department of Community Health on . (Exhibit A, p. 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. The Adult Services Manual (ASM) sets forth the various requirements needed to insure continued payment for the HHS by a Home Help Provider. ASM 135 states in pertinent part:

PERSONAL CARE SERVICES PROVIDER LOG (DHS-721)

- Each individual provider must keep a log of Home Help Services delivered. The DHS-721 is used for this purpose.
- Tasks on the provider logs are automatically marked with an X when printed from ASCAP based on the client's home help functional assessment.
- The provider must indicate what services were provided and on which days of the month.
- The client and the provider must sign the log when it is completed to verify that the services approved for payment were delivered.

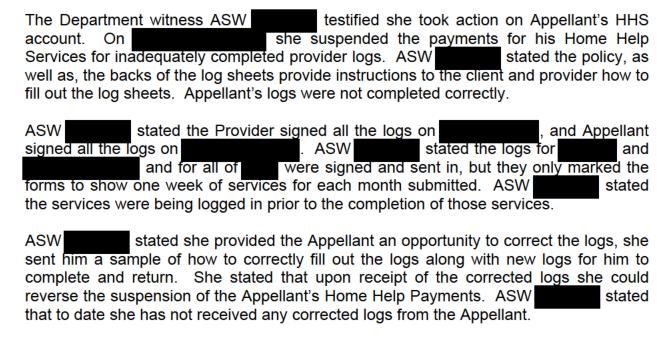
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- The log must be submitted to the local office quarterly. Provider logs must be received within 10 business days after the last service date on the log. Failure to do so will result in suspension of payment.
- The Adult services Specialist must initial and date the log upon receipt, demonstrating review of the log.
- Retain the log in the client's case record.
- A separate log is required for each provider.
- Incomplete logs must be returned to the client/provider for completion.

Agency/business providers must submit monthly invoices in lieu of the DHS-721. Each invoice **must** specify:

- The service provided, and
- The date(s) of service, and
- The amount of time provided for each tasks.

[pp. 3 & 4 of 7].





At hearing the Appellant acknowledged that they did submit Provider logs that were not properly filled out. Appellant stated that was because they did not know how to fill the logs out. He stated he thought that they needed to be sent in right away to make sure would get paid. Appellant stated his has been taught how to properly fill out the logs and he doesn't touch them. He stated they did not know how to fill them out correctly until they were mailed back to him with the sample of how to fill them out correctly. Appellant stated that he believes corrected logs have been sent to the Department.

The Appellant failed to meet his burden of proof of showing by a preponderance of the evidence that the Department erred in suspending his Home Help Payments, because at the time the payments were suspended all the Department had received were improperly completed Provider logs submitted by the Appellant and his provider. The Department stands ready and willing to reverse their suspension of Appellant's Home Help Payments upon receipt of properly completed Provider logs. The Department's actions were proper at the time and must be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly suspended Appellant's Home Help Payments due to the submission of improperly completed Provider logs.

IT IS THEREFORE ORDERED that:

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

William D. Bond Administrative Law Judge for James K. Haveman, Director Michigan Department of Community Health

CC:



Date Mailed: January 29, 2013

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*** 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.