



Date Mailed: February 20, 2025

Docket No.: 25-001324

Case No.:

Petitioner:



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هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on February 18, 2025. [REDACTED], Petitioner's Authorized Hearing Representative (AHR) appeared and testified on Petitioner's behalf. [REDACTED] Petitioner, appeared as a witness. Lana Karadsheh, Appeals Review Officer, represented Respondent, Michigan Department of Health and Human Services (MDHHS or Department). LaJuan Craft, Adult Services Worker (ASW) appeared as a witness for the Department.

ISSUE

Did the Department properly determine the payment authorization date for Petitioner'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. Petitioner is a Medicaid beneficiary who was first referred for HHS on August 19, 2024. (Exhibit A, p 12; Testimony)
2. Following Petitioner's referral for HHS, the Department sent Petitioner and her provider an MSA-4676 form, Home Help Services Agreement. (Testimony.)

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3. On September 13, 2024, the ASW conducted an in person assessment with Petitioner and her provider. (Exhibit A, p 15; Testimony)
 4. On September 25, 2024, the ASW sent Petitioner a Services Approval Notice informing Petitioner that she had been approved for HHS, but that the payment would not begin until the MSA-4676 was signed and returned. (Exhibit A, p 17; Testimony)
 5. On November 18, 2024, the ASW received the signed MSA-4676 Services Agreement form. (Exhibit A, p 19; Testimony.)
 6. On November 21, 2024, the ASW sent Petitioner and her Provider another Services Approval Notice informing them that Petitioner's HHS payments would begin on November 18, 2024, the date the Services Approval Notice was received. (Exhibit A, pp 21-24; Testimony)
 7. On January 2, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 7-9; Testimony)

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.

Applicable polices regarding HHS can be located in various parts of the Adult Services Manual (ASM) and the Bridges Administrative Manual (BAM).

Regarding eligibility for HHS, ASM 105 states in part:

OVERVIEW

Home Help services are available if the client meets all eligibility requirements. The Adult Services Worker (ASW) may open a Home Help case with supportive services methodology to assist the client in applying for Medicaid (MA), if necessary.

Home Help services payments cannot be authorized prior to establishing Medicaid eligibility and completing a face-to-face assessment with the client. Once MA eligibility has been established, the case service methodology must be changed to case management.

Requirements

Home Help eligibility requirements include all the following:

- Medicaid eligibility.
- Appropriate program enrollment type (PET) code.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment indicating a functional limitation of level 3 or greater for at least one activity of daily living (ADL).

Medicaid Eligibility

The client may be eligible for Medicaid (MA) when either all requirements for Medicaid eligibility have been met, or the Medicaid deductible obligation has been met.

The client must have a scope of coverage of either:

- 1F or 2F.
- 1D or 1K (Freedom to Work).
- 1T (Healthy Kids Expansion).
- 3G (Healthy Michigan Plan).
- 7W (MI Child).
- 8L (Flint).

Clients with a scope of coverage 20, 2C, or 2B are not eligible for Medicaid until they have met their MA deductible obligation.

Note: A change in the scope of coverage in Bridges will generate a system tickler in the Michigan Adult Integrated Management System (MiAIMS) for active services cases

*ASM 105
June 1, 2020, page 1*

With respect to Home Help Caregivers, ASM 135 states in part:

MSA-4676, HOME HELP SERVICES AGREEMENT

The purpose of the MSA-4676, Home Help Services Agreement, is to serve as an agreement between the client and individual caregiver/agency provider which summarizes the general requirements of employment. The form is completed by the adult services worker as part of the individual caregiver/agency provider interview process.

An MSA-4676 must be signed by each individual caregiver/agency provider who renders service to a client. ASWs should not create a payment authorization for a new case opening or change in provider until receipt of the signed MSA-4676. However, the signature date on the MSA-4676 does not impact the case opening date or the start date of the payment authorization.

*ASM 135
May 1, 2023, p 11 of 14
Emphasis added*

The Department's ASW testified that following Petitioner's referral for HHS, the Department sent Petitioner and her provider an MSA-4676 form, Home Help Services Agreement, to be completed. The Department's ASW indicated that on September 13, 2024, she conducted an in-person assessment with Petitioner and her provider. The Department's ASW testified that on September 25, 2024, she sent Petitioner a Services Approval Notice informing Petitioner that she had been approved for HHS, but that the payment would not begin until the MSA-4676 was signed and returned. The Department's ASW also testified that she had email correspondence with Petitioner's provider during this time informing the provider that HHS payments could not begin until she received the signed MSA-4676.

The Department's ASW testified that on November 18, 2024, she received the signed MSA-4676 Services Agreement form and on November 21, 2024, she sent Petitioner and her Provider another Services Approval Notice informing them that Petitioner's HHS payments would begin on November 18, 2024, the date the MSA-4676 Services Approval Notice was received.

Petitioner's provider pointed to the last sentence in the above policy regarding the MSA-4676 to support her position that HHS payments should be retroactive to the start date of Petitioner's HHS, or September 13, 2024.

Based on the evidence presented, Petitioner has failed to prove by a preponderance of the evidence that the Department erred in determining her payment authorization date for HHS services. As indicated above, policy provides that "ASWs should not create a payment authorization for a new case opening or change in provider until receipt of the signed MSA-4676."

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Policy also provides, as Petitioner points out, that “the signature date on the MSA-4676 does not impact the case opening date or the start date of the payment authorization.”

Here, policy clearly provides that for a new HHS case, the ASW cannot create a payment authorization until a signed MSA-4676 is received. This makes sense because without the MSA-4676, the ASW would have no idea where to send HHS payments, i.e., the provider’s contact/payment information. And, while the next sentence of ASM 135 is slightly confusing, it refers to “the signature date” of the MSA-4676, not impacting the case opening date or the start date of payment authorization, not the receipt date. Here, it is not the “signature date” that is impacting the payment authorization date, it is the *receipt* date of the MSA-4676. Again, policy requires receipt of that form by the ASW before a payment authorization can be made.

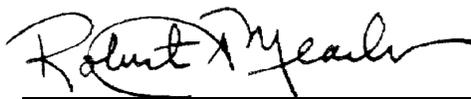
As such, the Department’s decision was proper and should be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined Petitioner’s HHS payment authorization date.

IT IS THEREFORE ORDERED THAT:

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



ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

RM/sj

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 20th day of February 2025.

S. James

S. James
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