

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

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IN THE MATTER OF:

Docket No. 2012-25132 HHS

██████████

██████████

██████████

Appellant

_____ /

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. ██████████ friend, was present for the beginning of the hearing proceedings. ██████████, ██████████ Department of Human Services, appeared as a translator. ██████████, represented the Department. ██████████, Adult Services Worker ("ASW"), appeared as a witness for the Department.

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 multiple impairments, including angina, diabetes mellitus, lumbar radiculopathy, joint pain, depression, and high blood pressure. (Exhibit 1, pages 6 and 11)
3. On ██████████, the Appellant's physician completed a DHS-54A Medical Needs form certifying that the Appellant has a medical need for assistance with meal preparation, shopping, laundry, and housework. (Exhibit 1, page 6)

4. As of ██████████, the Appellant has been receiving HHS for assistance with medication, housework, laundry, shopping, and meal preparation. (Exhibit 1, pages 14-17)
5. On ██████████, the ██████ went to the Appellant's home and completed an in-home assessment for a review of the Appellant's HHS case. The Appellant and her provider reported no changes to the Appellant's health. (Exhibit 1, page 8)
6. Based on the available information, the ██████ 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 12-13)
7. 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 5 and 7-9)
8. 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.

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.

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*

The Appellant had been authorized for a total of ██████████ per month for assistance with bathing, dressing, medication, housework, shopping, laundry, and meal preparation. (Exhibit 1, page 14) ██████████ Advance Action Notice indicates that the hours for ADLs of bathing and dressing were removed from the Appellant's HHS authorization effective ██████████ based on a ██████████ assessment and the ██████████ DHS-54A Medical Needs form that only certified a medical need for assistance with meal preparation, shopping, laundry and housework. (Exhibit 1, pages 6 and 15-17)

On ██████████, the ASW went to the Appellant's home and completed an in-home assessment with the Appellant for a review of her HHS case. The Appellant and her provider reported that there were no changes in the Appellant's health. (ASW Testimony and Exhibit 1, page 10) Based on the information available at the time of the assessment, the ASW concluded that the Appellant did not have a medical need for hands on assistance with any ADL and ranked her as independent with each of these activities. (Exhibit 1, pages 12-13)

The translation of the Appellant's testimony did not appear to be a complete and accurate interpretation of her statements. However, it was clear that the Appellant

disagreed with the denial and wants more services. The Appellant reported she walks with a walker, can eat by herself and can toilet herself. She stated that her last surgery affected her body, and she can not cut her nails, do housework, and needs assistance to shower. However, it was not clear if Appellant's last surgery was before or after the ██████████ home visit and why she would not have reported needs for assistance with bathing and cutting her nails to the ██████████. (Appellant Testimony)

Despite the questionable translation of the Appellant's testimony, there was insufficient evidence presented to establish that the Appellant needed hands on assistance with at least one ADL at the time of the ██████████ assessment. The ██████████ DHS-54A Medical Needs form from the Appellant's doctor only certified a medical need for assistance with IADLs, specifically meal preparation, shopping, laundry and housework. It is not clear if the Appellant had another surgery between the ██████████ ██████████ home visits and that any resulting changes in her condition and needs were reported to the ASW. The most recent medical verification submitted to the Department only certified a need for assistance with IADLs, and the ASW's notes indicate no changes to the Appellant's condition were reported at the ██████████ home visit. Accordingly, the ASW properly applied Adult Services Manual policy and took action to terminate the Appellant's HHS case because the Appellant did not require hands on assistance with at least one ADL based on the information available at that time.

The Appellant can always reapply for the HHS program and provide documentation of changes in her condition and needs for hands on assistance with ADLs.

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.

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

cc:

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Decision and Order

Date Mailed: 4-23-12

***** 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.