

**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) 373-4147

IN THE MATTER OF:

Docket No. 2013-30662 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 his own behalf. ██████████, Staff Coordinator, ██████████, appeared as a witness for the Appellant. ██████████ Appeals Review Officer, represented the Department. ██████████ Adult Services Worker ("ASW"), appeared as a witness for the Department.

ISSUE

Did the Department properly reduce the Appellant's Home Help Services ("HHS") authorization?

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 HHS.
2. The Appellant has been diagnosed with COPD, coronary artery disease, obesity and low back pain lumbar stenosis. The Appellant has also reported additional diagnoses of sleep apnea, herniated disks in back and edema of lower legs. (Exhibit 1, page 10)
3. The Appellant lives in an apartment and has an agency, ██████████ ██████████ enrolled as his HHS provider. (Exhibit 1, pages 15 and 23-24)
4. The Appellant had been receiving ██████████ hours and ██████████ minutes of HHS per month for assistance with bathing, grooming, dressing, transferring, mobility, medication, housework, shopping, laundry and meal preparation with a monthly care cost of ██████████. (Exhibit 1, page 24)

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 ASW went over the Appellant's functional abilities and needs for assistance with the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) included in the HHS program. The ASW also understood there was a need for the complex care activity of specialized skin care. (Exhibit 1, pages 15-17; ASW Testimony)
6. Based on the available information, the ASW concluded that the Appellant's HHS hours for medication, mobility and transferring should be eliminated, HHS hours for shopping, meal preparation, laundry, and bathing should be reduced, and HHS hours should be added for specialized skin care and toileting. This resulted in an overall reduction to the Appellant's HHS authorization to a total of ██████ hours and █████ minutes per month with a care cost of ██████ (Exhibit 1, pages 23-24)
7. On ██████████ the Department sent the Appellant an Advance Action Notice, which informed him that effective ██████████ the HHS case, would be reduced to ██████. The notice also stated a DHS-54A Medical needs form was also included for the Appellant to have his doctor complete if he felt other services needed and that the doctor must include a separate detailed explanation for the service and a prescription if necessary. (Exhibit 1, pages 6-9)
8. On ██████████ the Appellant's request for hearing was received by the Michigan Administrative Hearing System. (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) 101, 11-1-11, addresses HHS payments:

Payment Services Home Help

Home help services are non-specialized personal care service activities provided under the independent living services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

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

Adult Services Manual (ASM) 105, 11-1-11, addresses HHS eligibility requirements:

Requirements

Home help eligibility requirements include all of the following:

- Medicaid eligibility.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment (DHS-324) indicating a functional limitation of level 3 or greater for activities of daily living (ADL).
- Appropriate Level of Care (LOC) status.

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

Adult Services Manual (ASM) 120, 5-1-12, 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 must 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-27, 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 home help services 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.

Home help payments may only be authorized for needs assessed at the 3 level ranking 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 IADL's 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.

Complex Care Needs

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on client's whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding.
- Catheters or legs bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Peritoneal dialysis.
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

When assessing a client with complex care needs, refer to the complex care guidelines on the adult services home page.

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 instrumental activities of daily living 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 hours 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, 5-1-2012,
Pages 1-5 of 5*

Certain services are not covered by HHS. ASM 101 provides a listing of the 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.*

The Appellant had been receiving █████ hours and █████ minutes of HHS per month for assistance with bathing, grooming, dressing, transferring, mobility, medication, housework, shopping, laundry and meal preparation with a monthly care cost of █████ (Exhibit 1, page 24)

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 ASW went over the Appellant's functional abilities and needs for assistance with the ADLs and IADLs included in the HHS program. The ASW also understood there was a need for the complex care activity of specialized skin care. (Exhibit 1, pages 15-17; ASW Testimony) Based on the available information, the ASW concluded that the Appellant's HHS hours for medication, mobility and transferring should be eliminated, HHS hours for shopping, meal preparation, laundry, and bathing should be reduced, and HHS hours should be added for specialized skin care and toileting. This resulted in an overall reduction to the Appellant's HHS authorization to a total of █████ hours and █████ minutes per month with a care cost of █████. (Exhibit 1, pages 23-24) On █████ the Department sent the Appellant an Advance Action Notice, which informed him that effective

██████████ the HHS case, would be reduced to ██████████. The notice also stated a DHS-54A Medical needs form was also included for the Appellant to have his doctor complete if he felt other services needed and that the doctor must include a separate detailed explanation for the service and a prescription if necessary. (Exhibit 1, pages 6-9)

The Appellant disagrees with the reduction to his HHS authorization. The Appellant asserted that the ASW did not accurately write down his answers to the questions asked during the home visit. The Appellant stated he needs double the time the ASW gave him. (Appellant Testimony)

Specialized Skin Care and Toileting

There were no issues were raised contesting the addition of HHS hours for specialized skin care and toileting to the Appellant's HHS authorization. The addition of HSS hours for these activities is upheld.

Grooming

The HHS hours for grooming remained at █████ minutes per day █████ days per week █████ hours and █████ minutes per month). (Exhibit 1, pages 23-24) The Appellant is ranked at a functional level 3 for grooming. The ASW noted the only need for grooming assistance the Appellant reported was with shaving due to cutting himself. (Exhibit 1, pages 11, 15 and 25) This is consistent with the Appellant's testimony that he needs assistance with shaving because he cannot use his left hand to shave and would cut himself even with a safety razor. The Appellant stated a regular throw away razor is used for shaving. The Appellant has never been able to use an electric razor because it burns his skin. The Appellant also noted he is on Coumadin due to a history of blood clots. (Appellant Testimony)

The functional ranking at level 3 for grooming is appropriate because the Appellant only needs help with one of the many tasks included in the ADL of grooming, specifically shaving. The continued authorization of █████ minutes per day (████ hours and █████ minutes per month) is upheld because it is consistent with the Appellant's functional ranking and needs for assistance with grooming.

Dressing

The HHS hours for dressing were adjusted from █████ minutes █████ days per week to █████ minutes per day █████ days per week, but remained at the total of █████ hours and █████ minutes per month). (Exhibit 1, pages 23-24) The Appellant is ranked at a functional level 3 for dressing. The ASW noted the Appellant reported it is hard to bend and he needs help to put on socks and pants. (Exhibit 1, pages 11, 15 and 25) The Appellant testified a Supervisor told him he could shower, shave and dress in █████ minutes. (Appellant Testimony) It is noted that the total time authorized for bathing grooming and dressing is █████ minutes per day. (Exhibit 1, page 23)

The evidence supports the ASW's functional ranking at level 3 for dressing because the Appellant only needs assistance with some parts of this activity, specifically bending to put on pants and socks. The continued authorization of █████ hours and █████ minutes per month for dressing assistance is upheld because it is consistent with the Appellant's functional ranking and needs for assistance with dressing.

Bathing

The HHS hours for bathing were reduced from █████ minutes █████ days per week (█████ hours and █████ minutes per month) to █████ minutes per day 7 days per week (5 hours and 1 minute per month). (Exhibit 1, pages 23-24) The Appellant is ranked at a functional level 3 for bathing. The ASW noted the Appellant reported he stands in the shower, does not have hand rails or a shower seat, his provider stands on the other side of the shower curtain and he needs help cleaning his back and feet. (Exhibit 1, pages 11, 15 and 25)

The ASW's notes were mostly consistent with the Appellant's testimony. The Appellant testified he needs assistance getting in/out of the shower, he is not allowed to add grab bars in his apartment, the over the rail grab bars break, his caregiver stands by in case he falls and only provides washing assistance with his back and feet. The Appellant stated █████ minutes for bathing is not enough. (Appellant Testimony)

The case narrative notes indicate the Appellant sent a letter to the ASW's supervisor just after the ██████████ Advance Action Noticed was issued, in part requesting additional bathing time for exfoliating his scalp and for the aid to monitor while the Appellant soaks in the tub for an hour and a half a day. The ASW's supervisor called the Appellant, who confirmed exfoliating his scalp is not a medical need. Further, the ASW's supervisor explained that HHS does not pay for the aid monitoring while the Appellant soaks in the tub for an hour and a half. (Exhibit 1, page 19)

The HHS program only compensates for medically necessary needs for hands on assistance and does not compensate for supervision. The evidence supports the ASW's functional ranking at level 3 for this activity because the Appellant only needs hands on assistance with some parts of bathing, specifically getting in/out of the tub and washing his feet and back. The authorization of █████ minutes daily for bathing assistance is upheld because it is consistent with the Appellant's functional ranking and medically necessary needs for hands on assistance with bathing.

Medications

The previously authorized HHS time for medication assistance, █████ minutes █████ days per week (█████ hour per month) was eliminated. (Exhibit 1, pages 23-24) The Appellant is ranked at a functional level 2 for medications. The ASW noted the Appellant reported he needs reminding to take medications. (Exhibit 1, pages 12, 16 and 27) It was not contested that the Appellant only needs reminders or prompting to take medications. The policy is clear that HHS cannot be authorized for needs at functional ranking at level 2, such as supervision, prompting and reminding. The elimination of HHS hours for medication assistance is upheld.

Mobility

The previously authorized HHS time for mobility assistance, [REDACTED] hour and [REDACTED] minutes [REDACTED] days per week ([REDACTED] hours and [REDACTED] minutes per month) was eliminated. (Exhibit 1, pages 23-24) The Appellant is still ranked at a functional level 3 for transferring. The ASW explained that the mobility task was removed because the Appellant does not need hands on assistance with mobility, rather he has equipment to meet his needs. The ASW testified the Appellant had a cane with him for the [REDACTED] hearing proceedings. During the home visit the ASW witnessed the Appellant walking in the apartment with a walker. The ASW also noted that during the home visit, the Appellant reported needs for mobility assistance with walking outside for exercise and massages. The ASW also spoke with the ASW that was previously assigned to the Appellant case about the HHS hours that had been authorized for mobility. The ASW understood that the prior ASW authorized the mobility HHS hours for exercise. Further, on or about [REDACTED], the Appellant faxed over prescriptions from his doctor for [REDACTED] minutes of massage daily and [REDACTED] minutes of exercise daily. The ASW explained that there has been clarification in her office that these past authorizations of mobility HHS hours for exercise, which occurred in several cases and were made by several ASWs, were in error. The ASW stated that the HHS program does not cover massage therapy or a daily exercise program. Rather, if there are needs for therapy services the Appellant can utilize his Medicaid coverage for such services. (Exhibit 1, pages 12, 16-17, 22 and 26; ASW Testimony)

The Appellant testified that he is stiff in the mornings and staff help walk him around in the apartment to get the stiffness out. The Appellant asserted he reported needs for mobility assistance both inside and outside his home. The Appellant estimated about [REDACTED] minutes per day are spent on exercise in the apartment. (Appellant Testimony)

It is noted that the [REDACTED] Advance Action Notice indicated the Appellant could have his doctor complete another DHS-54A Medical Needs form if he felt other services were needed and that the doctor must include a separate detailed explanation for the service and a prescription if necessary. (Exhibit 1, pages 6-9) While this ALJ understands the Department was attempting to allow the Appellant an opportunity to provide additional medical documentation to support any requests for additional HHS hours, the policy is clear that only certain activities are included in the HHS program and that a doctor does not prescribe or authorize services. Accordingly the phrasing in the notice was rather misleading. The HHS program does cover medically necessary range of motion exercises under the complex care activities. However, walking for [REDACTED] minutes to get the stiffness out in the mornings as described in the Appellant's testimony, or a non-specific [REDACTED] minutes exercise program prescribed by a doctor, would not be covered in the HHS program.

The evidence indicates that the Appellant does not require hands on assistance from another person with mobility, as defined for the HHS program; rather he is mobile with the use of his cane or walker. (See Adult Services Manual (ASM) 121, 11-1-2011 Page 3 of 4.) Accordingly, the functional ranking at level 3 for mobility was appropriate, but this would not be a paid service. The ASW acknowledged that while mobility hours

were previously authorized for exercise this was an error that all the ASW's in her office are to correct in their cases. Thus, the elimination of mobility HHS hours for exercise would have occurred even if there had not been a change in the ASW assigned to the Appellant's case prior to this assessment. The elimination of HHS hours for mobility is upheld.

Transferring

The previously authorized HHS time for transferring assistance, █ minutes █ days per week █ hours and █ minute per month) was eliminated. (Exhibit 1, pages 23-24) The Appellant is still ranked at a functional level 3 for transferring. The ASW noted the Appellant has a walker to assist to a standing position, but this is not paid assistance. (Exhibit 1, pages 12, 15 and 26) Additionally, as noted above, HHS hours were added under the activity of toileting for assistance with transferring on/off the toilet in the morning. (Exhibit 1, apes 22-23)

The evidence indicates that the Appellant does not require hands on assistance from another person with transferring, as defined for the HHS program; rather he can transfer with the use of his cane or walker. The assistance with getting on/off the toilet in the mornings was properly added under the ADL of toileting. (See Adult Services Manual (ASM) 121, 11-1-2011 Pages 1 and 2 of 4.) Accordingly, the functional ranking at level 3 for transferring was appropriate, but this would not be a paid service. The elimination of HHS hours for transferring is upheld.

Housework, Shopping, Laundry and Meal Preparation

The Appellant had been authorized █ hour █ day per week (█ hours and █ minutes per month) for housework, █ hour █ day per week (█ hours and 1█ minutes per month) for laundry, █ hour and █ minutes █ day per week (█ hours and █ minute per month) for shopping, and █ minutes █ days per week (█ hours and █ minutes per month) for meal preparation. (Exhibit 1, page 24) These times were adjusted to █ minutes █ days per week (still █ hours and █ minutes per month) for housework, █ minutes █ days per week (a reduction to █ hours per month) for laundry, █ hour █ day per week (a reduction to █ hours and █ minutes per month) for shopping, and █ minutes █ days per week (█ hours and █ minutes per month) for meal preparation. (Exhibit 1, page 23)

The Department policy allows for a maximum of █ hours per month for housework, █ hours per month for shopping, █ hours per month for laundry and █ hours per month for meal preparation when there is no need to prorate for a shared household. There was no evidence the Appellant lives in a shared household. The ASW ranked the Appellant at functional level 4 for housework, shopping, laundry and meal preparation and functional level 3 for meal preparation. The ASW noted the Appellant reported: limitations due to mobility and carpal tunnel; cannot stand or bend to clean and can only do housework activates sitting down; the aid does all laundry, machines are in the kitchen, but the Appellant could sit to assist; may go with his aid shopping, would ride in a store scooter, and has no issues managing his money or compiling a list; and his aid prepares food in the morning for him to reheat later in the day, he serves himself, he cannot stand to cook on the stove but can get a snack and beverages on his own.

(Exhibit 1, pages 13-14, 16, and 27-29) The ASW explained that the HHS program would only compensate for the hands on portions of laundry, but not the time spent waiting while the machines are running. However, the ASW did increase the days per week for most of these activities because she knew the aid was coming in more often and competing tasks like housework and meal preparation. (ASW Testimony)

The HHS hours for housework remained the same but the HHS hours for shopping, laundry, and meal preparation were further reduced below the maximums allowed by policy. (Exhibit 1, pages 23-24) The evidence does not support a finding that the current authorization would be sufficient to meet the Appellant's needs for assistance with these activities. Most of the activities included in the functional ranking definition of housework could not be completed from a sitting position, such as: sweeping, vacuuming and washing floors, cleaning the bathroom; changing bed linens, taking out garbage etc. (See Adult Services Manual (ASM) 121, 11-1-2011 Page 4 of 4.) Further, if the Appellant cannot stand to cook at the stove, it is unlikely he could stand to clean the stovetop, wipe counters, etc. Regarding meal preparation, the evidence indicates the Appellant can reheat prepared food and get snacks. However, █████ minutes per day is not much time for his aid to prep, cook and clean up for a day's worth of meals. Regarding shopping, the Appellant may be able to make a shopping list and manage money independently, and may be able to accompany the aid to the store and utilize a scooter, but the aid would still provide significant assistance or complete most of the more time consuming aspects of shopping. Regarding laundry, even excluding the time the machines run, █████ minutes a day is not much time to sort, get laundry loads into the washer, add soap, manipulate controls, remove loads from washer and put in dryer, fold and put away clothes. (See Adult Services Manual (ASM) 121, 11-1-2011 Page 4 of 4.) It is not clear that many of the laundry tasks could be completed from a sitting position; this would depend on the set up and types of machines in the Appellant's home. For example folding clothes at a table may be possible. However, given the Appellant's limitations with bending, standing, use of a walker or cane for mobility, and use of his hands noted above, tasks such as bending to pick up and sort laundry, carry baskets of laundry, and reach into machines to get clothing in/out, hand up clean laundry, etc. are less likely to be possible from a sitting position. The Appellant credibly testified █████ hours for laundry is not enough and he does not have so many clothes that laundry can be done only one or twice per month. (Appellant Testimony) The Appellant's HHS authorization for these IADLs should be adjusted to █████ hours per month for housework, █████ hours per month for shopping, █████ hours per month for laundry and █████ hours per month for meal preparation.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly assessed the Appellant's HHS authorization in the areas of specialized skin care, toileting, grooming, dressing, bathing, medications, transferring and mobility but improperly assessed the areas of housework, shopping, laundry and meal preparation based on the available information.

IT IS THEREFORE ORDERED THAT:

The Department's decision is PARTIALLY AFFIRMED and PARTIALLY REVERSED. The HHS determinations regarding specialized skin care, toileting, grooming, dressing, bathing, and medications are upheld. The remaining HHS authorizations shall be adjusted as follows:

Housework-[REDACTED] hours per month
Laundry-[REDACTED] hours per month
Shopping-[REDACTED] hours per month
Meal Preparation-[REDACTED] hours per month

/s/

Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CL/db

cc: [REDACTED]

***** 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.