

**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

IN THE MATTER OF:

██████████,

Appellant

Docket No. 2013-10517 HHS
Case No. ██████████

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 ██████████. The Appellant appeared without representation. His witness was ██████████. ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████, ASW supervisor.

ISSUE

Did the Department properly deny 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)
- 2) The Appellant alleges the afflictions of DM and neuropathy. (Appellant's Exhibit 1)
- 3) The Appellant testified that he was denied HHS because he missed his in-home assessment because he "had to pick up his brother from the doctor" on ██████████. (See Testimony and Appellant's Exhibit #1)
- 4) There was no scheduled home call on ██████████. (See Department's Exhibit A – throughout)
- 5) The Appellant's witness said that she was here because she had checked his "blood sugar for the last 3 months – but still prepares his meals." (See

Testimony)

- 6) The Department witness testified that she sent the Appellant a DHS 1212-A Adequate Negative Action Notice denying HHS effective ██████████ for lack of participation in his scheduled home call on ██████████. (Department's Exhibit A, p. 2 and See Testimony of ██████████)
- 7) The Appellant's further appeal rights were contained therein.
- 8) The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on ██████████ following receipt by DHS 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 certified 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.

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

The Department witness testified that following notice her worker attempted to conduct an in-home assessment of the Appellant for purposes of evaluating his receipt of Home Help Services. She was unable to locate the Appellant – because he was not home.

The Appellant testified that he had to go pick up his brother – because he could not drive. He said he wants HHS because he needs it.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home assessment of HHS recipients for continued services. It is fundamental that someone requesting Home Help participate in an in-person, in-home assessment. ASM 120

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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Hearing Decision & Order

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**.

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


cc: 

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.