

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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**IN THE MATTER OF:**

██████████,

Appellant

**Docket No.** 15-015154 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 telephone hearing was held on ██████████. Appellant appeared and testified. Appellant has cognitive impairments. Appellant's mother, ██████████, appeared and testified on Appellant's behalf. ██████████, Appeals Review Officer and ██████████, Adult Services Supervisor, and ██████████, Adult Services Worker appeared as witnesses for the Department of Health and Human Services (the Department).

**ISSUE**

Did the Department properly cancel 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 is a Medicaid beneficiary.
2. Appellant has cerebral palsy and cognitive deficiencies.
3. Appellant was receiving HHS.
4. On ██████████, the ASW sent Appellant notice that a home call would be scheduled for ██████████.
5. Appellant's representative cancelled the appointment.
6. On ██████████, the ASW sent Appellant notice that the home visit would be scheduled for ██████████.
7. On ██████████, the ASW called and cancelled the in home assessment because the worker was sick.

8. On [REDACTED], the ASW sent Appellant notice that a home visit was scheduled for [REDACTED].
9. On [REDACTED], the caseworker came to Appellant's home. Appellant was not at home and no one answered the door.
10. On [REDACTED], the ASW sent Appellant notice that the in home assessment was scheduled for [REDACTED].
11. On [REDACTED], the ASW sent Appellant an Advance Negative Action Notice informing him that HHS would be terminated, due to not being home for two schedule home visits on [REDACTED] and [REDACTED], as the worker was unable to determine continued eligibility. The case was scheduled to close [REDACTED].
12. On [REDACTED], the ASW came to Appellant's home. Appellant was not at home and no one answered the door.
13. On [REDACTED], the Appellant's HHS case closed
14. On [REDACTED], Appellant filed a request for a hearing to contest 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.

The Department caseworker testified that she came to the home for the home visit. Appellant was not in the home and the caseworker was not allowed in the home. The case certification period was scheduled to end shortly after the redetermination dates.

This Administrative Law Judge finds that the Department representative provided detailed, credible evidence and testimony that she followed Department policy and procedure when she attempted to conduct a required home visit for purposes of HHS redetermination. This Administrative Law Judge finds that Appellant conceded on the record that she was not at home for the home visit on the date the caseworker came to the home. There is no requirement in policy that Appellant must be given a second opportunity to conduct the in-home assessment. In this case, Appellant was given several attempts to comply with Department policy. Although the Appellant's representative testified that she called and left messages for the worker and her supervisor, this does not change the fact that the HHS case can be closed after the expiration of the certification period if a review has not been conducted. The worker was unable to complete the HHS in home assessment before the certification period ended.

Home Help Services cannot be authorized prior to completing a face-to-face assessment with the client. Appellant was not available for the home visit and did not establish credibly that she rescheduled the home visit and was available for the rescheduled 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 denied Appellant's application for HHS benefits based upon its determination that Appellant was not available for her scheduled HHS home visits.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

  
Landis Y. Lain

Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Health and Human  
Services

LYL/ [REDACTED]

cc:

[REDACTED]

Date Signed: November 12, 2015

Date Mailed: November 12, 2015

**\*\*\* 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.