

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

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2012-59485 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. ██████████, 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 deny the Appellant's Home Help Services ("HHS") application?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On ██████████, the Appellant's physician completed a DHS-54A Medical Needs form certifying that the Appellant had a medical need for assistance with meal preparation, shopping, laundry, and housework. (Exhibit 1, page 5)
2. On or about ██████████, the Appellant applied for the HHS program. (Exhibit 1, page 8)
3. On ██████████, the ASW went to the Appellant's home to complete an initial assessment. The Appellant and her caregiver were present. The ASW went over the Activities of Daily Living ("ADLs") and Instrumental Activities of Daily Living ("IADLs") included in the HHS program. The ASW understood that the Appellant did not need assistance with ADLs. (ASW Testimony and Exhibit 1, pages 12-13)

4. 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. (Exhibit 1, page 15)
5. On ██████████, the Department sent the Appellant an Adequate Action Notice which informed her that the HHS application was denied because the doctor did not indicate a need for assistance with ADLs and no need was noted during the assessment. Therefore, she was not eligible based on recent program changes. (Exhibit 1, page 4)
6. On ██████████, the Appellant's hearing request was received by the Michigan Administrative Hearing System.

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) 105, 11-1-11, addresses eligibility requirements, including Verification of medical necessity:

Medical Need Certification

Medical needs are certified utilizing the DHS-54A, Medical Needs form and must be completed by a Medicaid enrolled medical professional. Completed DHS-54A or veterans administration medical forms are acceptable for individual treated by a VA physician; see ASM 115, Adult Services Requirements.

Necessity For Service

The adult services specialist is responsible for determining the necessity and level of need for home help services based on:

- Client choice.
- A completed DHS-324, Adult Services Comprehensive Assessment. An individual must be assessed with at least one activity of daily living (ADL) 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 IADL's if the assessment determines a need at a level 3 or greater.

- Verification of the client's medical need by a Medicaid enrolled medical professional via the DHS-54A. The client is responsible for obtaining the medical certification of need; see ASM 115, Adult Services Requirements.

*Adult Services Manual (ASM) 105,
11-1-2011, Pages 1-3 of 3*

Adult Services Manual (ASM) 120, 11-1-11, addresses the 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 cure 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) 101, 11-1-11, addresses services not covered by HHS:

Services not Covered by Home Help

Home help services must **not** be approved for the following:

- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2).
- Services provided for the benefit of others.
- Services for which a responsible relative is **able** and **available** to provide (such as house cleaning, laundry or shopping).
- Services provided by another resource at the same time (for example, hospitalization, MI-Choice Waiver).
- Transportation - See Bridges Administrative Manual (BAM) 825 for medical transportation policy and procedures.
- Money management such as power of attorney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities. (For example, accompanying and/or transporting to the movies, sporting events etc.)

Note: The above list is not all inclusive.

*Adult Services Manual (ASM) 101, 11-1-2011,
Pages 3-4 of 4.*

In the present case, it appears that the Appellant applied for HHS on or about ██████████
██████████. (Exhibit 1, page 8)

On ██████████, the ASW went to the Appellant's home to complete an initial assessment. The Appellant and her caregiver were present. The ASW wrote detailed narrative notes about the discussion of the ADLs and IADLs included in the HHS program. The ASW also observed the Appellant walk during the home visit. The ASW understood that the Appellant did not need assistance with ADLs. (ASW Testimony and Exhibit 1, pages 12-13) The Appellant provided the ASW with a copy of the ██████████
██████████ DHS-54A Medical Needs form during the home visit. On this form the Appellant's doctor only certified a medical need for assistance with the IADLs of meal preparation, shopping, laundry, and housework. (Appellant Testimony and Exhibit 1, page 5) 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. (Exhibit 1, page 15) Accordingly, the ASW denied the Appellant's HHS application.

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The Appellant disagrees with the denial and testified that she could not have reported she was able to complete the activities as noted by the ASW during the home visit. The Appellant stated she was hospitalized with congestive heart failure just two weeks after the home visit and had to have hospice come to the house once she got out of the hospital. The Appellant explained that she was in pain during the home visit because she had just come from the dentist's office and had a tooth pulled. The Appellant also stated her knee was swollen at that time so she did not sit down because she would have trouble getting back up. However, the Appellant was unable to state what she did tell the ASW about her abilities to complete ADLs. The Appellant indicated she and the ASW had a copy of the ██████████ DHS-54A Medical Needs form during the home visit. (Appellant Testimony)

The Appellant went back to her doctor, and he amended the medical verification form certifying additional needs for assistance with bathing and transferring on ██████████. (Appellant Testimony and Exhibit 2) However, there was no evidence the Appellant reported the hospitalization, additional diagnosis or needs for assistance to the ASW prior to the ██████████ denial of her HHS application.

There was insufficient credible evidence to establish the Appellant needed hands on assistance, functional ranking 3 or greater, with at least one ADL at the time of the ██████████ determination. The above cited Department policy requires verification of the medical need for assistance by a Medicaid enrolled medical professional via the DHS-54A Medical Needs form. The Appellant's doctor only certified a need for assistance with the IADLs of meal preparation, shopping, laundry and housework. (Exhibit 1, page 5) It was not until ██████████, that the Appellant's doctor certified a need for assistance with the ADLs of bathing and transferring. (Exhibit 2) The ASW's narrative notes and testimony include specific details, such as the Appellant having just come from the dentist and having her tooth pulled as well as the Appellant's knee being swollen. (Exhibit 1, pages 12-13) The ASW's notes and testimony are found credible and indicate the Appellant reported she could complete ADLs independently at the time of the ██████████ home visit. (ASW Testimony and Exhibit 1, pages 12-13) The Appellant's testimony that she could not have told the ASW she could complete these activities cannot be found fully credible. The Appellant did not provide any testimony regarding what she did tell the ASW during the home visit. Further, the Appellant acknowledged that she and the ASW had a copy of the ██████████ Medical needs form during the home visit. The doctor's certification at that time is consistent with the ASW's narrative notes. Accordingly, the denial of the Appellant's HHS application is upheld based on the information available to the ASW at the time of the ██████████ determination.

At any time, the Appellant can reapply for the HHS program and submit medical verification of her current impairments, functional abilities and needs for assistance.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied the Appellant's HHS application 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 James K. Haveman, Director
Michigan Department of Community Health

cc:



Date Mailed: 9/20/12

***** 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 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.