

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 14-014097 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 Appellant's request for a hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified. ██████████ appeared as a witness on behalf of Appellant.

██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Supervisor, appeared as a witness for the Department.

ISSUE

Did the Department properly suspend Appellant's Home Help Services ("HHS") case on the grounds that Appellant's logs were not completed correctly pursuant to policy requirements?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Appellant is a ██████ year old female Medicaid beneficiary under the MA G2S program.
2. At the time of the action at issue herein, Appellant was approved ██████████ in HHS services. (Exhibit A.5)
3. The Department issues provider logs that must be completed each month. Instructions are provided with the provider logs.
4. On ██████████ the Department received provider logs for ██████████ through ██████████, for Appellant's case with total hours that were inconsistent with the approved hours. (Exhibit A.6,8 &14; Testimony)
5. On ██████████ the Department issued notice of suspension to Appellant informing Appellant that the 'logs were completed incorrectly, please

complete based on the number of hours being paid. If time and task have changed please let me know and if so, a reduction in payment will be made.' (Exhibit A.8)

6. As of the date of the administrative hearing, Appellant had not returned corrected logs. (Appellant's Testimony)
7. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's hearing request. (Exhibit A.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) 101, 11-1-11, addresses HHS payments:

Payment Services Home Help

Home help services are non-specialized personal care service activities provided under the independent living services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

*Adult Services Manual (ASM) 101,
11-1-2011, Page 1of 4.*

Applicable ASM policy to the case herein is found in the ASM-Home Help Providers manual Item 135. The applicable portion states in 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.
- 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 have the option of submitting monthly invoices in lieu of the DHS-721, Provider Log. Each invoice **must** specify the following:

- The service (s) provided, and
- The date(s) of service.

- Adult Services Manual (ASM) 135, 12-1-2013, page 4 of 9.

Policy further states: Suspension of HHS payments may be made where the Provider logs are not submitted timely. ASM 170, p 1.

In this case, evidence on the record indicates that the information on the provider logs are inconsistent with the approved HHS grant on behalf of Appellant.

Appellant argued at the administrative hearing that she and her provider would have no knowledge or information as to what her approved hours are as she was never informed of the same. However, unrefuted evidence of record is that Appellant attached the approved time and task sheet showing itemized hours for different chores to her hearing request. Appellant had actual knowledge of her approved hours.

The Department is under strict federal mandates to ensure that the evidence in a beneficiary's file is supported by necessary verifications. If not, the State of Michigan may be subject to substantial financial penalties. 42 CFR 435.914. The Department acted in accordance with its policy and procures, and mandates at federal and state law. As such, this ALJ must uphold the Department's action.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department's suspension of Appellant's HHS case was correct.

ACCORDINGLY,

The Department's suspension is hereby AFFIRMED.



Janice Spodarek

Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

JS/ [REDACTED]

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.