

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant

Docket No. 15-020501 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; ██████████, Adult Services Supervisor; and ██████████, Independent Living Specialist (ILS) appeared as witnesses for the Department of Health and Human Services (the Department).

State's Exhibit A pages 1-14 were admitted as evidence.

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 applied for Home Help Services.
3. On ██████████ the ILS sent Appellant a letter informing him that she would be conducting an in-home assessment on ██████████.
4. On ██████████, the ILS arrived at Appellant's apartment. There was no bell to ring and she could not get into the apartment building.
5. The ILS called Appellant on the telephone and left him a voice mail that she was at his apartment building.
6. On ██████████, Appellant's provider contacted the ILS and asked for a second opportunity for an in-home assessment. The ILS gave the provider a

new visit date of ██████████. She did not send a notice to the client.

7. On ██████████, the ILS attempted a second visit to Appellant's apartment. No one answered the door.
8. On ██████████ the caseworker sent Appellant a Negative Action letter notifying Appellant that his case was denied because he failed to make himself available for two scheduled home visits.
9. On ██████████, the Michigan Administrative Hearings System received 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 and Appellant was not at home or did not come to the door. There was no doorbell and she could not get inside the building. She left a telephone message for Appellant. The Appellant's provider called her later and she rescheduled the in-home assessment with the provider over the telephone for [REDACTED]. The ILS again went to the apartment on [REDACTED] and no one answered the door.

Appellant testified at the hearing that he had back surgery in [REDACTED]. He applied for HHS in [REDACTED] and received a letter in [REDACTED]. The provider came to his house two or three times. The caseworker said that she would come between eight and five. He did not hear the door and called the caseworker back and left her a message to reschedule.

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 did not answer the door 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.

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 she 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 cancelled Appellant's HHS benefits based upon its determination that Appellant was not available for her scheduled HHS home visits, that she failed to reschedule her home visit and that she did not provided care logs in a timely manner. The Department's decision to cancel Appellant's HHS case must be upheld.

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

LYL/ [REDACTED]

cc:

[REDACTED]

Date Signed: January 26, 2016

Date Mailed: January 27, 2016

***** 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.