

**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:

██████████

Appellant

\_\_\_\_\_ /

Docket No. 2010-4883 HHS

██████████

**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. He had no witnesses. ██████████, Appeals Review Officer, represented the Department. Her witnesses were ██████████, ASW Supervisor and ██████████, ASW.

**ISSUE**

Did the Department properly reduce 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. At the time of hearing the Appellant is a ██████████ male Medicaid beneficiary.
2. The Appellant is afflicted with the residuals of a GSW, osteoarthritis left hip, above knee left leg amputation. (Department Exhibit A, p. 11)
3. On ██████████, the ASW conducted a face-to-face yearly reassessment that led to a reduction in services owing to elimination of the tasks of bathing, housework and meal preparation for lack of need. (Department's Exhibit A, pp. 2, 10 and See Testimony)

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4. On [REDACTED], an Advance Negative Action Notice [effective [REDACTED]] was sent to the Appellant informing him of the service reduction and his further appeal rights. (Department's Exhibit A, pp. 2, 4)
5. The notice specified that the new assessment set the Appellant's HHS payment [REDACTED] per month. (Department's Exhibit A, pp. 2, 8)
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 (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. (Emphasis supplied)

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

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The Department witness testified that on in-home assessment he observed the Appellant enter his apartment after driving an automobile to “drop his mother to another location.” The witness observed that the residence had not been cleaned and that the Appellant was no longer confined to a wheelchair.

He saw the Appellant ambulate with his prosthesis and a cane. The Department witness said he made the above service adjustments leaving only laundry and shopping as HHS items owing to the basement placement of the laundry and the assistance the Appellant might need on shopping excursions.

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The ASW testified that the Appellant lived with his brother<sup>1</sup> – the Appellant disputed that interpretation claiming that his brother now owned the home and that he was a mere tenant. The Appellant produced no evidence on the change in status from co-renters to landlord-tenant.

The Appellant testified that he normally did not drive and that his ability to ambulate was not as great as observed by the ASW. He said he needed his chore provider mother and her daily assistance with prosthesis care, bathing, cooking, cleaning and medication. He said his home was cluttered owing to a birthday celebration from the previous night. He said he thought the reductions were too severe.

There was no medical documentation to support the Appellant's testimony about ambulation difficulty or special prosthesis maintenance that requires hands-on assistance from another person.

On review of the evidence the ALJ finds that the comprehensive assessment was accurate and drawn according to policy. By definition the Appellant showed the ASW that, at least at the time of the in-home visit, he was in an improved condition. The ASW observations were consistent with the Appellant's demonstrated physical ability.

The ALJ agreed with the following task and time adjustments prepared by the ASW following his in-person assessment:


- Bathing, housework and meal preparation – were eliminated for the reasons stated above.
- Laundry and Shopping were retained – but reduced owing to a proper application of shared household policy.

The Appellant did not preponderate that the Department erred in the adjustment of his grant based on the ASW observations as of [REDACTED]. 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.

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<sup>1</sup> Historically, the record supports the ASW. See Department Ex. A, at page 10.

  
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**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

cc:



Date Mailed: 1/21/2010

**\*\*\* 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.