

**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

Docket No. 2012-33652 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 ██████████. ██████████, daughter, represented the Appellant. ██████████, the Appellant, was present. ██████████, Appeals Review Manager, represented the Department. ██████████ Adult Services Worker ("ASW"), appeared as a witness for the Department. The record was left open for the Department to submit a copy of the recent DHS-54A Medical Needs Form, which has been received. (Exhibit 2)

**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 had been authorized for Home Help Services.
2. The Appellant has been diagnosed with multiple impairments, including coronary artery disease, hypertension, high cholesterol, arthritis, gout, problem with lungs, and vertigo. (Exhibit 1, page 15, Exhibit 2)
3. The Appellant had been receiving HHS for assistance with the Instrumental Activities of Daily Living ("IADLs") of medication, housework, laundry, shopping and meal preparation. (Exhibit 1, page 14)

4. The Appellant's daughter is his HHS provider. (Exhibit 1, pages 11-14)
5. On ██████████, the ASW went to the Appellant's home and completed an in-home assessment for a review of the Appellant's HHS case. The Appellant's wife and his daughter were also present. The ASW went over each of the Activities of Daily Living ("ADLs") and IADLs included in the HHS program. The ASW understood that the Appellant only needs hands on services with IADLs, and the daughter supervises bathing but does not participate in this task. (ASW Testimony and Exhibit 1, page 11)
6. On ██████████, the Appellant's doctor completed a DHS-54A Medical Needs form certifying that the Appellant has a medical need for assistance with taking medications, meal preparation, shopping, laundry, and housework. (Exhibit 2)
7. Based on the available information the ASW concluded that the Appellant did not have a medical need for hands on assistance with any ADL. (ASW Testimony, Exhibit 1, page 16)
8. On ██████████, the Department sent the Appellant an Advance Action Notice which informed him that effective ██████████ his 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 4-6)
9. On ██████████, the Appellant's request for hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, page 3)
10. On ██████████ the Department sent the Appellant an Advance Action Notice which informed him that effective ██████████ his 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 7-10)

### **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 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 cut 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.

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The Appellant had been authorized for assistance with the IADLs of medication, housework, shopping, laundry and meal preparation. (Exhibit 1, page 14)

On [REDACTED], the ASW went to the Appellant's home and completed an in-home assessment for a review of the Appellant's HHS case. The Appellant's wife and his daughter were present. The ASW went over each of the ADLs and IADLs included in the HHS program. The ASW understood that the Appellant only needs hands on services with IADLs. Regarding bathing, the ASW understood that the Appellant has a shower chair, but gets dizzy so his daughter likes to be in the home for bathing though she does not participate in this task. (ASW Testimony and Exhibit 1, page 11) The Department also received a DHS-54A Medical Needs form completed by the Appellant's physician on [REDACTED], certifying that the Appellant has a medical need for assistance with taking medications, meal preparation, shopping, laundry, and housework. (Exhibit 2) Based on the available information, the ASW concluded that the Appellant did not have a medical need for hands on assistance with any ADL. (ASW Testimony, Exhibit 1, page 16)

The Appellant disagrees with the termination. The Appellant's daughter only asserted that the Appellant had a need for hands on services with one ADL, bathing. The Appellant's daughter testified that at the [REDACTED] home visit, she told the ASW she had started giving the Appellant showers a month earlier because he had gotten dizzy and fallen. She stated that the Appellant gets a lot of headaches and gets dizzy, and that he gets dizzy while he takes a shower. The Appellant's daughter described physically assisting with bathing, not just supervising in case something happened. The Appellant's daughter explained that her mother fell and broke her hip and she does not want this to happen to her father. (Daughter 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 [REDACTED] assessment. The Appellant's daughter testified that she provides hands on assistance with showers because the Appellant gets dizzy. (Daughter Testimony) The ASW ranked the Appellant as a level 2 for bathing based on her understanding that only supervision was being provided with this activity. (ASW Testimony and Exhibit 1, pages 11 and 16) Further, the Appellant's doctor not certify that the Appellant had a medical need for assistance with bathing or any other ADL on the DHS-54A Medical Needs form, despite listing a diagnosis of vertigo. (Exhibit 2) 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 information supporting a need 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 based on the information available at that time.

**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: 05/17/12

**\*\*\* 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 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.