

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
Phone: (517) 335-3997; Fax: (517) 373-4147

IN THE MATTER OF:

\_\_\_\_\_,  
Appellant  
\_\_\_\_\_ /

**CASE INFORMATION**

Docket No.: 15-000528-HHS  
Case No.: \_\_\_\_\_  
Appellant:  
\_\_\_\_\_  
Respondent:  
Department Community Health

**HEARING INFORMATION**

Hearing Date: March 26, 2015  
Start Time: 10:30 AM  
Location  
In Person at Agency Office  
Oakman Adult Services  
Oakman Adult Services  
3040 W. Grand Blvd., Suite L450  
Detroit, MI 48202

**ADMINISTRATIVE LAW JUDGE:** Christian Gardocki

**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 Appellant's request for a hearing. After due notice, a telephone hearing was held on March 27, 2015, from Detroit, Michigan. Participants included the above-named Appellant. \_\_\_\_\_, Appellant's daughter, testified on behalf of Appellant. \_\_\_\_\_ testified and appeared as Appellant's authorized hearing representative (AHR). Participants on behalf of the Department of Human Services (DHS) included \_\_\_\_\_, supervisor, and \_\_\_\_\_, appeals review officer.

**ISSUE**

The issue is whether DHS properly began Appellant's home help services (HHS) eligibility based on the date of an assessment.

**FINDINGS OF FACT**

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

1. On \_\_\_\_\_, Appellant applied for HHS.
2. On \_\_\_\_\_, DHS performed a HHS assessment and determined that Appellant qualified for HHS.

3. On an unspecified date, DHS started Appellant's HHS eligibility on [REDACTED], the date of Appellant's HHS assessment.
4. On [REDACTED], Appellant requested a hearing to dispute the begin date of HHS eligibility.

### **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. DHS policies regulating the MA program are contained in the Adult Services Manual.

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. Home help services are defined as those tasks which the department is paying for through Title XIX (Medicaid) funds.

It was not disputed that DHS approved Appellant for HHS beginning [REDACTED], the date of a HHS assessment. Appellant objected to the failure of DHS to pay for Appellant's HHS from the date of application [REDACTED] until the date of assessment [REDACTED]. Appellant essentially contended that DHS should have approved Appellant's HHS eligibility beginning with the application date.

DHS testimony credibly indicated that it is universally understood among DHS specialists that HHS approvals are based on assessment dates, not application dates. The DHS testimony was compelling because DHS surely would never wrongly deny thousands of HHS payments for services between the time of application and assessment. Despite the compelling testimony, DHS policy is the appropriate source to determine the appropriate start date for HHS eligibility.

In support of using the assessment date as a start date of HHS payments, the testifying DHS supervisor cited HHS policy stating that the specialist is responsible for determining the necessity and level of need for home help services (see ASM 105). This policy provides no insight into when HHS eligibility begins.

The testifying DHS supervisor cited policy stating that needed services are determined by the comprehensive assessment conducted by the adult service specialist (see ASM 115). Again, the cited policy provides no insight into when DHS is to begin a client's HHS eligibility.

The medical needs form does not serve as the application for services. ASM 115 (5/2013), p. 2. If the signature date on the DHS-54 is before the date on the DHS-390 (Adult Services Application), payment for home help services must begin on the date of the application. *Id.*

The above policy unequivocally indicates that the date of application is the begin date when the Medical Needs form is completed and submitted earlier. The policy reasonably implies that the HHS eligibility starts with the Medical Needs form submission date when it is submitted after the application date.

A testifying DHS supervisor stated that Appellant's HHS eligibility was properly delayed because of Appellant's failure to submit a properly completed Medical Needs form. DHS asserted that Appellant's Medical needs form lacked a physician signature and national provider identifier #.

DHS presented Appellant's Medical Needs form (Exhibit 1). It was not disputed that DHS received the document on [REDACTED]. Despite DHS' claim that the form was unsigned, Appellant's physician's signature was on the form. DHS failed to establish any basis for delay related to the allegedly absent physician signature.

Appellant's submitted Medical Needs form clearly did not include a national provider identifier # for Appellant's physician. When a client submits an allegedly incomplete Medical Needs form, it is presumed that DHS would delay the processing of HHS until a completed Medical Needs form was submitted. DHS testimony conceded that Appellant's Medical Needs form was never replaced, and yet, DHS processed Appellant's HHS eligibility. It is also presumed that DHS would notify the HHS applicant of the need to obtain submit an updated form; DHS testimony conceded that Appellant was not notified of a need to provide a national provider identifier # for his physician. Based on presented evidence, it is found that a national provider identifier # is not required for HHS eligibility.

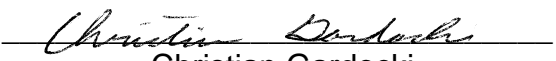
As noted above, Appellant's Medical Needs form (Exhibit 1) was dated 7 [REDACTED], the same date of Appellant's application. Accordingly, DHS should have processed Appellant's HHS eligibility beginning [REDACTED]. It is found that DHS erred in denying HHS eligibility to Appellant from [REDACTED].

### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly failed to provide HHS to Appellant for the period of [REDACTED]. It is ordered that process Appellant's HHS eligibility for the period of [REDACTED] based on the following findings:

- a. DHS received a sufficiently completed Medical Needs form on [REDACTED]; and
- b. DHS policy requires HHS eligibility beginning the date of a completed Medical needs form submission or date of application (whichever is later); and

The actions taken by DHS are **REVERSED**.

  
Christian Gardocki  
Administrative Law Judge  
for Director, Nick Lyon  
Michigan Department of Community Health

CG/hw

Date Signed: 4/1/2015

Date Mailed: 4/1/2015

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.