

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. 2013-17077 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 ██████████. ██████████ appeared on his own behalf. ██████████, Manager of the Appeals Section, represented the Department. ██████████, Adult Services Worker, appeared as a witness for the Department. ██████████, Adult Services Supervisor, also 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

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 beneficiary who was receiving Adult Home Help Services (HHS).
2. On ██████████, the Appellant's ██████████ was approved to provide Appellant's HHS. (Exhibit A, pp. 24-25).
3. On ██████████, the Department received Personal Care Services Provider Logs for the Appellant's HHS for the months of ██████████. The forms were all signed by the Provider on ██████████ and by the Appellant on ██████████. The logs were sent in advance of the completion of the work, and each had only one week's worth of tasks marked off on the log sheets. (Exhibit A, pp.15-18, and Testimony).

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4. The Department's witness, ASW [REDACTED] took action on Appellant's HHS account. On [REDACTED] she suspended the payments for his Home Help Services for inadequately completed provider logs. ASW [REDACTED] 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 [REDACTED] 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 [REDACTED]. (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].

The Department witness ASW ██████████ testified she took action on Appellant's HHS account. On ██████████ 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.

ASW ██████████ stated the Provider signed all the logs on ██████████, and Appellant signed all the logs on ██████████. ASW ██████████ stated the logs for ██████████ and ██████████ and for all of ██████████ were signed and sent in, but they only marked the forms to show one week of services for each month submitted. ASW ██████████ stated the services were being logged in prior to the completion of those services.

ASW ██████████ stated she provided the Appellant an opportunity to correct the logs, she sent him a sample of how to correctly fill out the logs along with new logs for him to complete and return. She stated that upon receipt of the corrected logs she could reverse the suspension of the Appellant's Home Help Payments. ASW ██████████ stated that to date she has not received any corrected logs from the Appellant.

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 his [REDACTED] would get paid. Appellant stated his [REDACTED] 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**.

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

cc:

[REDACTED]

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.