

5. On ██████████ the ██████ went to the Appellant's home and completed an in-home assessment for a review of the Appellant's ██████ case. The Appellant's ██████ provider was present for part of the assessment. The ██████ went over the ██████████ (██████) and ██████ included in the ██████ program. The Appellant reported an additional diagnosis of ██████ and ██████████ a ██████████. The Appellant did not utilize any adaptive equipment during the home visit. The Appellant reported being able to brush her own hair into a pony tail. The Appellant reported a need for medication reminders 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 dressing, transferring, and mobility. (Exhibit 1, pages 10-11)
6. On ██████████ the Appellant's doctor completed a ██████████ form certifying that the Appellant had a ██████████ for assistance with medication, meal preparation, shopping, laundry, and housework. (Exhibit 2)
7. Based on the available information, the ██████ concluded that the Appellant did not have a medical need for hands on assistance with any ██████ (ASW Testimony, Exhibit 1, pages 11 and 14)
8. On ██████████ the Department sent the Appellant an Advance Action Notice which informed her that effective ██████████ her ██████ case would be terminated based on the new policy which requires the need for hands on services with at least one ██████. (Exhibit 1, pages 5-9)
9. On ██████████ the Appellant's request for hearing was received by the ██████████. (Exhibit 1, page 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 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 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 120, 11-1-2011), pages 1-5 of 6 addresses the adult services comprehensive assessment:

INTRODUCTION

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

Requirements

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.
 - Use the [REDACTED], Authorization to Release Information, when requesting client information from another agency.
 - Use the [REDACTED], [REDACTED] if requesting additional medical documentation; see [REDACTED]. The form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion cases, see [REDACTED] 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 client'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 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.

██████████ payments may only be authorized for needs assessed at the 3 level or greater.

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

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services 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 receive assistance. Ms. Smith would be eligible to receive assistance with IADLs if the assessment determined a need at a level 3 or greater.

See ASM 121, Functional Assessment Definitions and Ranks for a description of the rankings 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 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.

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 assistance with cutting up food. The specialist would only pay for the time required to cut 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 for ██████████, authorize only the amount of time needed for each task. Assessed hour for ██████████ (except 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 adjoining apartments/flats or in a separate home on shared property and there is no shared, common living area.

In shared living arrangements, where it can be **clearly** documented that ██████████ for the eligible client are completed separately from others in the home, hours for ██████████ do not need to be prorated.

Example: Client has special dietary needs and meals are prepared separately; client is incontinent of bowel and/or bladder and laundry is completed separately; client's shopping is completed separately 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).

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- Transportation - See Bridges Administrative Manual (BAM) 825 for medical transportation policy and procedures.
- Money management such as power of attorney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities . (For 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 assistance with the [REDACTED]k, [REDACTED] preparation. (Exhibit 1, page 15)

On [REDACTED] the [REDACTED] went to the Appellant's home and completed an in-home assessment for a review of the [REDACTED] case. The Appellant's [REDACTED] provider was present for part of the assessment. The [REDACTED] went over the [REDACTED] and I [REDACTED] included in the [REDACTED] program. The Appellant reported an additional diagnosis of [REDACTED] and having adaptive equipment including a cane, hand brace, walker, and commode. The Appellant did not utilize any adaptive equipment during the home visit. The Appellant reported being able to brush her own hair into a pony tail. The Appellant reported a need for medication reminders 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 [REDACTED] needs form on [REDACTED] certifying that the Appellant had a medical need for assistance, but only marked the [REDACTED] of medication, meal preparation, shopping, laundry, and housework. (Exhibit 2)

Based on the available information, particularly the [REDACTED] observations of the Appellant during the home visit and the [REDACTED] needs form the [REDACTED] determined that the Appellant's [REDACTED] 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 [REDACTED]

The Appellant disagrees with the termination. The Appellant testified that she has had many changes in her conditions since the [REDACTED] home visit and the [REDACTED] form. The Appellant's [REDACTED] acknowledged that no calls had been made to the [REDACTED] to 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

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assistance with each of the [REDACTED] included in the [REDACTED] program. For eating, the Appellant stated she needed glasses handed to her because she shakes and may drop them. For bathing and toileting, the Appellant stated she needed assistance getting in/out of the tub and on/off the toilet or commode and emptying the commode. For grooming, the Appellant's testimony was not always consistent regarding the ability to brush her own hair into a ponytail, wearing a ponytail all the time, and her daughter doing her hair. For dressing, the Appellant testified she sometimes needed assistance with shirts, pants, and shoes if they are not slide in or flip flops. For transferring and mobility, the Appellant explained that she does not like to use adaptive equipment, though she should be using it. The Appellant stated she needed help lifting up and with stairs. The Appellant's [REDACTED] testified that she lives with the Appellant and sees that the Appellant needs help. (Appellant and [REDACTED])

The evidence is not sufficient to establish that the Appellant needed hands on assistance with at least one ADL, functional ranking 3 or greater with any ADL, at the time of the [REDACTED] assessment. The [REDACTED] observations of the Appellant during the [REDACTED] home visit were not consistent with the needs the Appellant reported to the ASW that day. The Appellant described additional needs in her testimony during these hearing proceedings that were not reported to the ASW during the home visit, but also acknowledged that she had not been utilizing her adaptive equipment. Further, the Appellant's physician only certified a medical need for assistance with the IADLs on the [REDACTED] Medical Needs form. Accordingly, the [REDACTED] properly applied Adult Services Manual policy and took action to terminate the Appellant's [REDACTED] case because the Appellant did not require hands on assistance with at least one [REDACTED] based on the available information at that time.

As discussed during the telephone hearing proceedings, the Appellant has had changes in her condition since the [REDACTED] home visit and completion of the [REDACTED] Medical needs form on [REDACTED]. The Appellant may wish to provide documentation of the changes in her condition, functional abilities and needs for assistance for use in determining her ongoing eligibility for [REDACTED]. If the Appellant's HHS case has been closed for 90 days, a new application for the [REDACTED] program would be required. Adult Services Manual (ASM) 115, 11-1-2011, Page 1 of 3.

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 [REDACTED] authorization 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:

[REDACTED]

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 Order. 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 must appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.