

**STATE OF MICHIGAN**  
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

██████████  
Appellant  
\_\_\_\_\_ /

Docket No. 2009-7583 HHS  
Case No. ██████████  
Load No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, following the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared as Authorized Representative for ██████████ (Appellant).

██████████, Appeals Review Officer, represented the Department of Community Health (Department). Also present on behalf of the Department was ██████████, ██████████ ██████████, ██████████ (DHS).

**ISSUE**

Did the Department properly reduce the amount, scope and duration of the Appellant's Home Help Services award?

**FINDINGS OF FACT**

Based upon the competent, material and substantial evidence presented, I find, as material fact:

1. Appellant is a Medicaid beneficiary. Her documented medical diagnoses include Down Syndrome, Mitral Valve Prolapse and hearing loss. (*Exhibit 1; p. 10*)
2. On ██████████ a home visit was conducted by an adult services worker employed by the ██████████. As a result of the home call, the Appellant's total adult Home Help Service award was reduced, as follows:

Dressing: reduced to one (1) minute per day, three days per week.

Housework: reduced to three (3) minutes per day, seven days per week, due to shared household status (3 people in household)

Shopping: eliminated from adult home help service award.

Laundry: tasks prorated by household size (3), reduced to 30 minutes per day, seven days per week.

3. During the home call, the Appellant's father indicated to the DHS worker that the Appellant is relatively capable of dressing herself, but occasionally needs assistance with buttons. The Appellant's father further indicated the Appellant is capable of making her bed, and capable of engaging in general housekeeping/cleaning activities, but needs guidance and prompting at times. The Appellant has also worked with a job coach through a local community mental health agency cleaning a [REDACTED] for at least 2 years.
4. On [REDACTED], DHS issued to the Appellant a notice informing her of the reduction in hours.
5. On [REDACTED] the Appellant's father filed a request for hearing with the State Office of Administrative Hearings and Rules for the Department of Community Health.

### **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 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.

**COMPREHENSIVE ASSESSMENT** If the client appears eligible for independent living services, conduct a face-to face interview with the client in their home to assess the personal care needs. Complete the comprehensive assessment (DHS-324) which is generated from the Adult Services Comprehensive Assessment Program (ASCAP).

**SERVICE PLAN** Develop a service plan with the client and/or the client's representative. Determine the method of service delivery and any use of home help services with other types of services to meet the assessed needs of the client.

The ILS service plan is developed whenever an issue is identified in the comprehensive assessment.

*Michigan Department of Human Services,  
Independent Living Services Program Requirements,  
Adult Services Manual (ASM) 363,  
Pages 2 through 10 of 24  
Adult Services Bulletin (ASB 2008-002); 9-1-2008*

**CONTACTS** The worker must, at a minimum, have a face to face interview with the client **and** care provider, prior to case opening, then every six months, in the client's home, at review and re-determination.

Personal care services which are eligible for Title XIX funding are limited to:

**Activities of Daily Living (ADL)**

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

**Instrumental Activities of Daily Living (IADL)**

- Taking medication.
- Meal preparation/cleanup.
- Shopping for food and other necessities of daily living.
- Laundry.
- Housework.

Expanded Home Help Services (EHHS) can be authorized for individuals who have severe functional limitations which require such extensive care that the services cannot be purchased within the maximum monthly payment rate.

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.

3. **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.

**BEST PRACTICE PRINCIPLES** Independent living services will adhere to the following principles:

- Case planning will be person-centered and strength-based.
- Clients will be given a wide range of options to enable informed decision making.
- Client choice will be encouraged and respected; choices will be balanced with safety and security needs.
- All ILS clients will become self-advocates and will participate in case planning.
- Monitor client satisfaction by actively involving clients in evaluating the quality of services delivered to them.
- Monitor service delivered by caregivers to ensure client needs are properly met.
- Monitor caseloads to ensure consistency of service delivery.
- Service plans will be built on the principle of continuous quality improvement.
- Services should be least intrusive, least disruptive and least restrictive.
- Services must recognize the role of the family, directing resources toward the family in their role as caregiver. **However**, if the interest of the family and the client compete, the client's interest is primary.
- A broad range of social work practices will be employed, focused on person-centered services planning.

### **Necessity for Service**

The adult services worker is responsible for determining the necessity and level of need for HHS based on:

- Client choice.
- A complete comprehensive assessment and determination of the client's need for personal care services.

- Verification of the client's medical need by a Medicaid enrolled medical professional. The client is responsible for obtaining the medical certification of need. The Medicaid provider identification number must be entered on the form by the medical provider. The Medical Needs form must be signed and dated by one of the following medical professionals:
  - Physician.
  - Nurse practitioner.
  - Occupational therapist.
  - Physical therapist.

**Exception:** DCH will accept a DHS-54A completed by a VA physician or the VA medical form in lieu of the medical needs form. The medical professional certifies that the client's need for service is related to an existing medical condition. The medical professional does not prescribe or authorize personal care services. If the medical needs form has not been returned, the adult services worker should follow-up with the client and/or medical professional. If the case is closed and reopened within 90 days with no changes in the client's condition, a new DHS-54A is not necessary.

Do **not** authorize HHS prior to the date of the medical professional signature on the DHS-54A.

### **Services not Covered by Home Help Services**

Do **not** authorize HHS payment for the following:

- Supervising, monitoring, reminding, guiding or encouraging (functional assessment rank 2);
- Services provided for the benefit of others;
- Services for which a responsible relative is able and available to provide;
- Services provided free of charge;
- Services provided by another resource at the same time;
- Transportation - See Program Administrative Manual (PAM) 825 for medical transportation policy and procedures.
- Money management, e.g., power of attorney, representative payee;
- Medical services;
- Home delivered meals;
- Adult day care.

*Michigan Department of Human Services,  
Independent Living Services Program Requirements,  
Adult Services Manual (ASM) 363, pages 2 through 10 of 24  
Adult Services Bulletin (ASB 2008-002); 9-1-2008*

The adult services worker testified she reduced housework and laundry based on policy requiring pro-ration based on household size (3). The Appellant's father acknowledges his wife, who is also disabled, requires the most assistance with laundry. He also acknowledges prematurely terminating the home call, because the Appellant had to go bowling. I therefore conclude the adult services worker acted appropriately.

The adult services worker testified she reduced the task of dressing from seven days per week, to three days, because the Appellant's father represented she needs only occasional assistance with buttons. The Appellant's father did not sufficiently contradict this assertion. I therefore conclude the adult services worker acted appropriately.

The adult services worker testified she eliminated the chore of shopping and errands, because the Appellant is physically capable of removing items from shelves and placing them in a cart. The Appellant's father, however, credibly represented that, because of her mental limitations, the Appellant is virtually unable to properly identify which items she would need, if left to her own devices. He also credibly represented that the Appellant's size prevents from physically removing items from shelves located at higher levels.

The Functional Assessment Definitions & Ranks, Instrumental Activities of Daily Living, Shopping and Errands (*Exhibit 1; p. 18*) includes the ability to compile a list, to bend, reach, lift, manage the cart/basket, and to "identify" items needed. The preponderance of evidence presented leads me to conclude the Appellant is incapable of performing this task with any appreciable degree of independence, physically or mentally. I therefore conclude the adult services worker erred in eliminating shopping and errands from the Appellant's adult Home Help Service award.

## **DECISION AND ORDER**

Based on the above findings of fact and conclusions of law, I decide that the Department's removal of shopping and errands from the Appellant's adult Home Help Service award is erroneous.

**IT IS THEREFORE ORDERED** that:

The Department's decision is REVERSED. The task of shopping and errands shall be reinstated to its prior level of 35 minutes per day, one (1) day per week.

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Stephen B. Goldstein  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

[REDACTED]  
Docket No. 2009-7583 HHS  
Decision and Order

cc:

[REDACTED]

Date Mailed: 3/16/2009

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules for the Department of Community Health 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 State Office of Administrative Hearings and Rules for the Department of Community Health 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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.





