

**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.** 2013-49524 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 begun on ██████████ and adjourned because both the ASW that took the action in this case and his supervisor were out of the office with unexpected family emergencies. The hearing was re-scheduled and completed on ██████████. ██████████, the Appellant, appeared on his own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Supervisor, appeared as a witness for the Department.

**ISSUE**

Did the Department properly terminate the Appellant's Home Help Services ("HHS") case?

**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 Department received a referral for the Appellant for the HHS program in ██████████. (Adult Services Supervisor Testimony)
2. An intake Adult Services Worker ("ASW") was assigned to the Appellant's referral. (Adult Services Supervisor Testimony)
3. The intake ASW did not complete the required home visit for the Appellant's HHS application until ██████████ (Adult Services Supervisor Testimony; Exhibit 1, pages 12-13)
4. The Appellant's HHS provider was enrolled on ██████████ (Adult Services Supervisor Testimony; Exhibit 1, page 12)

5. The Appellant's HHS case was subsequently transferred to ASW ██████████. (Adult Services Supervisor Testimony)
6. ASW ██████████ did not complete the required annual redetermination of the Appellant's HHS case in ██████████. (Adult Services Supervisor Testimony)
7. The Appellant's HHS payments stopped because HHS payments can only be authorized in the computer system for ██████ months from the last authorization based on an annual redetermination. (Adult Services Supervisor Testimony; Exhibit 1, page 16)
8. ASW ██████████ called the Appellant on ██████████ to schedule a home visit for ██████████. (Adult Services Supervisor Testimony)
9. The ██████████ home visit appointment was not completed. (Adult Services Supervisor Testimony)
10. On ██████████, ASW ██████████ left the Appellant a message rescheduling the home visit for ██████████. (Adult Services Supervisor Testimony)
11. The ██████████, home visit was not completed. (Adult Services Supervisor Testimony)
12. On ██████████, ASW ██████████ sent the Appellant an Advance Action Notice, which informed him that effective ██████████ the HHS case would be terminated because he has not had an enrolled provider since ██████████. (Exhibit 1, pages 8-11)
13. On ██████████ the Appellant's request for hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, page 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 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) 105, 11-1-11, addresses HHS eligibility requirements:

## Requirements

Home help eligibility requirements include all of the following:

- Medicaid eligibility.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment (DHS-324) indicating a functional limitation of level 3 or greater for activities of daily living (ADL).
- Appropriate Level of Care (LOC) status.

\*\*\*

## Necessity For Service

The adult services specialist is responsible for determining the necessity and level of need for home help services based on:

- Client choice.
- A completed DHS-324, Adult Services Comprehensive Assessment. An individual must be assessed with at least one activity of daily living (ADL) in order to be eligible to receive home help services.

**Note:** If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services.

**Example:** Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADL's if the assessment determines a need at a level 3 or greater.

- Verification of the client's medical need by a Medicaid enrolled medical professional via the DHS-54A. The client is responsible for obtaining the medical certification of need; see ASM 115, Adult Services Requirements.

*Adult Services Manual (ASM) 105,  
11-1-2011, Pages 1-3 of 3*

Adult Services Manual (ASM) 110, 11-1-2011 addresses the standard of promptness for processing HHS referrals:

### Standard of Promptness (SOP)

The adult services specialist must determine eligibility within the 45 day standard of promptness which begins from the time the referral is received and entered on ASCAP.

*Adult Services Manual (ASM) 110,  
11-1-2011, Page1 of 2*

Adult Services Manual (ASM) 120, 11-1-2011 addresses the adult services comprehensive assessment:

### **INTRODUCTION**

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 will be entered on the computer program.

### **Requirements**

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.
  - Use the DHS-27, Authorization to Release Information, when requesting client information from another agency.

- Use the DHS-1555, Authorization to Release Protected Health Information, if requesting additional medical documentation; see RFF 1555. The form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion APS cases, see SRM 131 Confidentiality.

*Adult Services Manual (ASM) 120, 11-1-2011,  
Page 1 of 6*

Adult Services Manual (ASM) 150 addresses notification of eligibility determinations, including suspensions:

**Advance Negative Action Notice (DHS-1212)**

The DHS-1212, Advance Negative Action Notice, is used and generated on ASCAP when there is a reduction, suspension or termination of services. Appropriate notations must be entered in the comment section to explain the reason for the negative action.

- Reduced - decrease in payment.
- Suspended - payments stopped but case remains open.
- Terminated - case closure.

\*\*\*

**Negative Actions Requiring Ten Day Notice**

The effective date of the negative action is ten business days **after** the date the notice is mailed to the client. The effective date must be entered on the negative action notice.

*Adult Services Manual (ASM) 150, 11-1-2011,  
Page 2 of 4.*

The Appellant credibly testified that his HHS provider worked for ██████ months without pay because the HHS payments just stopped. The Appellant made many calls to ASW ██████ then to the supervisor. The Appellant only got a response from ASW ██████ after he called the supervisor. The Appellant further testified the ASW ██████ never showed up for the home visit. (Appellant Testimony)

In this case, the Department failed to follow their own policy regarding the standards of promptness for processing a new HHS referral and completing the required ██████ month review and annual redetermination. The Adult Services Supervisor testified that HHS payments can only be authorized in the computer system for ██████ months from the last

authorization based an annual redetermination. (Adult Services Supervisor Testimony) While this ALJ understands that the computer system does not allow for HHS payments to continue beyond ██████ months from the last annual redetermination, it was the Department that failed to schedule a home visit to complete a redetermination within the ██████ month time limit. It is also noted that there is no evidence that any written notice was issued to the Appellant before the payments stopped. The Adult Services Manual policy sets forth requirements that advance notice be sent of negative actions, including both suspensions of HHS payments and case terminations.

ASW's ██████ determination to terminate the Appellant's HHS case because there had been no enrolled provider since ██████ cannot be upheld. There was no evidence the Appellant or his provider had contacted the Department to indicate the provider was no longer going to assist the Appellant. Rather, it appears that it was the Department's failure to schedule and complete the required home visit and annual redetermination in ██████ that was the reason there was no provider enrolled after ██████. (Adult Services Supervisor Testimony) Further, the Adult Services Supervisor testified that she cannot prove that ASW ██████ actually went to the Appellant's home when the home visit was eventually scheduled. (Adult Services Supervisor Testimony) Accordingly, the termination of the Appellant's HHS case cannot be upheld.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department improperly terminated the Appellant's HHS case based on the available information.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is REVERSED. The Department shall initiate reinstating the Appellant's HHS case and assessing his eligibility for HHS.

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

Date Signed: ████████████████████

Date Mailed: ████████████████████

[REDACTED]  
Docket No. 2013-49524 HHS  
Decision and Order

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.