

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. 15-022167 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's granddaughter ██████████ appeared and testified. Appellant's Legal Guardian, ██████████, also 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 1-25 were admitted as evidence.

ISSUE

Did the Department properly cancel 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 was a Medicaid beneficiary, who was receiving HHS benefits.
2. On ██████████, the ILS worker made a home visit to complete an assessment required to determine eligibility for Home Help Services.
3. Appellant and her provider were present.
4. The worker was told that the assessment could not be completed because Appellant had a doctor's appointment and they needed to leave.
5. The worker was able to observe the identification of Appellant and her provider and briefly spoke to them about provider responsibilities and new requirements in the CHAMPS system.

6. The home visit ended without the worker completing the required comprehensive assessment.
7. The Appellant and provider agreed to meet with the worker in the office on two separate occasions to complete the assessment, but failed to appear for either of the scheduled appointments.
8. The worker was not able to complete the comprehensive functional assessment required for the time and task report.
9. The new provider completed her online enrollment in CHAMPS and was given a start date of [REDACTED], but the application was not completed and the case was not officially opened.
10. Appellant died [REDACTED].
11. On [REDACTED], Appellant's granddaughter filed a request for a hearing stating that she acting was a provider for Appellant since [REDACTED] and would like to be paid for HHS provided.
12. On [REDACTED], the Negative Action Notice was sent to Appellant's address, indicating that Appellant's HHS was cancelled because Appellant was deceased as of [REDACTED].

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 and her provider had to leave before the comprehensive assessment could be conducted. Appellant and her provider were scheduled for two more meetings at the ILs worker's office but failed to appear for either meeting. The assessment was never completed so the case could not be opened.

Appellant's granddaughter testified at the hearing that her cousin was taking care of Appellant. He was killed in a motorcycle accident on ██████████. Appellant's granddaughter then applied to be an HHS caregiver for Appellant. HHS was paid in ██████ and ██████. In ██████████, Appellant's case was closed for ICO selection. Appellant's granddaughter talked with the worker and tried to get qualified as a caregiver. The granddaughter testified that she reapplied several times between ██████ and ██████████ to get qualified to become Appellant's HHS provider.

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 she was not available to complete the home visit 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 or before the death of the Appellant.

Home Help Services cannot be authorized prior to completing a face-to-face assessment with the client. Appellant was not available for the entire home visit. Appellant/Provider 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 visit. She failed to attend rescheduled meetings. Now that she is deceased, the issue is moot. Appellant's granddaughter was never determined to be a qualified HHS provider

[REDACTED]
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under the circumstances. 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 Mailed: February 2, 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.