

**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.** 15-008094 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 hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Officer; ██████████, Independent Living Specialist (ILS); and ██████████, Adult Services Supervisor, appeared as witnesses for the Department of Health and Human Services (the Department).

**ISSUE**

Did the Department properly deny 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 been diagnosed with breast cancer in ██████████ and ██████████.
3. On ██████████, the Department received a referral for HHS for Appellant.
4. On ██████████, the Department caseworker contacted Appellant by phone and left a voicemail requesting the Appellant to contact the Department to schedule a home visit.
5. On ██████████, the Department caseworker sent Appellant a home visit letter, scheduling the home visit for ██████████ between 9:00 am and 4:00 pm with a contact phone of ██████████.
6. On ██████████, a scheduled home visit was attempted by the caseworker but no one came to the door.

7. The caseworker attempted to telephone Appellant but ██████████ was no longer Appellant's telephone number and Appellant had not updated her information with the Department.
8. On ██████████ the caseworker sent Appellant an Adequate Negative Action Notice.
9. On ██████████, the Department received a request for a hearing from the Appellant contesting 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 scheduled home visit. No one answered the door. She did not receive a call from Appellant asking to reschedule the home visit. The home visit notices indicated that the caseworker would be at the Appellant's house between 8:00 a.m. and 4:00 p.m. for the scheduled home visit on ██████████.

Appellant testified on the record that she did not hear anyone knocking on her door and her doorbell does not work. She needs assistance with housework and getting in and out of the bath tub.

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 did not contact the Department caseworker; Appellant did not testify on the record that she rescheduled the home health visit with the Independent Living Specialist, and she was not available for the home visit on the scheduled date. Appellant was provided notice that her HHS home visit was scheduled for ██████████. She was not available for either of the home visits and or the phone calls and did not establish credibly that she rescheduled the 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 visit and when it determined that Appellant did not contact the department to reschedule the HHS home visit.

**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

[REDACTED]

Docket No. 15-008904 HHS  
Decision and Order

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.