

**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

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**Docket No.** 2013-37480 HHS

██████████

██████████

**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 ██████████ ██████████ mother and Guardian, represented the Appellant. ██████████ Caregiver, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker ("ASW"), and ██████████ Adult Services Supervisor, appeared as witnesses for the Department.

**ISSUE**

Did the Department properly re-issue warrants for the Appellant's January 2013 Home Help Services ("HHS") payments?

**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 Medicaid beneficiary who has been authorized for HHS.
2. On ██████████ the Department issued a Services and Payment Approval Notice to the Appellant stating his HHS payment would be ██████████ effective ██████████. (Exhibit 1, page 6)
3. For the time period at issue in this case, ██████████ the Appellant's caregiver is his enrolled HHS provider. (Exhibit 1, pages 10-16; Exhibit 2)
4. On ██████████, the Department issued warrant number ██████████ to the Appellant's HHS provider for ██████████ for Home Help Services for the month of ██████████. (Exhibit 1, page 16; Exhibit 2)

5. On [REDACTED], the Department issued warrant number [REDACTED] to the Appellant's HHS provider for [REDACTED] for Home Help Services for the month of [REDACTED]. (Exhibit 1, page 16; Exhibit 2)
6. The warrants issued on [REDACTED] and [REDACTED] were cancelled. (Exhibit 1, page 16; Exhibit 2)
7. On [REDACTED] the Department issued warrant number [REDACTED] to the Appellant's HHS provider for [REDACTED] for Home Help Services for the month of [REDACTED]. (Exhibit 1, page 16; Exhibit 2)
8. On [REDACTED], the Department issued warrant number [REDACTED] 9 to the Appellant's HHS provider for [REDACTED] for Home Help Services for the month of [REDACTED]. (Exhibit 1, page 16; Exhibit 2)
9. On [REDACTED], a request for hearing filed on the Appellant's behalf was received by the Michigan Administrative Hearing System. On [REDACTED] the request for hearing was re-submitted with documentation of Guardianship.

### **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 Social Welfare Act, 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 physician and may be provided by individuals or by private or public agencies.

Adult Services Manual (ASM) 140, 11-1-11, addresses HHS payment authorizations:

#### **ADULT SERVICES AUTHORIZED PAYMENTS (ASAP)**

The Adult Services Authorized Payments (ASAP) is the Michigan Department of Community Health payment system that processes adult services authorizations. The adult services specialist enters the payment authorizations using the **Payments** module of the **ASCAP** system.

No payment can be made unless the provider has been enrolled in Bridges. Adult foster care, homes for the aged and home help agency providers must also be registered with Vendor Registration; see ASM 136, Agency Providers.

**Note:** The adult services home page provides a link to the provider enrollment instructions located on the Office of Training and Staff Development web site.

Home help services payments to providers must be:

- Authorized for a specific period of time and payment amount. The task is determined by the comprehensive assessment in ASCAP and will automatically include tasks that are a level three or higher.
- Authorized **only** to the person or agency actually providing the hands-on services.

**Note:** An entity acting in the capacity of the client's fiscal intermediary is not considered the provider of home help and **must not** be enrolled as a home help provider; see ASM 135, Home Help Providers.

- Made payable jointly to the client and the provider.

**Exception:** Authorizations to home help agency providers are payable to the provider only. There are circumstances where payment authorizations to the provider only are appropriate, for example, client is physically or mentally unable to endorse the warrant. All single party authorizations must be approved by the supervisor.

- Prorate the authorization if the MA eligibility period is less than the full month.

**Example:** A client meets his/her MA deductible on the third of every month. ASCAP will process prorated month (s) automatically. To prorate manually, divide the monthly care cost by the number of days in the month. Multiple the daily rate by the number of eligible days. Refer to the ASCAP User Guide for additional instructions on steps for prorating in ASCAP.

- Do **not** authorize payments to a **responsible relative**.
- Do not authorize a home help payment if there is not a MSA-4678 on file with the Michigan Department of Community Health; see ASM 135, Home Help Providers.

Any payment authorization that does **not** meet the above criteria must have the reason fully documented in the **Payments** module, exception rationale box, in **ASCAP**. The supervisor will approve or deny the authorization and provide comments in the rationale box as needed.

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### **Office of Adult Services (OAS) Payment Exceptions**

The following payment authorizations will be forwarded via ASCAP to the Office of Adult Services (OAS) for processing:

- Authorization period is more than six months prior to the current date. Payments within six months or future authorizations **must** be approved locally and can not be approved as an OAS exception.
- Modified retroactive adjustments more than six months. Payments within six months **must** be approved locally.
- Authorizations that occur during the same time period as another adult services program (for example, adult protective services and home help services). The authorization submitted to OAS must **only** be for the time period the programs overlap.
- Cases where an administrative error occurred.

Adequate justification must be entered in the rationale box in ASCAP.

Payment authorizations approved by the Office of Adult Services (OAS) will indicate the program service code preceded by the number **9**.

*Adult Services Manual (ASM) 140,  
11-1-2011, Pages 1-3 of 3.*

In the present case, the Department issued a Services and Payment Approval Notice to the Appellant on ██████████ stating his HHS payment would be ██████████ 5 effective ██████████. (Exhibit 1, page 6) The Payment Authorization History shows an authorization was entered into the Department's computer system for ██████████ with a total monthly care cost of ██████████. (Exhibit 1, page 15)

On ██████████, the Department issued warrant number ██████████ to the Appellant's HHS provider for ██████████ for Home Help Services for the month of ██████████. On ██████████ the Department issued warrant number ██████████ to the Appellant's HHS provider for ██████████ for Home Help Services for the month of ██████████. (Exhibit 1, page 16; Exhibit 2) The Recipient Payment History screen shot indicates a separate bill amount from the net for each warrant. The total of the ██████████ bill amounts for the warrants issued ██████████ and ██████████ is ██████████. (Exhibit 2) This corresponds with the increase in the total monthly care cost to ██████████ effective ██████████ (Exhibit 1, pages 6 and 15)

The warrants issued on ██████████ and ██████████ were cancelled. (Exhibit 1, page 16; Exhibit 2)

On ██████████, the Department issued warrant number ██████████ to the Appellant's HHS provider for ██████████ for Home Help Services for the month of ██████████ (Exhibit 1, page 16; Exhibit 2) On ██████████ the Department issued warrant number ██████████ to the Appellant's HHS provider for ██████████ for Home Help Services for the month of ██████████ (Exhibit 1, page 16; Exhibit 2) These re-issued warrants are each for smaller amounts than the ██████████ cancelled warrants.

Upon reviewing the Recipient Payment History screen printed during the telephone hearing proceedings, the Adult Services Supervisor indicated that the difference was based on trying to issue retroactive payment. The Adult Services Supervisor acknowledged that the Department still owed the Appellant's HHS provider for part of the ██████████ HHS payment. (Adult Services Supervisor Testimony)

It appears that the net payment amounts from ██████████ prior warrants were mistakenly entered for the bill amounts for the new warrants, rather than the original bill amounts. Therefore, after deductions like taxes and union dues the net amounts of the re-issued warrants were less than the original warrant amounts. (Exhibit 2)

There is no evidence to support the ██████████ warrants for the ██████████ HHS payment being re-issued for lesser amounts, for example if the Appellant had been admitted to a hospital for a few days in ██████████ he would not receive HHS payment for those days. (See Adult Services Manual (ASM) 135, 11-1-2011, Page 2 of 7) The Adult Services Supervisor acknowledged that the Appellant's HHS provider is still owed part of the HHS payment for the month of ██████████. Accordingly, the Department did not properly re-issue the warrants for the Appellant's ██████████ HHS payment based on the available information.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department improperly re-issued warrants for the Appellant's [REDACTED] HHS payment based on the available information.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is REVERSED. The Department shall initiate issuance of the remainder of the [REDACTED] HHS payment to the Appellant's enrolled HHS provider.

/s/

Colleen Lack  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CL/db

cc: [REDACTED]

**\*\*\* 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.