

**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. 2010-16079 HHS

██████████

**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.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████, daughter and chore provider, appeared on the Appellant's behalf. ██████████, Appeals and Review Officer, represented the Department. ██████████, Adult Services Worker, and ██████████, Adult Services Supervisor, were present as Department witnesses.

**ISSUE**

Did the Department properly terminate Home Help Services payments to the Appellant?

**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 ██████████ Medicaid beneficiary who was receiving Adult Home Help Services.
2. The Appellant lives in an apartment by herself, and her daughter is her chore provider. (Exhibit 1, page 6)
3. The Appellant has been diagnosed with diabetes, hypertension and hyperlipidemia. (Exhibit 1, pages 7 and 10)

4. On ██████████ an Adult Services Worker (worker) conducted an in home assessment with the Appellant for continuing eligibility for Home Help Services. (Exhibit 1, page 6)
5. As a result of the information gathered from the Appellant at the home visit, and her observations, the worker determined that eligibility for continuing Home Help Services was not supported. (Testimony)
6. On ██████████, the Department received the DHS 54-A Medical Needs form completed by the Appellant's physician. (Exhibit 1, page 7)
7. On ██████████, the Department issued an Advance Negative Action Notice to the Appellant that her Home Help Services payments would terminate, effective ██████████ (Exhibit 1, pages 4-6)
8. The Appellant requested a formal, administrative hearing ██████████  
██████████ (Exhibit 1, page 3)

### **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.

Adult Services Manual (ASM 363) 9-1-2008, pages 2-5 of 24 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 client in his/her place of residence.
- An interview must be conducted with the caregiver, if applicable.
- Observe a copy of the client'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 department 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 client'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.

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

These are maximums; as always, if the client 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 client 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 client's maintenance and functioning in the living environment.
- The availability or ability of a responsible relative or legal dependent of the client to perform the tasks the client 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 client.
- 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 client 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 client.
- HHS may be authorized when the client is receiving other home care services if the services are not duplicative (same service for same time period).

Adult Services Manual (ASM 363) 9-1-2008, Pages 2-5 of 24

The Appellant had been authorized to receive Home Help Services for the activities of grooming, medication, housework, laundry, shopping and meal preparation. (Exhibit 1,


page 8) On ██████████ the Adult Services Worker (worker) completed a home visit as part of an HHS comprehensive assessment for redetermination in accordance with Department policy. The worker testified that she determined the Appellant no longer needed assistance because the Appellant did not have any physical restrictions, reported she administered her own medications, prepares her own meals if her daughter is not available, and is able to perform her own personal hygiene, dressing, grooming, and bathing. The worker explained that she observed the Appellant walking within the home without any assistance or aids. The worker's notes indicate that the Appellant reported that her daughter sometimes takes her for shopping/errands. The worker explained that she ranked the Appellant's need for assistance at a level 2 based on the Appellant's statements and her observations during the home visit. Accordingly, the worker testified that the Appellant no longer qualified for Home Help Services payments.

The Appellant's daughter disagrees with the determination and testified that her mother has some mental problems and is not able to do her own house cleaning. The Appellant's daughter explained that the Appellant is not able to make her own meals and can only microwave meals that are already prepared for her. The Appellant's daughter stated that the Appellant is mobile but moves slowly, has a hard time staying on her feet for a long time, and that the Appellant's doctor said she had muscle atrophy. The Appellant's daughter testified that she does all of the Appellant's shopping, pre-draws her medications, and prompts her to do her own bathing and grooming.

The Appellant did not meet her burden of proving, by a preponderance of evidence, that the Department improperly terminated her home help services based on the available information. At the home visit, the Appellant reported that she could perform the tasks discussed with the worker and there is no evidence of any physical impairment that would prevent the Appellant from doing so. The Appellant's physician did not document any diagnoses relating to a mental illness or that the Appellant suffers from muscle atrophy. The doctor only certified a need for assistance with meal preparation and shopping and indicated that the Appellant has poor understanding and compliance (Exhibit 1, page 7) The available information is consistent with the worker's ranking at a level 2, indicating that the Appellant can perform the activity with verbal assistance such as reminding, guiding or encouraging. Under Department policy, Home Help Services payments can only be authorized for needs assessed at a level 3 or greater.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Department has properly terminated home help assistance payments for the Appellant based on the information available at the time of the re-determination.

  
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**IT IS THEREFORE ORDERED** that:

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

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Colleen Lack  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:



Date Mailed: 4/12/2010

**\*\*\* 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.