



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: June 6, 2016
MAHS Docket No.: 16-000081
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 telephone hearing was held on [REDACTED]. Petitioner [REDACTED] appeared on behalf of the Petitioner. [REDACTED], Appeals Review Officer and [REDACTED], Adult Services Supervisor and [REDACTED], Social Services Specialist appeared to testify and represent the Department of Health and Human Services (Department or State).

State's Exhibit A pages 1-51 were admitted as evidence.

ISSUE

Did the Department properly terminate Petitioner's Home Help Services (HHS) case?

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 was a HHS benefit recipient.
2. Petitioner was passively enrolled in the MI Health Link program through [REDACTED] Healthcare of Michigan, effective [REDACTED].
3. As HHS are a covered benefit under the health plan, the transition from the local Department office to the health plan continued the HHS through the [REDACTED].

4. On [REDACTED], the Adult Services Worker sent Petitioner an Advance Negative Action Notice informing Petitioner that HHS would be terminated.
5. On [REDACTED], the Michigan Administrative Hearings system received a Request for Hearing from Petitioner.
6. On [REDACTED] a Pre-hearing telephone conference was scheduled. At 11:00 am.
7. Petitioner failed to appear at the Pre-Hearing conference. The case was set for hearing and Petitioner was sent notice of Hearing for [REDACTED] at 9:00am.
8. On [REDACTED], the Department contacted Petitioner and notified him that the [REDACTED] Dual Options would allow coverage for previously approved HHS but Petitioner's personal caregiver must enroll with the health plan so that payments could be made.
9. On [REDACTED], another attempted hearing was held and Petitioner stated that he wanted to contest the HHS changes.
10. The hearing was adjourned and reset as an HHS hearing and not contest his enrolment in MI Health Link.

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.

The facts are not at issue in this case.

Petitioner's provider needs to enroll in CHAMPS as a provider in order to get paid for services provider once the Petitioner was enrolled. Once Petitioner either dis-enrolls in CHAMPS or the provider enrolls in CHAMPS the personal care services can be reinstated. Petitioner's witness agrees on the record that she will contact Aetna to dis-enroll so they can get back on track with Home Help Services.

ADULT SERVICES AUTHORIZED PAYMENTS (ASAP)

The Adult Services Authorized Payments (ASAP) is the Michigan Department of Community Health payment system that processes adult services authorizations. The Adult Services specialist enters the payment authorizations using the **Payments** module of the **ASCAP** system.

No payment can be made unless the provider has been enrolled in Bridges. Adult foster care, homes for the aged and home help agency providers must also be registered with Vendor Registration; see ASM 136, Agency Providers.

Note: The adult services home page provides a link to the provider enrollment instructions located on the Office of Training and Staff Development web site.

Home help services payments to providers must be:

- *Authorized for a specific period of time and payment amount.* The task is determined by the comprehensive assessment in ASCAP and will automatically include tasks that are a level three or higher.
- Authorized **only** to the person or agency actually providing the hands-on services.

Note: An entity acting in the capacity of the client's fiscal intermediary is not considered the provider of home help and must not be enrolled as a home help provider; see ASM 135, Home Help Providers.

- Made payable jointly to the client and the provider.

Exception: Authorizations to home help agency providers are payable to the provider only. There are circumstances where payment authorizations to the provider only are appropriate, for example, client is physically or mentally unable to endorse the warrant. All single party authorizations must be approved by the supervisor.

- Prorate the authorization if the MA eligibility period is less than the full month. [ASM 140, page 1 of 3 (italics added).]

Pertinent DHS policy dictates:

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.

*Adult Services Manual 135, page 1, ASB 2013-004,
December 1, 2013.*

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, page 4.

With respect to the authorization of payments, Adult Services Manual 140 (11-1-2011) (hereinafter "ASM 140") states:

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- Prorate the authorization if the MA eligibility period is less than the full month. [ASM 140, page 1 of 3 (italics added).]

Per Medical Services Administration Bulletin MSA 14-58, effective January 1, 2015, Home Help Services providers will no longer be enrolled directly into the BRIDGES system. Instead, providers will be enrolled into CHAMPS. Home Help providers will no longer submit a provider log (DHS-721) to the local DHS office to verify that authorized services were provided. Providers will be required to submit verification of provider services through the ESV system in CHAMPS on a monthly basis, which is a web-based system available through the internet.

The Department has established by the necessary competent, substantial and material evidence on the record that it was acting in accordance with Department policy when it cancelled Petitioner's Home Help Services because he is enrolled in MI Health Link Integrated Care Organization and must now have his provider enroll through CHAMPS.

██████ Dual Options is responsible to provide and arrange for HHS since his enrollment in this MI Health Link demonstration on ██████████, however, in order to provide and pay for those services, Petitioner and his personal caregiver of choice must work with ████████ Dual Options and the ████████████████████ to get the necessary paperwork and assessments in place so that care can be assessed and paid for. To do so, Petitioner can contact his ████████ Dual Options care coordinator if he needs help in setting up care. Petitioner also has the ability to dis-enroll from the MI Health Link demonstration and ████████ Dual Options if he would like to set up home health care through the Fee-For-Service Medicaid Enrolls at 1-800-975-7630.

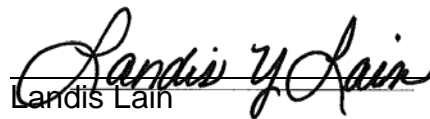
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department has acted properly when it cancelled Petitioner's Home Help Services under the circumstances

IT IS, THEREFORE, ORDERED that:

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

LL ■



Landis 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]

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]

DHHS-Location Contact

[REDACTED]

Petitioner

[REDACTED]