

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

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IN THE MATTER OF:

Docket No. 15-020398 HHS

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Appellant.

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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 ██████████. The Appellant appeared and offered testimony on her own behalf. ██████████ Appeals Review Officer, represented the Department. ██████████ Adult Services Worker (ASW) appeared as a witness for the Department.

ISSUE

Did the Department fail to provide payments to the Appellant's Provider during the months of ██████████ and ██████████

FINDINGS OF FACT

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

1. As of ██████████ the Appellant was receiving Home Help Services (HHS) and the Appellant's Provider was paid for the services rendered in ██████████. (Testimony)
2. On ██████████ the Appellant met with the ARO and reported that her former provider had quit and that she had a new one. The ARO provided the Appellant with forms for the Appellant's new provider to return. (Exhibit A, p 10).
3. On ██████████ ██████████ ██████████ the Appellant contacted the Department and indicated she didn't receive a check for the prior month. The Appellant became belligerent and the Department was unable to help her with her issues due to the belligerence. (Exhibit A, p 9).

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4. On [REDACTED] the Appellant's provider signed up through the [REDACTED] system. (Testimony).
5. On [REDACTED] the Appellant and her provider met with the ARO in person. The Appellant asked the ARO to authorize payment for her provider for the months of [REDACTED] and [REDACTED] as he is now entered into the [REDACTED] system with an effective date of [REDACTED]. The Appellant went on to tell the ARO that her provider quit effective [REDACTED] (Exhibit A, p 9; Testimony).
6. At no point in time did the ARO conduct a provider interview with the provider in question. (Testimony).
7. On [REDACTED] the ARO sent the Appellant an advance negative action notice. The notice indicated the Appellant's HHS were being suspended effective [REDACTED] as the provider in question did not receive payment for services performed in [REDACTED] [REDACTED] and that the provider first registered with [REDACTED] on [REDACTED] (Exhibit A, pp 7, 8; Testimony).
8. On [REDACTED] MAHS received from the Appellant a request for hearing. (Exhibit A, p 4).

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.

ASM 135, addresses Home Help Providers:

Provider Selection

The client has the right to choose the home help provider(s). As the employer of the provider, the client has the right to hire and fire providers to meet individual personal care service needs. Home help services is a benefit to the client and earnings for the provider.

The determination of provider criteria is the responsibility of the adult services specialist.

Provider Interview

An initial face-to-face interview must be completed with the home help provider. A face-to-face or phone contact must be made with the provider at the six month review or redetermination to verify services are being furnished.

Explain the following points to the client and the provider during the initial interview:

- The provider is employed by the client not the State of Michigan.
- As the employer, the client has the right to hire and fire the provider.
- A provider who receives public assistance must report all income received as a home help provider to their family independence specialist or eligibility specialist.
- The client and provider are responsible for notifying the adult services specialist within 10 business days of any change in providers or hours of care.
- The provider and/or client is responsible for notifying the adult services specialist within 10 business days if the client is hospitalized.

Note: Home help services cannot be paid the day a client is admitted into the hospital but can be paid the day of discharge.

- The provider must keep a log of the services provided on the DHS-721, Personal Care Services Provider Log and submit it on a quarterly basis. The log must be signed by both the provider and client or the client's representative.
- All earned income must be reported to the IRS; see www.irs.gov.
- No federal, state or city income taxes are withheld from the warrant.
- Parents who are caring for an adult child do not have FICA withheld.

Note: Parents who wish to have FICA withheld must be assigned in ASCAP as other relative in the Provider Assignment screen.

- All individual providers will receive a W-2 by the Michigan Department of Community Health.
- Provider must display a valid picture identification card and social security card.
- The client and provider must sign the MSA-4676, Home Help Services Statement of Employment, before payments are authorized.

Note: Providers determined to be a business/agency are exempt from signing the MSA-4676.

- All providers must sign a MSA-4678, Home Help Services Provider Agreement, before payments are authorized.

Note: Providers are required to complete and sign the agreement only once. If there is a signature date on Bridges/ASCAP provider screen, another MSA-4678 does not need to be completed and signed.

Provider Enrollment

All home help providers must be enrolled in Bridges by a designee at the local county DHS office prior to authorizing payment. Once a provider is enrolled, Bridges will assign the provider a seven digit identification number. The adult services specialist must allow 24 hours from the time of enrollment for Bridges to interface with ASCAP.

ASM 135, 12-1-2013, pp1-5 of 9.

MSA 14-58, addresses provider enrollment and service verification effective January 1, 2015.

Home Help service providers will no longer be enrolled directly into the Bridges system. Instead, providers will be enrolled into CHAMPS, and that system will interface with other necessary systems for provider information.

MSA 14-58, Provider Enrollment and Service Verification
December 1, 2014, p 1 of 2.

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The ASW testified the case was suspended and retroactive payments were not made because the Appellant did not have a provider and the alleged provider was not registered with the ██████████ system during any of the time periods in question.

The Appellant argued she had attempted numerous times to contact the ASW and had left many voice messages for him to return her calls. The Appellant argued the purpose of the phone calls was to inform the ASW that her provider was having a problem registering with ██████████. The Appellant however did not furnish any documentation to substantiate her claims and the ASW could not recall any messages regarding contacts from the Appellant informing him of problems with a registration with ██████████. Moreover, the ASW testified he had tried contacting the Appellant in regards to messages left but was never able to reach her.

The policy is clear that payments cannot be issued until providers are registered with ██████████. In this case, the provider was not registered until ██████████ and that as of ██████████ the provider had already quit. Furthermore, there is no policy that requires a retroactive issuance of benefit payments for a time period in which there is no provider of record.

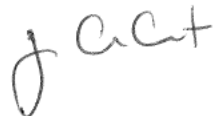
Based on the evidence presented, Appellant has failed to prove, by a preponderance of the evidence, that her former provider should be paid for HHS allegedly performed between ██████████ and ██████████. Accordingly, I find evidence to affirm the Department's actions in this matter.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied payment for HHS for the time period of ██████████ through ██████████.

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: ██████████

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CAA/db

cc: [REDACTED]
[REDACTED]
[REDACTED]
[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 must 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.