

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEMS
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2012-22643 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 ██████████. ██████████ appeared on behalf of his daughter. He had no witnesses. ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████, ASW.

ISSUE

Did the Department properly terminate the Appellant's Home Help Services (HHS)?

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 disabled ██████-year-old Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant alleges a need for HHS owing to a "learning disability." (See Testimony, and Appellant's Exhibit #1)
3. The Appellant's representative said that the Appellant needs transportation to appointments, medications and companionship as she is afraid to be alone. (See Testimony)
4. The Department's witness [ASW Spalthoff] testified that he observed the Appellant and that she did not appear to need any hands on assistance with any ADL, but rather additional instruction or coaching to properly complete the tasks of bathing and grooming – he ranked those ADLs as a level 2. (See Testimony and Department's Exhibit A, pp. 9 and 10)

5. The Department witness testified that he made contact with the Appellant on [REDACTED] for an in-home assessment. While there, the Appellant did not identify a need for hands on services for any ADL. (Department's Exhibit A, pages 2, 6 and 9)
6. The Department witness sent the Appellant an Advance Negative Action Notice on [REDACTED], terminating services effective [REDACTED]. (Department's Exhibit A, pages 2, 5)
7. The Appellant's further appeal rights were contained in the Advance Negative Action Notice.
8. The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System for the Department of Community Health on [REDACTED]. (Appellant's Exhibit #1)

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 medical professional.

COMPREHENSIVE ASSESSMENT

The DHS-324, Adult Services Comprehensive Assessment is the primary tool for determining need for services. The comprehensive assessment must be completed on all open independent living services cases. ASCAP, the automated workload management system, provides the format for the comprehensive assessment and all information must 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.

- The assessment may also include an interview with the individual who will be providing home help services.
- A new face-to-face assessment is required if there is a request for an increase in services before payment is authorized.
- A face-to-face assessment is required on all transfer-in cases before a payment is authorized.
- 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.

Adult Service Manual (ASM), §120, page 1 of 6,
11-1-2011.

Changes in the home help eligibility criteria:

Home Help Eligibility Criteria

To qualify for home help services, an individual must require assistance with at least one activity of daily living (ADL) assessed at a level 3 or greater. The change in policy must be applied to any new cases opened on or after October 1, 2011, and to all ongoing cases as of October 1, 2011.

Comprehensive Assessment Required Before Closure

Clients currently receiving home help services must be assessed at the next face-to-face contact in the client's home to determine continued eligibility. If the adult services specialist has a face-to-face contact in the client's home prior to the next scheduled review/redetermination, an assessment of need must take place at that time.

Example: A face-to-face review was completed in August 2011; the next scheduled review will be in February 2012. The specialist meets with the client in his/her home for a provider interview in December 2011. Previous assessments indicate the client only needing assistance with instrumental

activities of daily living (IADL). A new comprehensive assessment must be completed on this client.

If the assessment determines a need for an ADL at level 3 or greater but these services are **not** paid for by the department, or the client refuses to receive assistance, the client would **continue** to be eligible to receive IADL services.

If the client is receiving only IADLs and does **not** require assistance with at least one ADL, the client no longer meets eligibility for home help services and the case must close after negative action notice is provided.

Each month, beginning with October, 2011, clients with reviews due who only receive IADL services must take priority.

Negative Action Notice

The adult services specialist must provide a DHS-1212, Advance Negative Action notice, if the assessment determines the client is no longer eligible to receive home help services. The effective date of the negative action is ten business days after the date the notice is mailed to the client.

Right to Appeal

Clients have the right to request a hearing if they disagree with the assessment. If the client requests a hearing within ten business days, do not proceed with the negative action until after the result of the hearing.

Explain to the client that if the department is upheld, recoupment must take place back to the negative action date if payments continue. Provide the client with an option of continuing payment or suspending payment until after the hearing decision is rendered.

If the client requests a hearing after the 10-day notice and case closure has occurred, do not reopen the case pending the hearing decision. If the department's action is reversed, the case will need to be reopened and payment re-established back to the effective date of the negative action. If the department's action is upheld, no further action is required.

Adult Service Bulletin (ASB) 2011-001;
Interim Policy Bulletin Independent Living Services (ILS)
Eligibility Criteria, pp. 1–3, October 1, 2011

The Department witness testified that on in-home assessment he observed the Appellant had no need for ADL assistance. He explained policy developments and advised the Appellant and her representative that she would be terminated from the Home Help Program for lack of need with hands on assistance. He added that appeal documents would arrive along with the Notice of Termination.

At hearing the Appellant's representative explained that the Appellant required medicine and transportation to appointments. He said he did not understand the wisdom behind the new interim policy – as his daughter still needed assistance with IADLs. He made a pointed reference that “[his choreprovider] union told him to lie¹... but that he did not want to do that.” He was informed that lying would be unlawful, but that his candor was appreciated.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home, comprehensive assessment of HHS recipients. Based on new policy an HHS recipient must utilize at least one (1) ADL requiring hands on service at the three (3) ranking or higher in order to remain eligible for HHS.

The Appellant failed to preponderate her burden of proof that the Department erred in terminating HHS, because at the time of assessment she demonstrated no physical need for assistance with any ADL.

The Appellant's representative was instructed on other immediate Medicaid transportation assistance including the idea of contacting Community Mental Health (CMH).

Since the Appellant, by virtue of this assessment, has now exhausted her available services under the HHS program it is incumbent on the ASW to advocate for the Appellant in receiving CMH sponsored Community Living Supports (CLS) to address the monitoring and supervision needs articulated by the Appellant's representative at hearing. [ASM 125, Coordination with Other Services, pp. 1, 2 of 10, November 1, 2011]

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated the Appellant's HHS.

¹ He mentioned this twice during the course of the hearing.

[REDACTED]
Docket No. 2012-22643 HHS
Decision and Order

IT IS THEREFORE ORDERED that:

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

Dale Malewska
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 6-11-12

***** 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.