

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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IN THE MATTER OF:

Docket No. 2010-33860 HHS  
[REDACTED]

[REDACTED]  
Appellant  
\_\_\_\_\_ /

**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 [REDACTED]. The Appellant appeared without representation. She had no witnesses. [REDACTED], appeals review officer, represented the Department. Her witnesses were [REDACTED], ASW and [REDACTED], ASW supervisor.

**ISSUE**

Did the Department properly reduce HHS services for 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. At the time of hearing the Appellant is a disabled, [REDACTED] female Medicaid beneficiary. Appellant's Exhibit 1.
2. The Appellant is afflicted with chronic pain right breast, breast cancer, chronic low back pain and bilateral knee pain, right shoulder pain. Department's Exhibit A pp. 18-22.
3. On [REDACTED] the ASW conducted a reassessment for the Appellant following her transfer from [REDACTED]. The assessment revealed continued need – but at a different level. Department's Exhibit A, p. 2
4. At the time of the assessment the Appellant had a shared household. Although at the time of hearing the Appellant said she now lives alone. See Testimony.

5. On [REDACTED], an Advance Negative Action Notice was sent to the Appellant informing her of the reduction in accordance with proration policy. She was advised of her further appeal rights. Department's Exhibit A, pp. 2, 5.
6. The instant appeal was received by the State Office of Administrative Hearings and Rules for the Department of Community Health on [REDACTED].

### **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 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. (Emphasis supplied)

Adult Service Manual (ASM), §363, pp. 2, 3 of 24, 9-1-2008.

### **Service Plan Development**

Address the following factors in the development of the service plan:

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- 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).

(Emphasis supplied) *Supra*, p. 5 of 24.

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The Department witness testified that on in-home assessment that the Appellant shared her household with her sister. The ASW determined that the Appellant still required home help services – but had improved sufficiently to no longer require the task of bathing. The remaining IADLs were continued, but subject to the Department’s policy on shared household.

The Appellant said that one of her concerns was that her son, the choreprovider, be compensated for his services.

The Appellant said that all she does is sit in the house and watch TV as she frequently goes numb. She added that she cannot stand for 15 minutes and cannot comb her hair or dress herself owing to a rotator cuff injury. The Appellant was advised that it is her responsibility to inform the ASW of any change in condition that might affect her need for services.

On review of the testimony and the evidence the Administrative Law Judge finds that the comprehensive assessment was accurate and drawn according to policy. The Appellant, at the time of the assessment, shared a household with her sister who has since moved out.

The following items summarize the IADL established payments, shared household proration, and the ALJ's agreement:

- Meal preparation was established at 7 days a week, 33 minutes a day.
- Shopping was established at 7 days a week, 10 minutes a day.
- Housework was established at 7 days a week, 12 minutes a day.
- Laundry was established at 1 day a week, 1:35 minutes a day.

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

A comprehensive assessment and the application of proration policy 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 HHS payment.

**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

[REDACTED]  
Docket No. 2010-33860 HHS  
Hearing Decision & Order

cc:

[REDACTED]

Date Mailed: 7/30/10

**\*\*\* 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.