

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

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IN THE MATTER OF:

Docket No. 2010-32429 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]. The Appellant, [REDACTED], represented herself. [REDACTED], Appeals Review Officer, represented the Department. [REDACTED], Adult Services Worker, and [REDACTED], Adult Services Supervisor, were present as Department witnesses.

ISSUE

Was the Department's decision to approve Home Help Services (HHS) for the Appellant for a limited time period (one month) proper?

FINDINGS OF FACT

The ALJ, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a Medicaid beneficiary who applied for HHS from the Department of Human Services.
2. The Appellant has been diagnosed with paranoid schizophrenia. She also stated that she has blurred vision and that she had a stroke in [REDACTED]. (Exhibit 1, page 17; Testimony of [REDACTED])
3. An initial in-home assessment was conducted on [REDACTED]. (Exhibit 1, page 12; Testimony of [REDACTED])
4. Based on the information provided by the Appellant and the observations made at the assessment by the Adult Services Worker (worker), it was determined that the Appellant was only in need of temporary, limited assistance with housework. (Exhibit 1, pages 12-13)

5. On ██████████, the worker sent a Services and Payment Approval Notice, approving housework assistance for the month of ██████████ only. Specifically, the Appellant was granted six hours of housework, or ██████████, to help eliminate the clutter in her home. (Exhibit 1, page 8-9) The worker simultaneously issued an Advance Negative Action Notice, terminating services, effective ██████████. (Exhibit 1, pages 10-11)
6. The Appellant requested a formal, administrative hearing ██████████. (Exhibit 1, pages 3-4)

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.

The purpose of HHS is 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.

ELIGIBILITY FOR HOME HELP SERVICES

Home help services (HHS) are defined as those, which the Agency is paying for through Title XIX (Medicaid) funds. The customer must be eligible for Medicaid in order to receive these services.

Medicaid/Medical Aid (MA)

Verify the customer's Medicaid/Medical aid status.

The customer may be eligible for MA under one of the following:

- All requirements for MA have been met, **or**
- MA spend-down obligation has been met.

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Necessity For Service

The adult services worker is responsible for determining the necessity and level of need for HHS based on:

- Customer choice.
 - A complete comprehensive assessment and determination of the customer's need for personal care services.
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- Verification of the customer's medical need by a Medicaid enrolled medical professional. The customer is responsible for obtaining the medical certification of need. The Medicaid provider identification number must be entered on the form by the medical provider. The Medical Needs form must be signed and dated by one of the following medical professionals:
 - Physician
 - Nurse Practitioner
 - Occupational Therapist
 - Physical Therapist

The physician is to certify that the customer's need for service is related to an existing medical condition. The physician does not prescribe or authorize personal care services.

If the Medical Needs form has not been returned, the adult services worker should follow-up with the customer and/or medical professional.

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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 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 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
- 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 the 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.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all IADLs except medication. The limits are as follows:

- Five hours/month for shopping
- Six hours/month for light housework
- Seven 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. If there is a need for expanded hours, a request should be submitted to:

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 the 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 the same time period).

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Department policy addresses the need for supervision, monitoring or guiding below:

Services Not Covered By Home Help Services

Do **not** authorize HHS 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 - Medical transportation policy and procedures are in Services Manual Item 211.

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- Money management, e.g., power of attorney, representative payee;
- Medical services;
- Home delivered meals;
- Adult day care

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The worker testified that after completing a comprehensive assessment, she determined that the Appellant was capable of performing all IADLs on her own. (Testimony of ██████████). The worker testified that the Appellant told her that she was able to do her own laundry, shopping, and meal preparation, and, in fact, explained to the worker how she completed all of these tasks. (Exhibit 1, pages 12-13; Testimony of ██████████) The worker further testified that when she told the Appellant she was unsure why she was there because it did not appear that the Appellant needed any assistance, the Appellant's demeanor completely changed. The Appellant was shocked and she "slithered" to the floor. She was adamant that she needs assistance. (Testimony of ██████████)

The worker did grant the Appellant a temporary, limited period—six hours—of housework assistance for the month of ██████████, to help the Appellant clean up the clutter in her apartment. The worker explained that the Appellant was concerned about HUD inspections of her apartment, and she did not want to leave the Appellant without any assistance. (Testimony of ██████████)

The Appellant testified that she suffers from constant pain. She noted that she has left shoulder pain and blurred vision in her left eye from an attack that she suffered in ██████████. She also stated that she suffers from hypertension. (Testimony of ██████████). The Appellant provided medical documentation to support that she suffers from hypertension, coronary artery disease, a stroke, osteoarthritis, paranoid schizophrenia, and arthritic back pain. (Exhibit 2) The Appellant testified that she would like assistance with all IADLs. She explained that she has days where she cannot get out of bed and that she cannot keep up with her housework. However, she testified that she does clean her bathroom and kitchen no matter how she is feeling. (Testimony of ██████████) The Appellant further testified that she has problems with energy and that sometimes after she goes shopping, she is unable to unload her groceries from the bags because she is too tired. As for laundry, the Appellant testified that sometimes it does not get put away for a few weeks, and she cannot iron her own clothes. (Testimony of ██████████)

This ALJ concludes that the worker's assessment regarding the Appellant's capabilities was proper. The Appellant's testimony at the hearing confirmed that she is capable, on most days, of performing all IADLs for herself. It appears that the worker was being generous in granting the housework assistance that she did.

DECISION AND ORDER

The ALJ, based on the above findings of fact and conclusions of law, finds that the Department's grant of temporary, limited (one month) housework assistance to the Appellant was proper.

IT IS THEREFORE ORDERED that:

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

Kristin M. Heyse
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:



Date Mailed: 7/16/2010

***** 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.