

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 30763, Lansing, MI 48909
Phone: (877)-833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

_____,
Appellant

CASE INFORMATION

Docket No.: 15-006439-HHS
Case No.: _____
Appellant:

Respondent:
Department Community Health
Mary Carrier

HEARING INFORMATION

Hearing Date: _____
Start Time: _____
Location
In Person at Agency Office
Oakman Adult Services
3040 W. Grand Blvd., Suite L450
Detroit, MI 48202

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's Representative (Representative) appeared and offered testimony on the Appellant's behalf. _____, Appeals Review Officer, represented the Department of Community Health (Department). _____, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly close the Appellant's Home Help Services (HHS) case?

FINDINGS OF FACT

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

1. On or around _____, the Appellant requested HHS. (Exhibit A, p. 12)
2. On _____, the Department sent the Appellant a home visit letter. The letter indicated an in-home assessment was to take place on _____. (Exhibit A, p. 8; Testimony)
3. On _____, the ASW was ill and did not go to the Appellant's home to

conduct the assessment. (Testimony)

4. On or around ██████████, the ASW called the Appellant and rescheduled the assessment for ██████████. (Testimony)
5. On ██████████, the ASW met with the Appellant and conducted the assessment. During the assessment, the ASW told the Appellant she needed to have a Provider in order to receive HHS. The ASW told the Appellant she would need either the Appellant or the selected Provider to contact her. (Testimony)
6. At no point in time between ██████████ and ██████████ did the Appellant or a Provider contact the ASW with information regarding the Appellant's case. (Testimony)
7. On or around ██████████, ██████████ sent the Department a letter. The letter was intended for the ASW and indicated the worker had missed a home visit. (Exhibit A, p. 5; Testimony)
8. On ██████████, after hearing nothing from the Appellant or a Provider, the ASW considered the lack of contact to mean the Appellant was no longer interested in HHS. (Exhibit A, p. 13; Testimony)
9. On ██████████, the ASW sent the Appellant an advance negative action notice. The notice indicated the Appellant's case was being closed effective ██████████ and that if services were still needed to have a Provider contact the ASW to make an appointment to come into the office and be registered as a Provider. (Exhibit A, pp. 8-10; Testimony)
10. On or around ██████████ sent the Department a letter. The letter was intended for the ASW and indicated the worker did not show up for a home visit on ██████████. (Exhibit A, p. 6; Testimony)
11. April 30, 2015, the Michigan Administrative Hearings System (MAHS) received a request for hearing from the Appellant. (Exhibit A, p. 4)
12. At no point in time did ██████████ attempt or wish to be the Appellant's Provider.

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.

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) 101 addresses HHS payments:

Payment Services Home Help

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.

ASM 101, 12/1/2013
Page 2 of 5.

ASM 135 addresses HHS provider enrollment and payment authorization:

Provider Enrollment

Home help providers **must** be enrolled on the Model Payments System (MPS) prior to payment authorization. See the [ASCAP user guide](#) on the adult services home page for directions on enrolling a provider.

Home Help Services Statement Of Employment (MSA-4676)

The purpose of the Home Help Services Statement of Employment (MSA-4676) is to serve as an agreement between the client and provider which summarizes the general requirements of employment. The form is completed by the adult services worker as part of the provider enrollment process.

An employment statement must be signed by **each** provider who renders service to a client.

The statement:

- Confirms an understanding of the personal care services provided, how often services are provided, and wages to be paid.
- Requires positive identification of the provider by means of a picture ID.
- Documents an understanding by both parties that the client, not the State of Michigan, is the employer of the provider.
- Stipulates that the client must report any changes in the work schedule to the adult services worker.
- Instructs the provider to repay the State of Michigan for services he or she did not provide.
- Informs the provider that a Personal Care Services Provider Log (DHS-721) must be completed and returned to the worker on time to avoid delay in payment.
- Informs a provider receiving public assistance that this employment will be reported to the Department of Human Services.

- The client and provider must sign the MSA-4676 statement indicating their understanding of the terms of the agreement.

Distribution of Employment Statement

- The adult services worker will make **two copies** of the completed and signed form.
- Give one copy to the client and one to the provider.
- Place the **original** form in the client's case record.

ASM 135, 12/1/2013
Pages 4-6 of 9

ASM 140 addresses HHS Payment Authorizations:

The Adult Services Authorized Payments (ASAP) is the Michigan Department of Community Health payment system that processes adult services authorizations. The adult services specialist enters the payment authorizations using the **Payments** module of the **ASCAP** system.

No payment can be made unless the provider has been enrolled in Bridges. Adult foster care, homes for the aged and home help agency providers must also be registered with Vendor Registration; see ASM 136, Agency Providers.

ASM 140, 5/1/2013
Page 1 of 4

ASM 170 addresses Case Closures:

Home help services payments may be terminated and closing procedures initiated, in any of the following circumstances:

- The client fails to meet any of the eligibility requirements.
 - Medicaid eligible
 - Medical professional does not certify a need for services on the DHS-54A, Medical Needs form.
 - Assessment determines client no longer requires home help services
- The client no longer wishes to receive home help services.
- The client is receiving services from another program and this would result in a duplication of services.

ASM 170, 5/1/2013
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* * *

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The ASW testified she closed the Appellant's case because the Appellant appeared to no longer want HHS as she had not contacted the Department with a Provider to be registered nor did she have a Provider contact the Department to be registered.

The Appellant's Representative [REDACTED] argued the worker never showed up for an appointment and failed to return her messages regarding the Appellant's case. However, according to the evidence submitted, there was nothing to indicate [REDACTED] was related to the Appellant's case and therefore there was nothing requiring the Department to communicate with [REDACTED] regarding the Appellant's case. Had [REDACTED] been identified in some way as being an Agent for the Appellant or was asking to be the Appellant's Provider, it might be a different story. Moreover, the letters sent by [REDACTED] although true in context were remedied by the follow up assessment that took place on [REDACTED]. And there was nothing in the letters requiring further action by either the ASW or the Department.

The ASW however testified that although she did not show for the original assessment, she rescheduled the assessment with the Appellant for [REDACTED] and later completed the assessment on that date. The assessment was completed one on one with the Appellant. And during the assessment, the ASW reminded the Appellant to have a Provider contact her to be registered. At no point in time after the assessment did the Appellant or a Provider contact the Department as required to set up a Provider which was a requirement in order to receive HHS. As such, I find the lack of contact indicative that more likely than not, the Appellant no longer wished to receive HHS.

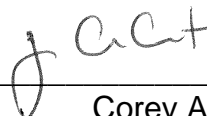
Based on the evidence presented, Appellant has failed to prove, by a preponderance of evidence, that the closure of the HHS was inappropriate. As such, the evidence was not sufficient to establish that the Appellant wished to receive HHS based on the information available to the ASW when she closed the Appellant's HHS case. Accordingly, the HHS closure is affirmed.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.



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

██████████
Date Signed: ██████████

Date Mailed: ██████████

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.