

**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.** 15-016788 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. ██████████, Appeals Review Officer and ██████████, Adult Services Supervisor, appeared as witnesses for the Department of Health and Human Services (the Department).

State's Exhibit A pages 1-51 were admitted as evidence.

**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, DOB ██████████.
2. Appellant is diagnosed with Demyelinating disease, legal blindness and Multiple sclerosis.
3. Appellant was receiving HHS.
4. Appellant's case was due for HHS review and redetermination in ██████████.
5. On ██████████, the caseworker attempted a home visit. She rang the doorbell but no one came to the door. The caseworker called and left a voice mail on Appellant's telephone.
6. On ██████████, the caseworker sent Appellant a letter scheduling a home visit for ██████████ between 9:00 AM and 2:00 PM.

7. On ██████████, the caseworker sent Appellant an Advance Negative Action Letter which stated that she came to his house ██████████ at 9:46 AM to complete his review. She rang the doorbell several times but no one answered the door. A copy of the appointment letter was left at the home for Appellant to call to reschedule his appointment. He must contact her by ██████████ to reschedule the home visit or the case would be suspended. State's Exhibit A pages 12-13
8. On ██████████ Appellant reported that he was moving as of ██████████, to ██████████ in ██████████.
9. On ██████████, 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 ██████████ and ██████████, as the worker was unable to determine continued eligibility. The case was scheduled to close ██████████.
10. On ██████████, Appellant's case closed.
11. On ██████████, 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 on two occasions. Appellant was either not in the home or did not come to the door; the caseworker was not allowed in the home.

Appellant testified that he was home on the date of the first visit but neither he nor his provider heard the doorbell. He learned later that the doorbell did not work. He did not hear anyone knock at the door. He called her and the second time he was outside. The caseworker came but they didn't recognize the caseworker. She was wearing a hat and had her face covered. Appellant doesn't know what the caseworker looks like. The caseworker never answers the phone or returns phone messages. He did leave his apartment number on her phone messages.

This Administrative Law Judge finds that the Department representative provided detailed, credible evidence and testimony that the caseworker 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 he 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 two attempts to comply with Department policy. Although the Appellant testified that he called and left messages for the worker, 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 prior review had been conducted in ██████████. The certification period ended ██████████. Though the facts are quite convoluted in this case, the result remains that Appellant was given notice of home visits that he was subsequently not available for when the caseworker came to his home for the visits. 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 he 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. The Department's decision to cancel Appellant's HHS case must be upheld.

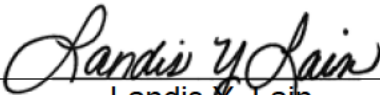
[REDACTED]  
Docket No. 15-016788 HHS  
Decision and Order

**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 F. Lain

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

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.