

**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. 2009-10169 HHS

Case No. ██████████

Load 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 hearing was held on ██████████. The Appellant appeared without representation. She had one witness, ██████████, ██████████. ██████████, represented the Department. Her witness was ██████████.

**ISSUE**

Did the Department properly reduce 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. At the time of hearing the Appellant is a ██████-year-old, disabled, Medicaid and SSI beneficiary.
2. The Appellant is afflicted with depression, bilateral tenosynovitis and MS. (Department's Exhibit A, p. 10)
3. On ██████████ ██████████ sent the Appellant notice that services were being reduced effective ██████████. (Department's Exhibit A, p. 4)
4. The ASW said the reductions were in the categories of transferring, meal preparation and mobility – following the observations of the Appellant on in-home visit conducted on ██████████. (Department's Exhibit A, pp. 2, 4, 5 and See Testimony)

5. The Appellant said she requires daily injections to treat or ameliorate the symptoms of her MS – some days she cannot administer her own injections. (See Testimony)
6. On face-to-face home visit the ASW documented that the Appellant did not need assistance with transferring, meal preparation, and mobility based on her in person observations and the admissions of the Appellant. (Department's Exhibit A, pp. 2, 8, 9 and See Testimony)
7. Following receipt of DHS 1212 and notice of appeal rights the Appellant filed a request for hearing on ██████████ received by SOAHR on ██████████. (Appellant's Exhibit #1)

### **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**

The Adult Services Comprehensive Assessment (DHS-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 re-determination.
- 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
- Laundry
- Light 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.
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.

**Time and Task** The worker will allocate time for each task assessed a rank of 3 or higher, based on interviews with the client and provider, observation of the client'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. When hours exceed the RTS rationale must be provided.

Adult Service Manual (ASM), §363, pp. 2, 3 of 23, 9-1-2008.

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The Department witness testified that on in-home assessment she observed the Appellant moving in an improved manner without assistance or assistive devices. She added that the Appellant admitted she had improved post surgery.

The Appellant testified that she had improved following her surgery ██████████ but that she had another surgery on ██████████. She said her home help needs have returned to prior levels.

The Appellant's witness verified that the Appellant was improved in the areas of mobility transferring and meal preparation.

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On review of the evidence the ALJ finds that the comprehensive assessment was accurate and drawn according to policy. The Appellant's physical condition was improving at the time of the in-home assessment. There was no evidence presented by the Appellant to persuade the ALJ that elimination of the grants for transferring, meal preparation and mobility were inappropriate as of the date of assessment.

The Appellant's testimony suggested that she underwent a new surgery in ██████████ – resulting in a need for increased HHS services. If true – that could represent a change in condition, but would not affect the appeal before SOAHR today which is based on the ██████████ assessment and the Appellant's ██████████ petition.

The Appellant also testified in support of a larger allowance for transportation costs payable to her chore provider – a non-covered service under the HHS program.

The following items summarize the IADL reductions and the ALJ's agreement:

- Meal preparation allowance was eliminated owing to the Appellant's improved condition.
- Mobility was eliminated owing to the Appellant's improved condition.
- Transferring allowance was eliminated owing to the Appellant's improved condition.

The Appellant did not preponderate that the Department erred in the adjustment of her grant based on the ASW observations as of ██████████. Accordingly, I find that the HHS reduction was correctly decided based on today's record.

A comprehensive assessment is the responsibility of the ASW and I find that it was properly measured and applied to this Appellant.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly reduced the Appellant's home help services.

**IT IS THEREFORE ORDERED** that:

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

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Dale Malewska  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

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cc:



Date Mailed: 2/25/2009

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

The State Office of Administrative Hearings and Rules 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 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.