

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. 14-014775 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 ██████████. Appellant appeared and testified on her own behalf. Her witness was ██████████, home health services (HHS) provider. ██████████, Adult Services Independent Living Caseworker, appeared as a witness for the Department of Community Health (DCH or the Department).

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. Appellant was a HHS recipient.
2. Appellant has been diagnosed with fibromyalgia, depression, anxiety, seizure disorder, hyperlipidemia, migraines, asthma, neurocardiogenic syncope and carpal tunnel syndrome.
3. On ██████████, the Department caseworker sent Appellant Notice of home visit scheduled for ██████████.
4. On ██████████, the Department caseworker attempted to conduct the home visit. There was no one at the home.
5. On ██████████, the Department caseworker attempted to contact appellant via telephone call. There was no answer and a voicemail was not working.

6. On ██████████, the Department caseworker mailed a negative action notice to appellant's address stating that appellant needed to contact him within 10 days to reschedule the home visit or appellant's HHS case would be canceled effective September 23, 2014.
7. On ██████████ ██████████ ██████████, Appellant's contacted the Department caseworker and provided an address change. During the telephone call, the Department caseworker notified Appellant that she needed to reschedule the home visit by ██████████ or her HHS case would be canceled.
8. The HHS home visit was not rescheduled by ██████████.
9. On ██████████, the HHS case was closed.
10. On ██████████, the Department received a request for a hearing from the Appellant contesting the Department's negative action.

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) 155, pages 1-2 addresses HHS home visit requirements:

Independent living services (home help) cases must be reviewed every six months. A face-to-face contact is required with the client, in the home.

A face-to-face or phone contact must be made with the provider at six month review and redetermination to verify services are being furnished.

Note: If contact is made by phone, the provider must offer identifying information such as date of birth and the last four digits of their social security number. A face-to-face interview in the client's home or local DHS office must take place at the next review or redetermination.

Requirements for the review contact must include:

- A review of the current comprehensive assessment and service plan.
- Verification of the client's Medicaid eligibility, when home help services are being paid.
- Follow-up collateral contacts with significant others to assess their role in the case plan, if applicable.
- Review of client satisfaction with the delivery of planned services.
- Reevaluation of the level of care to assure there are no duplication of services.
- Contact must be made with the care provider, either by phone or face-to-face, to verify services are being provided.

Case documentation for **all** reviews must include:

- An update of the "**Disposition**" module in ASCAP.
- A review of **all** ASCAP modules with information updated as needed.
- A brief statement of the nature of the contact and who was present in the **Contact Details** module of ASCAP. A face-to-face contact entry with the client generates a case management billing.
- Documented contact with the home help provider.
- Expanded details of the contact in **General Narrative**, by clicking on **Add to & Go To Narrative** button in **Contacts** module.
- A record summary of progress in service plan.

Procedures and case documentation for the annual review are the same as the six month review, with the following addition(s):

- A new DHS-54A certification, if home help services are being paid.

Note: The medical needs form for SSI recipients and Disabled Adult Children (DAC) is **only** required at the initial opening and is not required for the redetermination process. All other Medicaid recipients will need to have

a DHS-54A completed at the initial opening and annually thereafter.

- Contact must be made with the care provider, either by phone or face-to-face, to verify services are being provided.

In the instant case, appellant testified on the record that she called Mr. Slowik on [REDACTED]. Appellant stated that she had received a notice that her HHS would be reduced to \$ [REDACTED] per month. Appellant also admitted on the record that she did receive notice that her HHS home visit was scheduled for [REDACTED]. She understood that the home visit was to be conducted [REDACTED]. She stated that her HHS provider was not able to attend the home visit on [REDACTED], so she contacted [REDACTED] by telephone to let him know. She was unable to talk to [REDACTED] because his cell phone had been lost but she spoke with several other department representatives. On [REDACTED], Appellant states that she called her HHS provider to make certain that he called on [REDACTED] and then contacted [REDACTED]'s telephone number and left him a message that [REDACTED] would be a good date for the home visit.

The department representative stated that he visited the home [REDACTED] and there was no one at home. He attempted to contact Appellant by telephone and there was no answer; voicemail was not set up. A negative action letter was mailed out [REDACTED]. The notice did not return as undeliverable. On [REDACTED], Appellant called to report her new address at [REDACTED]. He asked Appellant about rescheduling the home visit. The Appellant stated that she had to speak to her HHS provider first. The appellant was told to ensure that she called [REDACTED] back to reschedule the home visit and that if she did not contact him by [REDACTED], the HHS case would be closed. The Department witness alleges that he did not receive a second phone call from appellant.

This Administrative Law Judge finds that the Department representative provided detailed, credible evidence and testimony that he followed Department policy and procedure when he attempted to perform a home call for purposes of HHS redetermination. Although this Administrative Law Judge finds that Appellant did contact the Department caseworker, appellant did not testify on the record that she rescheduled the home health visit with [REDACTED] by [REDACTED]. Appellant was provided notice that her HHS home visit was scheduled for [REDACTED]. She was not available for the home visit and did not establish credibly that she rescheduled the home visit. The Department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with Department policy when it cancelled claimant HHS case based upon its determination that Appellant was not available for her HHS home visit and when it determined that Appellant did not reschedule the HHS home visit by [REDACTED].

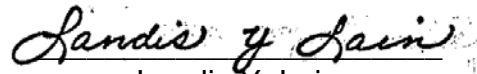
[REDACTED]
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DECISION AND ORDER

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

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.



Landis Y. Lain
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

LYL [REDACTED]

cc: [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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.