

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

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2012-24657 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 ██████████ ██████████, the Appellant, appeared on her own behalf. ██████████, brother, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker ("ASW"), appeared as a witness for the Department. ██████████ was present as an observer.

**ISSUE**

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

**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 Medicaid beneficiary who has been authorized for Home Help Services.
2. The Appellant has been diagnosed with degenerative disc disease, depression, hypertension, and arthritis. (Exhibit 1, page 16)
3. Since ██████████, the Appellant has been receiving HHS for assistance with housework, laundry, and shopping. (Exhibit 1, pages 11-12)
4. On ██████████, the ASW went to the Appellant's home and completed an unscheduled in-home assessment for a review of the Appellant's HHS case. (Exhibit 1, page 10)

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5. Based on the ██████████ assessment and the prior in-home assessment on ██████████, the ASW concluded that the Appellant did not have a medical need for hands on assistance with any Activity of Daily Living (“ADL”). (ASW Testimony, Exhibit 1, pages 13-15)
6. On ██████████, the Department sent the Appellant an Advance Action Notice which informed her that effective ██████████, her HHS case would be terminated based on the new policy which requires the need for hands on services with at least one ADL. (Exhibit 1, pages 6-9)
7. On ██████████, the Appellant’s request for hearing was received. (Exhibit 1, pages 4-5)

**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 2-5 of 6 addresses the adult services comprehensive assessment:

**INTRODUCTION**

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 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 DHS-26, 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. The form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion APS cases, see SRM 131 Confidentiality.

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### **Functional Assessment**

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

HHS 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.

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### **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 cur the food and not the full amount of time allotted under the RTS for eating.

### **IADL 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 IADLs, authorize only the amount of time needed for each task. Assessed hour for IADLs (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 IADLs for the eligible client are completed separately from others in the home, hours for IADLs 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 1-4 of 6*

Since ██████████, the Appellant had been authorized for a total of 9 hours and 40 minutes per month for assistance with housework, laundry, and shopping with a total monthly care cost of ██████████ (Exhibit 1, pages 11-12). It is uncontested that the Appellant needs some hands on assistance with the IADLs of housework, shopping, and laundry.

On ██████████ the ASW went to the Appellant's home and completed an unscheduled in-home assessment for a review of the Appellant's HHS case. The ASW asked the Appellant if anything was different since the last assessment in ██████████, but did not go over each ADL and IADL for this review. The ASW also noted that she gave the Appellant a medical verification form in ██████████, which has not been returned. (ASW Testimony, Exhibit 1, page 10) Based on the ██████████ assessment and the prior in-home assessment on ██████████, the ASW concluded that the Appellant did not have a medical need for hands on assistance with any Activity of Daily Living ("ADL"). (ASW Testimony, Exhibit 1, pages 13-15) Accordingly, on ██████████, the ASW sent the Appellant the Advance Action Notice which informed her that effective ██████████, her HHS case would be terminated based on the new policy which requires the need for hands on services with at least one ADL. (Exhibit 1, pages 6-9)

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The Appellant disagrees with the termination and testified that sometimes she does need assistance with the ADLs of bathing, grooming, dressing, transferring, and mobility in addition to IADLs. The Appellant made many general statements that her son does everything. However, when asked for specifics, the Appellant's testimony indicated that she can do some things. The Appellant disputed that she was doing the cooking on the day of the [REDACTED] home visit, but did acknowledge carrying the plate of food to her mother. The Appellant stated she does not use her cane at home; rather she is able to hold onto the wall to get around. The Appellant said she cannot go up/down whole flights of stairs, but can go up/down a few steps. The Appellant reported being able to get into the tub to sit on the shower chair and bathe independently some days. The Appellant stated she has arthritis and on bad days she can not move around. She estimated having about three bad days a week and indicated the weather can trigger bad days. On bad days the Appellant stated she can wash her own upper body and her son assists by washing her lower body. The Appellant also stated she sometimes needs assistance putting her dentures in, with dressing, and transferring. (Appellant Testimony)

The ASW should have gone over the ADLs and IADLs with the Appellant during the [REDACTED] home visit, particularly because the ASW had recently received voice messages from the Appellant indicating she was dissatisfied with the recent reductions to her HHS case. (See Exhibit 1, page 10) Failing to return messages, discuss the Appellant's concerns about her HHS case, discuss the specific ADLs/IADLs, and provide the courtesy of advance notice of the home visit did not set the stage for good assessment.

While it is clear that the [REDACTED] assessment for the review of the Appellant's HHS case was lacking, there was insufficient credible evidence presented to establish that the Appellant needs hands on assistance with at least one ADL. (Appellant Testimony) An updated medical verification form is not required for HHS participants that are on SSI, but the Appellant was given the opportunity to provide updated current medical verification after the [REDACTED] assessment that resulted in the reduction to HHS hours for only the IADLs of housework, shopping, and laundry. The Department did not receive an updated DHS-54A Medical Needs form for the Appellant. The Appellant estimated having three bad days a week, but gave no explanation other than the weather for what triggers her bad days. The Appellant's testimony indicated she can complete ADLs independently on good days. The ASW's observations of the Appellant bending and picking up her foot to show the ASW where a cyst is drained monthly in [REDACTED] as well as walking and carrying items without assistance during both the [REDACTED] and [REDACTED] home visits are not consistent with a need for hands on assistance with ADLs like bathing, dressing, grooming, transferring, and mobility. Accordingly, the proposed termination of the Appellant's HHS case because she did not require hands on assistance with at least one ADL is be upheld based on the available information.

  
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**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined that the Appellant is ineligible for HHS and terminated the Appellant's HHS case.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

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

cc:



Date Mailed: 4/17/2012

**\*\*\* 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.