

**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. 2013-55826 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. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. His witness was ██████████, ASW.

ISSUE

Did the Department properly terminate 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:

1. The Appellant is a ██████-year-old Medicaid-SSI beneficiary. (Appellant's Exhibit #1)
2. The Appellant is afflicted with morbid obesity and cataracts/bilateral. (Department's Exhibit A, p.14)
3. The Appellant said that following her surgery she needed help with tying her shoes, laundry and cooking. (See Testimony)
4. The Department's witness, ASW ██████████, testified that she actually denied the Appellant's HHS because she was receiving payment as a day care provider from the State of Michigan – while receiving HHS services – as well. (See Testimony)
5. The Department witness testified that she explained to the Appellant that she could not receive home help assistance "when you care for other people's children." (Department's Exhibit A, pp. 2, 6, 7)

6. The Appellant said she simply did know that this was prohibited. (See Testimony)
7. The Department witness sent the Appellant an Advance Negative Action Notice on ██████████, terminating services with an effective date of ██████████. (Department's Exhibit A, pages 2, and 6)
8. The Appellant's further appeal rights were contained in the Advance Negative Action Notice.
9. The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System for the Department of Community Health 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.

GENERAL

Home help services are available if the client meets all eligibility requirements. An independent living services case may be opened to supportive services to assist the client in applying for Medicaid.

Home help services payments cannot be authorized prior to establishing Medicaid eligibility and a face-to-face assessment completed with the client. Once MA eligibility has been established, the case service methodology **must** be changed to case management.

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.

Appropriate Level of Care Status

Verify client's level of care to avoid duplication of services. The level of care will determine if the client is enrolled in other programs.

... ASM 105, pp. 1 – 3, 11-1-11

The Department witness testified that she denied the Appellant's HHS services because she received duplication of services via the State of Michigan's Day Care provider program. The Appellant acknowledged that her need for HHS was temporary and largely resolved, at the time of the denial, but added that her receipt of dual program compensation for the provision of day care was an unintentional error on her part.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home, comprehensive assessment of HHS recipients. Based on new policy an HHS recipient must utilize at least one (1) ADL requiring hands on service at the three (3) ranking or higher in order to remain eligible for HHS. Furthermore, under ASM 105 program duplication is prohibited.

The Appellant failed to preponderate her burden of proof that the Department erred in denying her HHS, because she was providing services/receiving duplicative program compensation while enrolled in HHS.

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:

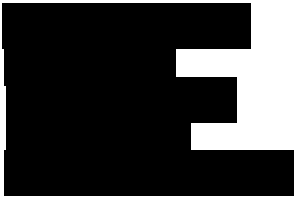
The Department's decision is **AFFIRMED**.


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

**Docket No. 2013-55826 HHS
Hearing Decision & Order**

cc:



Date Signed: 9/27/2013

Date Mailed: 9/27/2013

***** 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.