

**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. 2010-5822 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 ██████████ ██████████, daughter and Home Help Services provider, appeared as the Appellant's representative. ██████. ██████████ appeared and testified. ██████████ Appeals and Review Officer, represented the Department. ██████████, Adult Services Worker, and ██████████ ██████████ Adult Services Supervisor, 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 ██████████ Medicaid beneficiary who was receiving Adult Home Help Services.
2. The Appellant has been diagnosed with lupus, diabetes, GERD, breast lump biopsied 3/00, right ankle fracture, rheumatoid arthritis, and acid reflux. (Exhibit 1, page 17)
3. The Appellant lives in home with her spouse and three other adults. (Testimony)

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4. The Appellant moved from [REDACTED] (Testimony)
5. The Appellant's daughter is her proposed chore provider. (Exhibit 1, page 13)
6. On [REDACTED], an Adult Services Worker conducted an in home assessment with the Appellant for continuing eligibility for Home Help Services and discovered that the Appellant is married and her husband lives in the home. (Exhibit 1, page 15)
7. The Department obtained a DHS 54-A medical needs form from the Appellant's husband's doctor. (Exhibit 1, page 11)
8. As a result of the information gathered from the Appellant at the assessment, her observations and from the Appellant's husband's doctor, the ASW determined that eligibility for continuing Home Help Services was not supported. (Exhibit 1, page 15)
9. On [REDACTED] the Department issued an Advance Negative Action Notice to the Appellant indicating that her Home Help Services payments would terminate, effective to [REDACTED] because her spouse was not determined to be disabled and is therefore responsible for her care. (Exhibit 1, pages 7-9)
10. The Appellant requested a formal, administrative hearing [REDACTED] (Exhibit 1, pages 3-6)

**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

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- 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).

Adult Services Manual (ASM 363) 9-1-2008, Pages 2-5 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 Appellant had recently moved to ██████████ and her daughter was the proposed Home Help Services provider. The worker testified that during this visit, he learned that the Appellant is married and her husband lives in the home. In accordance with Department policy, the worker obtained a DHS-54A Medical Needs form from the Appellant's husband's doctor. The worker testified that based on the information gathered during the home visit, his observations, and the information provided by the Appellant's husband's physician, he determined that the Appellant no longer qualified for Home Help Services payments because her husband was not disabled and therefore was responsible to care for the Appellant.

The Appellant and her representative disagree with the determination that the Appellant's father is able to care for the Appellant. The Appellant testified that for bathing, she needs someone to stand by her side. The Appellant stated that her husband can not stand that long because his legs hurt and swell. The Appellant's representative testified that the Appellant's husband has poor eyesight, confusion/memory problems and can not drive. The Appellant's representative explained that the Appellant's husband can not do the laundry because he forgets how to use the machines. The Appellant's representative also stated that the Appellant's husband can not help with medications because he can not go to the store to refill prescriptions and can not assist the Appellant with her medications at home because he can not read the labels or get up to give them to the Appellant when she needs them.

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. Adult Services Manual (ASM 363) 9-1-2008, Page 5 of 24.

The Department properly considered the availability and ability of the Appellant's husband to provide care for the Appellant. The DHS-54-A Medical Needs form completed by the Appellant's husband's physician does not support the severe limitations the Appellant and her representative testified prevent him from providing the care services for the Appellant. The physician did not note any limitations to the Appellant's husband's ability to perform his own personal care activities or any diagnoses that support the vision, confusion and memory problems the Appellant and her representative testified prevent him from providing the needed care services for the Appellant. (Exhibit 1, page 11) The Appellant's representative explained that this was a new doctor who only saw the Appellant's husband once and that additional treatment records would document his additional impairments. The Appellant's representative was advised that additional documentation could be submitted to the Department for a determination regarding future Home Help Services for the Appellant.

The Appellant did not meet her burden of proving, by a preponderance of evidence, that the Department did not properly terminate her home help services. The information provided by the Appellant's husband's doctor does not document the additional impairments the Appellant and her representative testified cause him to be unable to provide care for the Appellant. Based on the information available to the Department at the time of the re-determination, eligibility for continuing Home Help Services was 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.

**IT IS THEREFORE ORDERED** that:

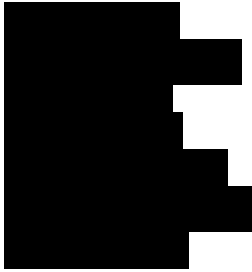
The Department's decision is **AFFIRMED**.

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

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CC:



Date Mailed: \_\_\_\_\_

**\*\*\* 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.