

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

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**IN THE MATTER OF:**

██████████,

Appellant.

\_\_\_\_\_ /

Docket No. 2013-17409 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 ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Review Manager, represented the Department of Community Health. ██████████, Adult Services Supervisor and ██████████, Adult Services Specialist at the Wayne County DHS-HHS Office, appeared as witnesses for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for additional Home Help Services (HHS)?

**FINDINGS OF FACT**

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

1. Appellant is a ██████ year-old Medicaid beneficiary who has been diagnosed with degenerative disc disease, arthritis, heel spurs, and a bowel obstruction. (Exhibit A, p 11).
2. In ██████████ Appellant applied for HHS. (Exhibit A, pp 1-2).
3. As part of the application and assessment process, an Adult Services Specialist conducted a home visit with Appellant on ██████████. (Exhibit A, p 6; Testimony).
4. Appellant lives with her ██████ year old ██████ (Exhibit A, p 6; Testimony).
5. Following the home visit, Appellant's application for HHS was granted. Appellant was to receive 14 hours and 53 minutes of HHS per month, with a total monthly care cost of \$ ██████ retroactive to ██████████. (Exhibit A, pp 4, 10; Testimony).

**Docket No. 2013-17409 HHS  
Decision and Order**

6. On [REDACTED], the Department sent Appellant a Services and Payment Approval Notice. The start date of payments was [REDACTED]. (Exhibit A, p 4).
7. On [REDACTED], the Department received Appellant's Request for Hearing. In that request, Appellant stated that she wanted a hearing with respect to her HHS payment. (Exhibit 1).

**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 Manuals 361 (6-1-07) (hereinafter "ASM 361") and Adult Services Manual 363 (9-1-08) (hereinafter "ASM 363") address the issues of what services are included in Home Help Services and how such services are assessed:

**Home Help Payment Services**

Home Help Services (HHS or Personal Care Services) are non-specialized personal care service activities provided under ILS to persons who meet eligibility requirements.

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.

Personal care services which are eligible for Title XIX funding are limited to:

**Activities of Daily Living (ADL)**

- Eating.
- Toileting.
- Bathing.
- Grooming.

**Docket No. 2013-17409 HHS**  
**Decision and Order**

- Dressing.
- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking medication.
- Meal preparation/cleanup.
- Shopping for food and other necessities of daily living.
- Laundry.
- Housework.

(ASM 361, page 2 of 5)

**COMPREHENSIVE ASSESSMENT**

The Adult Services Comprehensive Assessment (DHS-324) is the primary tool for determining need for services. The comprehensive assessment will be completed on all open cases, whether a Home Help Payment will be made or not. ASCAP, the automated workload management system provides the format for the comprehensive assessment and all information will be entered on the computer program.

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.
- An interview must be conducted with the caregiver, if applicable.
- Observe a copy of the client's social security card.
- Observe a picture I.D. of the caregiver, if applicable.
- The assessment must be updated as often as necessary, but minimally at the six-month review and annual redetermination.

**Docket No. 2013-17409 HHS**  
**Decision and Order**

- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department record.
- Follow specialized rules of confidentiality when ILS cases have companion APS cases.

**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 ADL's and IADL's 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.

**Docket No. 2013-17409 HHS  
Decision and Order**

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.

**Note:** HHS payments may only be authorized for needs assessed at the 3 level or greater.

**Time and Task**

The worker 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.

**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

These are **maximums**; as always, if the client needs fewer hours, that is what must be authorized. Hours should continue to be prorated in shared living arrangements.

(ASM 363, pages 2-4 of 24)

**Necessity For Service**

The adult services worker is responsible for determining the necessity and level of need for HHS based on:

- Client choice.
- A complete comprehensive assessment and determination of the client's need for personal care services.
- Verification of the client's medical need by a Medicaid enrolled medical professional. The client is responsible for

obtaining the medical certification of need. The Medicaid provider identification number must be entered on the form by the medical provider. The Medical Needs form must be signed and dated by one of the following medical professionals:

- Physician.
- Nurse practitioner.
- Occupational therapist.
- Physical therapist.

(ASM 363, page 9 of 24)

### **Services not Covered by Home Help Services**

Do **not** authorize HHS payment for the following:

- Supervising, monitoring, reminding, guiding 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;
- Services provided free of charge;
- Services provided by another resource at the same time;
- Transportation - See Program Administrative Manual (PAM) 825 for medical transportation policy and procedures.
- Money management, e.g., power of attorney, representative payee;
- Medical services;
- Home delivered meals;
- Adult day care.

(ASM 363, pages 14-15 of 24)

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**Docket No. 2013-17409 HHS**  
**Decision and Order**

As discussed above, after a home visit on ██████████, Appellant was approved for 14 hours and 53 minutes of HHS per month, with a total monthly care cost of \$████████. Appellant subsequently appealed that decision, alleging that she requires additional time with respect to the tasks she was approved for.

The Department's Adult Services Specialist testified that she allocated 8 minutes per day, 2 days per week of HHS for assistance with grooming. The Department's Adult Services Specialist testified that she ranked Appellant a 3 with regard to grooming, which equates to 8 minutes per day per the time recommended by the reasonable time schedule (RTS) used by the Department. The Department's Adult Services Specialist testified that Appellant also ranked a 3 with regard to the IADL's of housework, laundry, shopping, and meal preparation, and that the corresponding time allocated to each task was also based on the reasonable time schedule (RTS) used by the Department. The Department's Adult Services Specialist testified that a rank of 3 means that Appellant needs minimal hands on assistance.


Appellant testified that the fact that her provider only comes 3 days per week is fine, but that she needs at least 2 hours each day to get everything done. Appellant indicated that it takes more than 1 hour for her provider to do laundry or go shopping. Appellant testified that she can do some simple meal preparation, so long as she does not have to stand too long. Appellant testified that she does not go anywhere unless it is an emergency. Appellant indicated that she can help found laundry, but she cannot carry the laundry up or down to the laundry room, nor can she load or unload the machine. Appellant testified that she really doesn't do any housework, but that her ██████ does help around the house.

Appellant was informed by the Department's witness that HHS only pays a provider the time it takes to put laundry in and take it out; it does not pay for the time the washer and dryer are actually running.

Based on the evidence presented, Appellant has failed to prove, by a preponderance of the evidence, that she requires more HHS than she was approved for. Appellant requires minimum hands on assistance with tasks and she has an able bodied, ██████ year old ██████ who can help around the house. The Department's Adult Services Specialist properly calculated Appellant's HHS based on policy and the information provided by Appellant at their meeting.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that, based on the available information, the Department properly denied Appellant's request for additional HHS.

  
Docket No. 2013-17409 HHS  
Decision and Order

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.

/s/

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Robert J. Meade  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:



Date Mailed: February 5, 2013

**\*\*\* 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.