



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: April 26, 2016  
MAHS Docket No.: 15-022092  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Landis Lain

### **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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. Petitioner is disabled and did not appear at the hearing. Petitioner's mother and guardian [REDACTED] appeared on behalf of the Petitioner. Allison Pool, Appeals Review Officer; [REDACTED], Financial Manager; and [REDACTED], Adult Services Program Manager appeared as representatives to testify on behalf of the Department of Health and Human Services (Department).

State's Exhibit A pages 1-36 were admitted as evidence.

### **ISSUE**

Whether the Department appropriately recouped an over-issuance of Home Help Services (HHS) benefits in the amount of \$ [REDACTED]?

### **FINDINGS OF FACT**

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

1. Petitioner is a Medicaid beneficiary and recipient of HHS.
2. Petitioner was hospitalized from [REDACTED] - [REDACTED].
3. Petitioner's Guardian notified the Department that Petitioner was hospitalized.

4. The Department continued to send Petitioner HHS allotment without a reduction.
5. On [REDACTED], the Adult Services Worker sent Petitioner a Home Help Recoupment letter, informing him that an overpayment occurred on his HHS in the amount of \$ [REDACTED].
6. On [REDACTED], the Michigan Administrative Hearing System received a Request for Hearing to contest the recoupment action because the Petitioner's Guardian notified the Department that Petitioner was hospitalized. (State's Exhibit A pages 4-9)
7. On [REDACTED], a hearing was scheduled.
8. Petitioner appeared but the Department witness did not appear.
9. On [REDACTED], the [REDACTED], Director of Benefit Services Division, Michigan Administrative Hearings System issued a decision indicating that Petitioner failed to participate in the [REDACTED] hearing and upholding the department's recoupment action.
10. On [REDACTED], the Department recouped \$ [REDACTED], by offsetting the February services payment (the March 2016) check.
11. On [REDACTED], the Decision issued by [REDACTED] was vacated by [REDACTED], Administrative Law Manager of the Michigan Administrative Hearing System and the case was rest for hearing.
12. On [REDACTED], the hearing was held.
13. The Petitioner's Representative conceded on the record that Petitioner was hospitalized from [REDACTED] - [REDACTED].
14. The Petitioner's Representative conceded on the record that she was paid the full amount during the relevant time period for HHS.

### **CONCLUSIONS OF LAW**

The Medical Assistance Program (MA) 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 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 health professional and may be provided by individuals or by private or public agencies.

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Adult Services Manual (ASM) 165, 05-01-2013, addresses the issue of recoupment:

### **GENERAL POLICY**

The department is responsible for correctly determining accurate payment for services. When payments are made in an amount greater than allowed under department policy, an overpayment occurs.

When an overpayment is discovered, corrective actions must be taken to prevent further overpayment and to recoup the overpayment amount. The normal ten business day notice period must be provided for any negative action to a client's services payment. An entry must be made in the case narrative documenting:

- The overpayment.
- The cause of the overpayment.
- Action(s) taken to prevent further overpayment.
- Action(s) taken to initiate the recoupment of the overpayment.

### **FACTORS FOR OVERPAYMENTS**

Four factors may generate overpayments:

- Client errors.
- Provider errors.
- Administrative errors.
- Department upheld at an administrative hearing.

Appropriate action must be taken when any of these factors occur.

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### ***Non-Willful Client Overpayment***

Non-willful client overpayments occur when either:

- The client is unable to understand and perform their reporting responsibilities to the department due to physical or mental impairment.
- The client has a justifiable explanation for not giving correct or full information.

**All instances of non-willful client error must be recouped. No fraud referral is necessary.**

A computer or mechanical process may fail to generate the correct payment amount to the client and/or provider resulting in an overpayment. The specialist must initiate recoupment of the overpayment from the provider or client, depending on who was overpaid (dual-party warrant or single-party warrant).

***Specialist Errors***

An adult services specialist error may lead to an authorization for more services than the client is entitled to receive. The provider delivers, in good faith, the services for which the client was not entitled to based on the specialist's error. When this occurs, no recoupment is necessary.

**Note:** If overpayment occurs and services were not provided, recoupment must occur.

**Administrative**

When a client makes a timely request (90 days) for an administrative hearing regarding a negative action, the proposed negative action is delayed pending the outcome of the hearing.

Overpayments result when one of the following occur:

- The hearing request is withdrawn.
- The client fails to appear for the hearing.
- The Department's negative action is upheld.

When any of the above takes place, the specialist must begin the recoupment process for any overpayments that occurred after the effective date of the negative action.

Pages 1-6.

The client and provider are responsible for notifying the adult services specialist within 10 business days of any change in the providers or hours of care. The provider and /or client is responsible for notifying the adult services specialist within ten days if the client is hospitalized. ASM 135 page 3

Based on the evidence presented, the Department has established by the necessary competent, material and substantial evidence on the record that the Department improperly made payments to Petitioner for Home Help Services performed while the client was hospitalized. The Department has established by a preponderance of the evidence that it was acting in accordance with Department policy when it recouped HHS benefits paid while the client was either hospitalized. The decision to recoup over-issued benefits must be upheld under the circumstances.

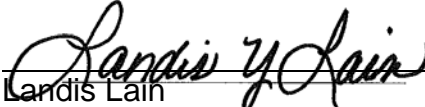
**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly recouped HHS benefits paid to Petitioner when Petitioner was hospitalized from [REDACTED] - [REDACTED].

**IT IS, THEREFORE, ORDERED** that:

The Department's decision is **AFFIRMED**.

LL [REDACTED]

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

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**Agency Representative**

[REDACTED]

**Petitioner**

[REDACTED]

**Authorized Hearing Rep.**

[REDACTED]

**DHHS Department Rep.**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]

**DHHS-Location Contact**

[REDACTED]