

**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:

Docket No. 2010-17431 HHS
Case No. [REDACTED]

[REDACTED]

Appellant

_____ /

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 [REDACTED]. [REDACTED] appeared on her own behalf. [REDACTED], represented the Department. [REDACTED], and [REDACTED] 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 [REDACTED] year old Medicaid beneficiary who was receiving Adult Home Help Services.
2. The Appellant has been diagnosed with bipolar disorder, hypertension, diabetes. (Exhibit 1, pages 8-9 and 12)
3. On [REDACTED], an Adult Services Worker (worker) conducted a home assessment with the Appellant for continuing eligibility for Home Help Services. The Appellant and her chore provider were present. The Appellant's husband was in the home, but did not participate in the assessment (Exhibit 1, pages 7-9)

4. As a result of the information gathered from at the time of the assessment, the worker determined that the Appellant was no longer eligible for Home Help Services because her provider reported her role as supervising, monitoring, and transporting the Appellant and her husband. Further, the worker did not have any documentation verifying that the Appellant's husband had any disabilities. (Exhibit 1, page 7)
5. On [REDACTED], the Department issued an Advance Negative Action Notice to the Appellant that her Home Help Services payments would close, effective [REDACTED]. (Exhibit 1, pages 4-6)
6. The Appellant requested a formal, administrative hearing [REDACTED]. (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.

Note: Unavailable means absence from the home, for employment or other legitimate reasons. **Unable** means the responsible person has disabilities of his/her own which prevent caregiving. These disabilities must be documented/verified by a medical professional on the DHS-54A.

- 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).

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.

Adult Services Manual (ASM 363) 9-1-2008,
Pages 2-15 of 24

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 case had been recently transferred to this worker. (Exhibit 1, pages 7-9) The worker testified that during this visit, she learned that the Appellant is married and her husband lives in the home. The worker stated that the Appellant's chore provider reported her responsibilities are to transport the Appellant and her husband to the laundry or store while they perform the tasks, bring over a few prepared meals which the Appellant can reheat, and sometimes make sure the Appellant took her medications or see if she needs anything. The worker also explained that she did not observe any physical limitations that would prevent the Appellant from performing her own activities of daily living or independent activities of daily living. The worker determined that the Appellant no longer qualified for Home Help Services payments because policy does not allow payment to be authorized for assistance that is supervision or monitoring, transportation assistance is not covered under the home help program, and unless there is verification that the Appellant's husband is disabled, he is responsible to care for the Appellant.

The Appellant disagrees with the determination and testified that her husband is irrelevant to the determination as she plans to file for a divorce. The Appellant disagrees with the worker's testimony and stated she plans to reapply for the Home Help Services Program with a new Medical Needs form from her doctor which will show that she needs some services. However, the Appellant did not have the Medical Needs form from her doctor with her at the hearing.

The Department properly considered the availability and ability of the Appellant's husband to provide care for the Appellant. The Adult Services Glossary defines a responsible relative as a person's spouse or a parent of an unmarried child under age 18. Adult Services Glossary (ASG Glossary) 12-1-2007, Page 5 of 6. The Appellant's husband meets the definition of a responsible relative. Under Department policy, Home Help Services for the Appellant could only be authorized for those services or times which the responsible relative is unavailable or unable to provide. The policy notes that unavailable means absence from the home, for employment or other legitimate reasons. Unable means the responsible person has disabilities of his/her own which prevent care giving. These disabilities must be documented/verified by a medical professional on the DHS-54A (Medical Needs form). Adult Services Manual (ASM 363) 9-1-2008, Page 5 of 24. The Appellant's husband lives in the home and there is no documentation that he is disabled. (Exhibit 1, pages 7-9) The statements made at the home visit that he lives upstairs in another part of the home are not sufficient to preclude application of the Department's policy regarding responsible relatives.

Based on the information available to the Department at the time of the re-determination, eligibility for continuing Home Help Services not supported. The Department did not have any documentation that the Appellant's husband, who lives in the home, was disabled or otherwise unavailable to assist the Appellant. Additionally, the Appellant's provider reported that she mainly provides assistance with transportation for the Appellant and her husband, medication supervision/monitoring for the Appellant and that she cooks and brings over some meals for the Appellant to re-heat. The Department policy is clear in this area; Home Help Services can not be authorized for verbal assistance such as reminding, guiding, or encouraging. The Department only authorizes HHS for needs assessed at level 3 or greater, indicating physical assistance is required. Department policy also specifically excludes coverage for transportation, services which benefit others, services that a responsible relative is able and available to provide and home delivered meals.

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.

IT IS THEREFORE ORDERED that:

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

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

**Docket No. 2010-17431 HHS
Decision and Order**

cc:



Date Mailed: 04/27/2010

***** 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.