

**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. 2010-24350 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. ██████████ ██████████ appeared on her own behalf. ██████████, Appeals and Review Officer, represented the Department. ██████████, Adult Services Worker was present as a Department witness.

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 for the tasks for medication, housework, laundry, and shopping. (Exhibit 1, page 7)
2. The Appellant lives in an apartment with an ex-boyfriend. (Exhibit 1, page 6)
3. The Appellant has been diagnosed with bipolar disorder and anxiety, sinus problems, hypertension, bronchitis, angina, and endometriosis. (Exhibit 1, page 8)

4. On ██████████, an Adult Services 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 assessment, the ASW determined that Home Help Services were no longer needed because the Appellant appears capable of performing her own chores. (Exhibit 1, page 6)
6. On ██████████, the Department issued an Advance Negative Action Notice to the Appellant that her Home Help Services payments would terminate, effective ██████████. (Exhibit 1, pages 4-5)
7. 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

On ██████████, the Adult Services Worker (worker) completed an HHS comprehensive assessment for redetermination in accordance with Department policy. The worker testified that during this visit, she did not observe any physical problems or that the Appellant used assistive aids. The worker explained that the Appellant reported


she is able to take ██████████, but gets agitated and does not have the patience to wait. The worker stated that the Appellant also reported needing help with laundry and shopping because sometimes she can not lift her left arm up, occasionally her hands are numb, and she can not stand for longer than 5 minutes. (Exhibit 1, page 6) The worker also testified that the Appellant was very aware of her medications when reviewed during the home visit and did not report that anyone helps her with them. The worker decreased the Appellant's functional assessment rankings to level 1 for all activities except meal preparation which she ranked at level 2. (Exhibit 1, page 9) Department policy specifies that Home Help Services can only be authorized for needs assessed at the 3 level or greater. Adult Services Manual (ASM 363) 9-1-2008, page 3 of 24. Accordingly, the worker determined that the Appellant no longer qualified for Home Help Services payments.

The Appellant disagrees with the determination and testified that she has had back problems for the last couple of years, which prevent her from standing for more than 5 minutes. The Appellant explained that she needs help with shopping because of the trouble standing. The Appellant also stated that she needs help with laundry because she can not get down the stairs without pain and the numbness in her hands. The Appellant explained that she has more bad days than good days, but was having a good day the day of the worker's home visit. The Appellant also stated that she needs help with her medications, noting that they make her drowsy.

Based upon her testimony, the Appellant's main reason for needing assistance with shopping and laundry is the problem with her back, which has been present for the last couple of years. However, the Appellant did not report a back problem to the worker during the ██████████ assessment. The worker testified that no documentation of a back problem has been submitted to the Department, and the record shows medical certifications were obtained in ██████████. (Exhibit 1, page 8) Accordingly, the worker had no evidence of this condition when completing the re-determination. Further, the problems with the left arm and numb hands were reported as only occurring occasionally. Based on the information available to the Department at the time of the re-determination eligibility for continuing Home Help Services not supported.

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.


Docket No. 2010-24350 HHS
Decision and Order

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

cc:



Date Mailed: 5/25/2010

***** 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.