

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. 2012-40673 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 his own behalf. ██████████ Appeals Review Officer, represented the Department. ██████████ Adult Services Worker ("ASW"), and ██████████ Adult Services Supervisor, appeared as witnesses 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 had been authorized for Home Help Services.
2. The Appellant has been diagnosed with lumbar spine radiculopathy, left knee pain, chronic asthma, blind in right eye, bullet in right leg, incontinence, and shot in back in ██████████
3. The Appellant had only been receiving HHS for assistance with the Instrumental Activities of Daily Living ("IADLs") of medication, housework, laundry, shopping and meal preparation. ██████████
4. 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 HHS provider was also present. The ASW went over the Activities of Daily Living ("ADLs") and IADLs included in the HHS program. It was reported that the provider only assists with cooking,

cleaning, some shopping and medication reminders. ██████████
██████████

5. Based on the available information the ASW concluded that the Appellant did not have a medical need for hands on assistance with any ADL.
██████████
6. 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. ██████████
██████████
7. On ██████████, the Appellant's request for hearing was received by the Michigan Administrative Hearing System. ██████████
8. On ██████████, the Appellant's doctor wrote a letter indicating the Appellant needs assistance with household chores, including cleaning and cooking. ██████████

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.

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 1-5 of 6*

The Appellant had only been authorized for assistance with the IADLs of medication, housework, laundry, shopping and meal preparation. ██████████

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 HHS provider was also present. The ASW went over the ADLs and IADLs included in the HHS program. It was reported that the provider only assists with cooking, cleaning, some shopping and medication reminders. ██████████ Based on the available information, the ASW concluded that the Appellant did not have a medical need for hands on assistance with any ADL. ██████████

The Appellant disagrees with the termination and testified that he has good days and bad days due to his multiple medical conditions. The Appellant stated that he was having a good day on ██████████ when the ASW came to his home. The Appellant explained that he was also limiting what his provider helped with because she was pregnant at that time. The Appellant stated he did not tell the ASW about incontinence problems at the time of the home visit because this is an embarrassing topic. The Appellant testified that his back has worsened since the home visit and he had a recent fall. Additionally, the incontinence problems have gotten more severe since the home visit. ██████████ The Appellant also submitted a ██████████ letter from his doctor indicating he needs assistance with household chores, including cleaning, and cooking. ██████████

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 Appellant's testimony indicates his need for assistance increased after the ██████████ assessment. However, even the recent letter from his doctor only indicates needs for assistance with IADLs, specifically household chores like cleaning and cooking. ██████████ Accordingly, the ASW properly applied Adult Services Manual

Docket No. 2012-40673 HHS
Decision and Order

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 available information.

However, the ASW erred by issuing the [REDACTED] Advance Negative Action Notice with a [REDACTED] effective date. Adult Services Manual policy specifies that advance notice is to be issued for reductions, suspensions or terminations and "the effective date of the negative action is ten business days after the date the notice is mailed to the client." (Adult Services Manual (ASM) 150, 11-1-2011, Pages 1-4, underline added by ALJ.) The proposed reduction to the Appellant's HHS case must be upheld, but it cannot not be effective any earlier than 10 business days from the [REDACTED] Advance Negative Action Notice.

As discussed during the telephone hearing proceedings, the Appellant can always reapply for the HHS program and provide medical verification 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 reduced the Appellant's HHS authorization based on the information available at the time of the [REDACTED] assessment, but failed to provide the required 10 business day advance notice of the termination.

IT IS THEREFORE ORDERED THAT:

The Department's decision is PARTIALLY AFFIRMED and PARTIALLY REVERSED. The proposed reduction of the Appellant's HHS case is upheld, but the reduction cannot be effective any earlier than 10 business days from the [REDACTED] Advance Negative Action Notice.

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

cc:

[REDACTED]

Date Mailed: 6-27-2012

Waits, Eric
Docket No. 2012-40673 HHS
Decision and Order

***** 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 must 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.