#### STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES FOR THE DEPARTMENT OF COMMUNITY HEALTH

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IN THE MATTER OF:



Appellant

Docket No. 2009-14529 HHS Case No. Load No.

# DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9; MSA 16.409 and MCL 400.37; MSA 16.437 upon the Appellant's request for a hearing.

After due notice, a hearing was held on	. represented
himself at the hearing.	, Michigan Department of
Human Services was a witness on beh	alf of the Department of Human Services.
	, represented the Department.

**ISSUE** 

Did the Department properly deny the Appellant's request for Home Help Services payments?

### FINDINGS OF FACT

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

- 1. The Appellant is a year old Medicaid beneficiary who applied for Home Help Services (HHS) with the Department of Human Services.
- 2. The Appellant resides with his daughter. His chore provider is his daughter.
- 3. The Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment on the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment of the Adult Services Worker went to the home for a comprehensive assessment to the home for a comprehensive asternary to the ho

teenaged daughter is his chore provider.

- 4. On **a second second**, the worker sent a negative action notice to the Appellant informing him the application for services was denied. The reason cited was that Appellant's daughter resides in the home and is a responsible relative.
- 5. On (SOAHR) received the Appellant's hearing request.

### 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 363 10-1-04), pages 2-4 of 26 addresses the issue of assessment:

## COMPREHENSIVE ASSESSMENT

The Adult Services Comprehensive Assessment (FIA-324) is the primary tool for determining need for services. The comprehensive assessment will be completed on all open cases, whether a home help payment will be made or not. ASCAP, the automated workload management system provides the format for the comprehensive assessment and all information will be entered on the computer program.

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.
- A face-to-face contact is required with the customer in his/her place of residence.
- An interview must be conducted with the caregiver, if applicable.
- Observe a copy of the customer's social security card.
- Observe a picture I.D. of the caregiver, if applicable.
- The assessment must be updated as often as necessary, but

minimally at the six-month review and annual redetermination.

• A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the agency record.

• Follow specialized rules of confidentiality when ILS cases have companion APS cases.

### Functional Assessment

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the HHS payment.

Conduct a functional assessment to determine the customer's ability to perform the following activities:

Activities of Daily Living (ADL)

- Eating
- Toileting
- Bathing
- Grooming
- Dressing
- Transferring
- Mobility

Instrumental Activities of Daily Living (IADL)

- •• Taking Medication
- •• Meal Preparation and Cleanup
- •• Shopping for food and other necessities of daily living
- Laundry
- •• Housework

Functional Scale ADL's and IADL's are assessed according to the following five-point scale:

1. Independent

Performs the activity safely with no human assistance.

2. Verbal Assistance

Performs the activity with verbal assistance such as reminding, guiding or encouraging.

 Some Human Assistance Performs the activity with some direct physical assistance and/or assistive technology.

- 4. Much Human Assistance Performs the activity with a great deal of human assistance and/or assistive technology.
- 5. Dependent

Does not perform the activity even with human assistance and/or assistive technology.

**Note:** HHS payments may only be authorized for needs assessed at the 3 level or greater.

## Time and Task

The worker will allocate time for each task assessed a rank of 3 or higher, based on interviews with the customer and provider, observation of the customer's abilities and use of the reasonable time schedule (RTS) as a guide. The RTS can be found in **ASCAP** under the **Payment** module, Time and Task screen.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all IADLs except medication. The limits are as follows:

• 5 hours/month for shopping for food and other necessities of daily living

- 6 hours/month for housework
- 7 hours/month for laundry
- 25 hours/month for meal preparation

These are maximums; as always, if the customer needs fewer hours, that is what must be authorized. Hours should continue to be prorated in shared living arrangements.

#### Service Plan Development

Address the following factors in the development of the service plan:

- The specific services to be provided, by whom and at what cost.
- The extent to which the customer does not perform activities essential to caring for self. The intent of the Home Help program is to assist individuals to function as independently as possible. It is important to work with the recipient and the provider in developing a plan

to achieve this goal.

- The kinds and amounts of activities required for the customer's maintenance and functioning in the living environment.
- The availability or ability of a responsible relative or legal dependent of the customer to perform the tasks the customer does not perform. Authorize HHS only for those services or times which the responsible relative/legal dependent is unavailable or unable to provide.
- Do **not** authorize HHS payments to a responsible relative or legal dependent of the customer.
- The extent to which others in the home are able and available to provide the needed services. Authorize HHS **only** for the benefit of the customer and **not** for others in the home. If others are living in the home, prorate the IADL's by at least 1/2, more if appropriate.
- The availability of services currently provided free of charge. A written statement by the provider that he is no longer able to furnish the service at no cost is sufficient for payment to be authorized as long as the provider is not a responsible relative of the customer.
- HHS may be authorized when the customer is receiving other home care services if the services are not duplicative (same service for same time period).

Adult Services Manual (ASM) 4-1-2004, Pages 6-7 of 27

The Department of Human Services (DHS) must implement its programs in accordance with Department policies. The Adult Services Worker testified during the hearing that Appellant stated his daughter is a member of his household and provides services he needs. The worker thereafter determined the Appellant's daughter is able to complete the chores needed by the Appellant. The Adult Services Staff considered, in accordance with Department policy, that Appellant lived with a responsible relative (his daughter) who was able to provide the Appellant with the activities of daily living assistance needed and appropriately denied the Home Help Services application.

The Adult Services Staff completed an assessment in accordance with Department policy. Included in the assessment was a legitimate determination that a responsible relative was

available and able to perform personal care services, and thus appropriately terminated Appellant's HHS.

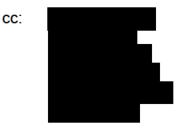
#### DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Appellant's Home Help Services.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.

Jennifer Isiogu Administrative Law Judge for Janet Olszewski, Director Michigan Department of Community Health



Date Mailed: 5/7/2009

#### \*\*\* NOTICE \*\*\*

The law provides that within 30 days of receipt of the above Decision and Order the Appellant may appeal it to the circuit court for the county in which he/she lives. The Administrative Tribunal, on its own motion, or on request of a party within 30 days of the receipt of this Decision and Order, may order a rehearing. The Administrative Tribunal 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.