

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

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(877) 833-0870; Fax: (517) 373-4147

**IN THE MATTER OF:**

**Docket No. 2014-35723 HHS**

██████████

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Appellant.

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**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared and testified on Appellant's behalf. ██████████, Appellant's care provider, also testified as a witness for Appellant. ██████████ Appeals Review Officer, represented the Department of Community Health ("DCH" or "Department"). ██████████, Adult Services Worker (ASW), and ██████████, Adult Services Supervisor, from the ██████████ County Department of Human Services ("DHS") testified as witnesses for the Department.

**ISSUE**

Did the Department properly terminate 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 is a ██████ year-old Medicaid beneficiary who has been diagnosed with schizophrenia; high blood pressure; and impaired mental development. (Respondent's Exhibit A, page 7).
2. Appellant has been receiving HHS in the amount of ██████ hours and ██████ minutes per month, with a total monthly care cost of ██████. (Respondent's Exhibit A, page 16).
3. While receiving services, Appellant moved from ██████████ to ██████████. (Testimony of Appellant's representative).
4. However, neither Appellant nor her guardian ever informed the Department of her new address at the time of the move. (Testimony of Appellant's representative; Testimony of ASW ██████████).
5. On ██████████ ASW ██████████ sent Appellant a letter regarding an upcoming home visit. (Respondent's Exhibit A, page 13).

6. The letter was sent to the ██████████, address contained in the Department's records. (Testimony of ASW ██████████)
7. However, on the day of the home visit<sup>1</sup>, the person who answered the door advised ██████████ that Appellant did not live there and he had lived there for over a year. (Respondent's Exhibit A, page 14; Testimony of ASW ██████████)
8. On ██████████, the day after the attempted home visit, ASW ██████████ sent Appellant written notice that her HHS would be terminated effective ██████████ because the worker had been unable to locate Appellant for the required annual assessment. (Respondent's Exhibit A, pages 8-11).
9. After the termination took effect, Appellant's representative unsuccessfully attempted to contact or resolve the termination with Appellant's former case worker; Appellant's current case worker; and their supervisor. (Testimony of Appellant's representative).

### **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.

Here, Appellant's HHS were terminated on the basis that the worker was unable to locate Appellant for a required review of services. Regarding case reviews of HHS, Adult Services Manual 155 (5-1-2013) provides in part:

### **CASE REVIEWS**

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.

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<sup>1</sup> The home visit letter scheduled the assessment for ██████████ while the Department's case notes identified the attempted home visit as occurring on ██████████. (Respondent's Exhibit A, pages 13-14). During the hearing, ASW ██████████ credibly testified the home visit was actually attempted on ██████████, as scheduled, and that the case note was mistakenly entered for the wrong date. (Testimony of ██████████)

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.

*ASM 155, page 1 of 2  
(underline added by ALJ)*

Similarly, Adult Services Manual 115 (5-1-2013) provides in part:

### **CONTACTS**

The specialist must, at a minimum, have a face-to-face interview with the client, prior to case opening, then every six months in the client's home, at review and redetermination.

*ASM 115, page 3 of 3*

Here, the face-to-face contact in Appellant's home was not completed as required by the above policy. Moreover, that review was not completed due to the fact that Appellant had moved and never informed DHS of the move or her new address.

In response, Appellant's representative testified that, while Appellant did move, her mail was being forwarded to her by the post office and she should have received notice of home visit if a letter was sent. Appellant's representative also testified that no such notice was received. Appellant's representative further testified that, after the termination took effect and the payments stopped, she had a very difficult time contacting Appellant's case worker or the worker's supervisor in order to update the address and resolve this matter.

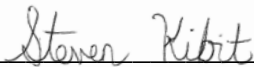
However, while Appellant and her representative may have been counting on the fact that her mail was being forwarded, it was their responsibility to keep the Department apprised of Appellant's current address. Due to their failure to do so in this case, the required review was not completed and, without such a face-to-face contact in Appellant's home, HHS could no longer be authorized and the Department properly terminated her services.

**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.

**IT IS THEREFORE ORDERED THAT:**

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

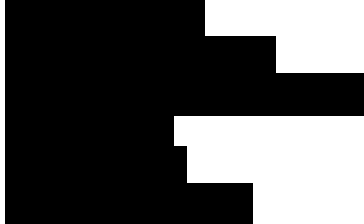


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Steven Kibit  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: 

Date Mailed: 

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cc: 

**\*\*\* 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.