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) 373-4147

IN THE MATTER OF:	
,	Docket No. 2012-58581 HHS Case No.
Appellant	
DECISION AND ORDER	
This matter is before the undersigned Administration and 42 CFR 431.200 et seq., upon the Appella	
After due notice, a hearing was held on guardian, appeared on behalf of aughter/co-guardian. Department. Her witnesses were Robbie Sasupervisor.	Appeals Review Officer, represented the
ISSUE	
Did the Department properly reduce the Apapplication of its shared household policy?	ppellant Home Help Services (HHS) via
FINDINGS OF FACT	
The Administrative Law Judge, based upon evidence on the whole record, finds as material	• •
 At the time of hearing the Appella (Appellant's Exhibit 1) 	ant is a year-old Medicaid beneficiary.
The Appellant is afflicted with DM rotator cuff, GERD and dementia. (I	III, HTN, COPD, OA, sleep apnea, torn Department's Exhibit A, p. 7)
3. On Negative Action Notice informing he shared household in the amount of the control of the c	

4. The ASW testified that on face-to-face home visit

was assessed at the residence of her adult daughter – where she now lives. The ASW assessed the Appellant (approving continued services) but applied

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the Department's [required] shared household policy. (Department's Exhibit A, p. 20 and See Testimony of Samples)

- 5. The Appellant said that her daughters "share nothing." Her guardian testified that the allocation for grooming was inadequate as they "...did more than polish her nails." See Testimony.
- 6. The Appellant testified that her daughters administer excellent care "100 per cent, I'm not just saying it... these two stick with me." See Closing Statement of Appellant)
- 7. The instant appeal was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on (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 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.

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.

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- 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 transferin 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 5, 5-1-2012

Proration of IADLs

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by one half in shared living arrangements where other adults reside in the home, home help services only for the benefit of the client

. . . .

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

(Emphasis supplied) Supra, p. 4 of 5.

The Department witness testified that on in-home assessment the evidence showed that the Appellant was living in a shared household arrangement owing to her observation of her daughters in attendance. She further observed the Appellant's ambulatory condition ranking her ADLs at level three – with the exception of transferring as she testified that she observed the Appellant using the toilet on in-home assessment.

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The Appellant's witnesses testified that they feed and tend to the Appellant's personal chore needs and tasks. They disputed the accuracy of the ASW's observations – stating that "...she has gotten better owing to gait training."

The Appellant said she receives excellent care from her guardian/daughters/choreproviders.

On review, application of the shared household policy was applied based on the credible and supported observations of the ASW in the home. It was supported by the evidence – and by the testimony of the Appellant and her own witnesses.

The Home Help Services program is not a static provider of payment. It is anticipated that benefit levels will wax and wane during the course of HHS enrollment. This is necessary to account for or adjust to changes in the client's physical condition or living arrangement.

The Administrative Law Judge finds that the comprehensive assessment was accurate when made and that it was drawn according to policy. The Appellant has not preponderated her burden of proof that the Department erred in the establishing the proration of her HHS benefits.

Based on the information presented at hearing I found the proration policy to be correctly applied. The Appellant has failed to preponderate her burden of proof.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly applied proration policy in the reassessment of Appellant's HHS payment.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

_\s\ Dale Malewska

Administrative Law Judge for James K. Haveman, Director Michigan Department of Community Health

cc:

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Date Mailed: <u>3/5/2013</u>

*** 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 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.