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. 2013-19179 HHS Case No.
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, an in person hearing was Appellant, [actually], was represidentified as the Appellant herein. He had not	ented by her son mistakenly o witnesses. the Department. Her witnesses were

PRELIMINARY MATTER

IN THE MATTER OF:

The admission of Appellant's Exhibit #3 [DHS 54A medical needs form, medical prescription and live-in care attendant verification form] was taken under advisement at hearing on a relevance objection from the Department. On review, the exhibit is not admitted as it appears to pertain to the Appellant's representative – not the Appellant.

<u>ISSUE</u>

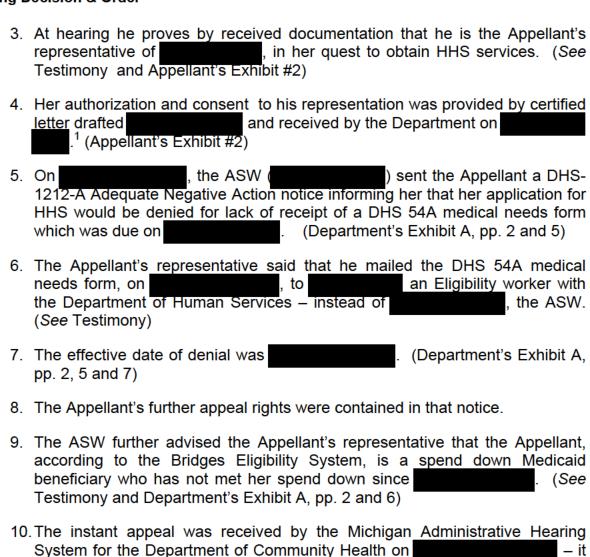
Did the Department properly deny the Appellant's Home Help Services (HHS)?

FINDINGS OF FACT

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

- At the time of hearing the Appellant is a disabled, year-old, [spend down]
 Medicaid beneficiary.
- 2. The Appellant is "elderly and needs 24-hour care" according to her representative.

Docket No. 2013-19179 HHS Hearing Decision & Order



CONCLUSIONS OF LAW

was assigned for hearing on

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.

. (Appellant's Exhibit #1)

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 certified² by a medical professional.

_

¹ The Department's hearing summary, accordingly, failed to reflect the amended request for hearing authorized by the Appellant -

² ASM 105, Medical Need Certification, pp. 2 of 3

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.
- 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 transferin 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.

. . . .

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

The Department witness testified that she denied the Appellant's HHS based on the lack of receipt of the Appellant's required DHS 54A medical needs form.

The ASW testified that there was no in-home assessment because threshold documents were never completed or received by the Department. She explained further [and her supervisor verified], that the Appellant's action of sending massive mailings to

Docket No. 2013-19179 HHS Hearing Decision & Order

his mother's or his - eligibility worker – did not equate to service or receipt of required documents by ASW or the Home Help Services program.

The Appellant said his mother needs help and that given the amount of help required - he is unable to provide that assistance.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home, comprehensive assessment of HHS recipients. But, before that happens – the Appellant must be eligible for Medicaid, complete an application and provide a completed/certified medical needs form – none of this has happened.

Although well intentioned - it does not appear that the Appellant's representative has the capacity to advocate for his mother in the myriad of services [beyond HHS] he pursues on her behalf.

On review of the testimony and the evidence the Administrative Law Judge finds that the Department properly denied the Appellant HHS services for lack of providing the required threshold application materials. The ALJ further notes that the testimony at hearing today proved there was no way for the ASW to independently follow up the Appellant's application on her own initiative.

The Appellant has not preponderated her burden of proof to demonstrate her eligibility for HHS 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 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

Docket No. 2013-19179 HHS Hearing Decision & Order



Date Signed: 6/17/2013

Date Mailed: 6/17/2013

*** 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.