

**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 MATTER OF:

██████████,

Appellant

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Docket No. 2012-21889 HHS  
Case No. ██████████

**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 ██████████. ██████████, Appellant, appeared and testified. The Appellant's Home Help Provider, ██████████, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker, appeared as a witness for the Department. ██████████, Adult Services Supervisor, was also present.

**ISSUE**

Did the Department properly determine the amount of the Appellant's Home Help Services (HHS) payments?

**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 ██████ year-old Medicaid beneficiary.
2. The Appellant has been diagnosed with gout, diabetes, and bronchitis and weight loss. The Appellant reported that he also has hypertension, joint disease and a heart condition (Exhibit 1, page 15)
3. The Appellant resides alone in his ██████ MI apartment.
4. The Appellant was receiving Home Help Services (HHS) for assistance with bathing, grooming, dressing, housework, laundry, shopping, and meal preparation.

5. On ██████████, the Appellant's Adult Services Worker, ██████ went to the Appellant's home and completed a face-to-face assessment of the Appellant's medical need for hands on assistance with the Appellant's Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The Appellant's HHS provider, ██████████, was also present. ██████████ concluded that the Appellant required hands assistance with bathing, grooming, dressing, housework, laundry, shopping, and meal preparation.
6. On ██████████, ██████████ sent the Appellant a Services Approval Notice which informed the Appellant that effective ██████████, the Appellant was approved for ██████████ per month of HHS.
7. The Appellant's HHS authorization of ██████████ per month was twice his previous approved HHS amount of ██████████ per month.
8. On ██████████, the Michigan Administrative Hearing System received the Appellant's request for hearing.

### 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.

The Department of Community Health HHS Medicaid policy is found in the Department of Human Services Adult Services Manual (ASM) at ASM 100- 170. ASM 120, page 1-3 provides that HHS policy for comprehensive assessments. ASM 120 provides in pertinent part:

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**

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 DHS-27, Authorization To Release Information, when requesting client information from another agency.
  - Use the DHS-1555, Authorization to Release Protected Health Information, if requesting additional medical documentation; see RFF 1555. This form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion adult protective services cases; see SRM 131, Confidentiality.

## **Functional Assessment**

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the home help services 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

Home help payments may only be authorized for needs assessed at the level 3 ranking 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.

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.

ASM 120, pp 1-3

The evidence presented shows that on ██████████, ██████████, the Appellant's Adult Services Worker, completed a face-to-face comprehensive HHS assessment with the Appellant and his HHS provider. ██████████ testified that, based on the information, obtained during her assessment, she concluded that the Appellant had a medical need for hands on assistance with bathing, dressing, grooming, housework, laundry, shopping, and meal preparation. ██████████ increased the Appellant's authorized HHS payment from ██████████ to ██████████ per month. ██████████ then issued a ██████████, Services Approval Notice which informed the Appellant that effective ██████████, the Appellant's HHS would be increased to ██████████ per month.

The evidence also shows that subsequent to the ██████████, assessment ██████████ ██████████ met with and spoke to, the Appellant and his HHS provider regarding her assessment and the Appellant's medical need for HHS Assessment. ██████████ testified that she increased the Appellant's authorized HHS to address the Appellant's increased medical need for service and does not feel that the Appellant requires a further increase in services.

The Appellant and his provider testified that even though his authorized HHS was more than doubled he required more assistance with his ADLs and IADLs. The Appellant testified that he believes that the ██████████ assessment does not include enough hours for all tasks, however the Appellant did not provide evidence to support his conclusion. Neither the Appellant nor his HHS provider provided credible evidence regarding why the Appellant needs additional time for each task considered by ██████████. The Appellant testified that he does not agree with the entire assessment because his medical condition and limitations, as documented by his medical records, require more HHS hours for all tasks.

The evidence shows that the Appellant failed to submit credible evidence that ██████████ ██████████ assessment fails to meet the Appellant's medical need for HHS.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined the amount of the Appellant's HHS payments.

  
Docket No. 2012-21889HHS  
Decision and Order

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED

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Martin D. Snider  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc:



Date Mailed: 3/28/2012

**\*\*\* 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 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.