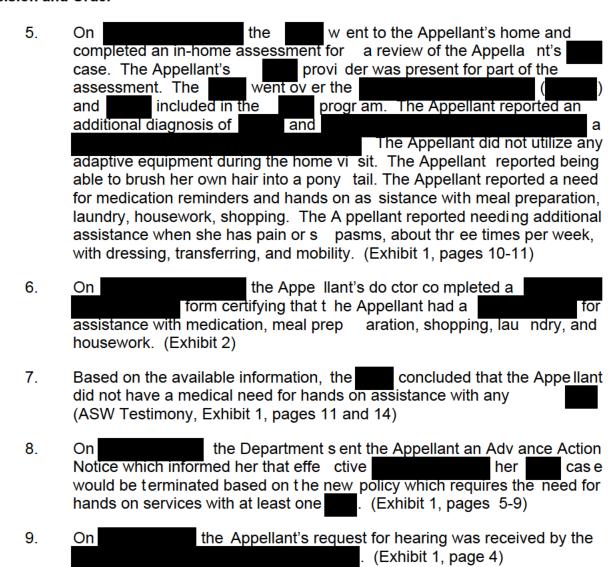
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF COMMUNITY HEALTH

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 334-9505

IN THE MA	TTER OF:	Dooket No.	2012-45132 HHS	
		Case No.		
Appellant				
	DECISION A	ND ORDER		
	is before the undersigned Admini R 431.200 <i>et seq.</i> , upon the Appel	•		
appeared o Appellant.	otice, a hearing was held on her own behalf. Appeals Review appeared as witnesses for the De	Officer, represented "), and	the Appellan t, as a witness for the d the Department.	
<u>ISSUE</u>				
Did the Dep case?	partment properly terminate the		(" ")	
FINDINGS	OF FACT			
	strative Law Judge, based upon n the whole record, finds as mater	•	erial and substantial	
1.	The Appellant is a Medicaid b	eneficiary who had b	een authorized for	
2.	The Appellant has been diagr	3, Exhibit 2)	including	
3.	The Appellant had been receivi	sppellant had been receivin g for assistance with the ("") of housework, laundry, bing and meal preparation. (Exhibit 1, page 15)		
4.	The Appellant lives with her	who is he	er 10)	



CONCLUSIONS OF LAW

The Medic al Ass istance Program is established purs uant 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 statestate statute, the Social Welfare Act, 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 car e in the least restrictive, preferred settings. These activities must be certified by a physic ian and may be provided by individuals or by private or public agencies.

Adult Services Manual (ASM 120, 11-1- 2011), pages 1-5 of 6 addresses the adult services comprehensive assessment:

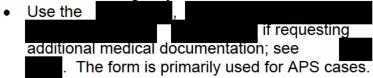
INTRODUCTION

The is the primary tool for determining need for services. The comprehensive assessment must be completed on **all open independent living services cases**, the automated workload managem ent system, provides the format for the comprehensive asses sment and all information will be entered on the computer program.

Requirements

Requirements for the compr ehensive 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 necessary, but minim ally at the six-month r eview and annual redetermination.
- A releas e of informati on must be obtained when requesting document ation from confidential sources and/or sharing information from the department record.
 - Use the _____, Aut horization to Releas e Information, when reques ting client information from another agency.



 Follow rules of confident iality when home help cas es have companion cases, see Confidentiality.

Functional Assessment

The **Functional Assessment** module of the comprehensive assessment is the basis for service planning and for the payment.

Conduct a functional assessment to determine the c lient'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

ADLs and IADLs ar e 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 ac tivity even with human assistance and/or assistive technology.

payments may only be authorized for needs ass essed at the 3 level or greater.

An individual must be assesse d with at least one activity of daily living in order to be eligible to receive home help services.

Note: If the assessm ent determines a need for an ADL at a level 3 or greater but these se rvices are not paid for by the department, the individual would be eligible to receive IADL services.

Example: Ms. Smith is assessed at a level 4 for bathing however she refuses to rece ive assistance. Ms. Smith would be eligible to receive as sistance with IADLs if the assessment determined a need at a level 3 or greater.

See ASM 121, Functional A ssessment Definitions and Ranks for a description of the rank ings for activities of daily living and instrumental activities of daily living.

Time and Task

The specialist will allocate time for each task assessed a rank of 3 or higher, based on in terviews 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 exc eed the RTS rationale **must** be provided.

An assessment of need, at a ranking of 3 or higher, does not automatically guarantee the maximum allotted time allowed by the reasonable time schedule (RTS). The specialist must assess each task according to the actual time required for its completion.

Example: A client needs assis tance with cutting up food. The specialist would only pay fo r the time required to cure the food and not the full amount of time allotted under the RTS for eating.

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

Proration of IADLs

If the client does not require the maximum allowable hours , authorize only the amount of time needed for each task. Assessed hour for (exc ept medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client. **Note:** This does not include situations where others live in adjoined apartments/flats or in a separate home on s hared property and there is no shared, common living area. In shared living arrangements , where it can be clearly for the e ligible client are completed documented that separately from others in the home, hours for do not need to be prorated. **Example:** Client has special dietary needs and meals are prepared s eparately; client is incontinent of bowel and/or bladder and laundry is comple ted separately; client shopping is completed separat ely due to special dietary needs and food is purchased from specialty stores; etc.

> Adult Services Manual (ASM) 120, 11-1-2011, Pages 1-5 of 6

Certain services are not covered by provides a listing of the services not covered by HHS.

Services not Covered by Home Help

Home help services must **not** be approved for the following:

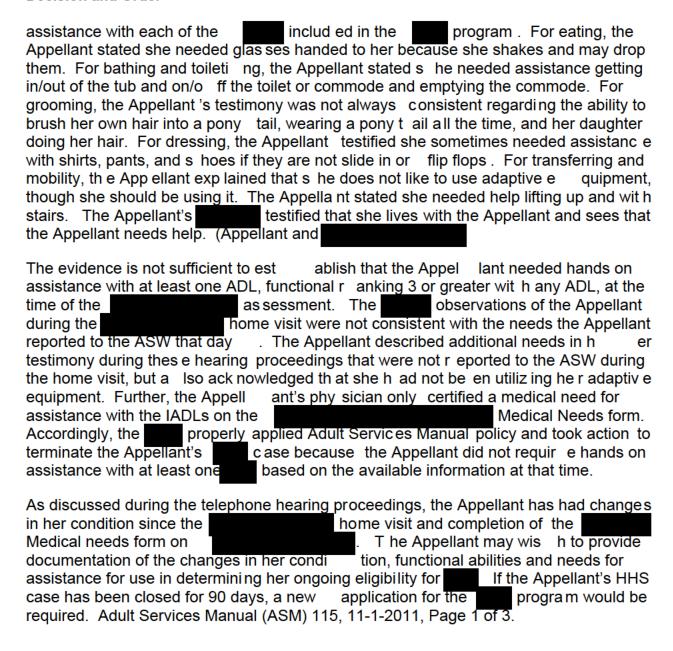
- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2).
- Services provided for the benefit of others.
- Services for which a responsible relative is able and available to provide (such as house cleaning, laundry or shopping).
- Services provided by another resource at the same time (for example, hospitalization, MI-Choice Waiver).

- Transportation See Bridges Administrative Manual (BAM) 825 for medical tr ansportation policy and procedures.
- Money management such as power of at torney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities. (F or example, accompanying and/or transporting to the movies, sporting events etc.)

Note: The above list is not all inclusive.

Adult Services Manual (ASM) 101, 11-1-2011, Pages 3-4 of 4.

The Appellant had only been authorized for a ssistance with the preparation. (Exhibit 1, page 15) went to the Appellant's home and completed an in-home On the case. The App ellant's assessment for a revi ew of the provide r was present for part of the assessment. The went over the and I included in the program. The Appellant reported an additional diagnosis of and having adaptive equipment including a c ane, hand brace, walker, and commode. The App ellant did no t utilize an y adaptive equipment during the home visit. The Appellant reported being able to brush her own hair in to a pony tail. The Appellant reported a need for medication reminde rs and hands on assistance with meal preparation, laundry, housework, shopping. The Appellant reported needing additional assistance when she has pain or spasms , about three times per week, with the dressing, transferring, and mobility. (Exhibit 1, pages 10-11) The Appellant's doctor completed a needs form on certifying that the Appellant had a medical need for assist ance, but only marked the of medication, meal preparation, shopping, laundry, and housework. (Exhibit 2) Based on the available information, particularly the observations of the Appellant during the home visit and the needs form the determined that the Appell ant's case must be terminated under the new policy because she did not need hands on assistance, functional ranking 3 or greater, with at least one The Appellant disagrees with the termination. The Appellant testified that s he has had many changes in her conditions since the home visit and th e form. The Appellant 's acknowledged that no calls had been made to the o discuss the changes in the Appellant's condition and needs for assistance. Regarding her needs for assistance at the time of the home visit, the Appellant testified needing at least some hands on



DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly terminated the based on the information available at the time of the February 2012 assessment.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

Date Signed:

Date Mailed:

*** NOTICE ***

The Michigan Administrative Hearing System 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 O rder. The Michigan Administrative Hearing System 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 March 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.