

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:

██████████,

Appellant

Docket No. 2013-15941 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 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. The Appellant is a Medicaid beneficiary who applied for HHS on or about ██████████. (Exhibit 1, page 6)
2. On ██████████, the Appellant's doctor completed a DHS-54A Medical Needs form certifying that the Appellant had a medical need for assistance with personal care activities, listing only one diagnosis, coronary artery disease. (Exhibit 2, page 1)
3. On ██████████, the ASW went to the Appellant's home to complete an initial evaluation. The ASW went over the Activities of Daily Living ("ADLs") and Instrumental Activities of Daily Living ("IADLs") included in the HHS program. The Appellant reported right wrist and neck stiffness after having pneumonia about ten years ago as well as back pain that results in trouble standing and lifting. The Appellant expressed needs for help with nail care and shaving. The ASW noted that the Appellant does not use any assistive

devices. The ASW observed the Appellant sign his name without problem. No unsteady gait was observed, the Appellant was able to walk around. The Appellant lives on the first floor. (Exhibit 1, page 13; ASW Testimony)

4. The ASW issued a second medical needs form because the documentation available at the time of the [REDACTED] evaluation did not match the symptoms reported by the Appellant. (Exhibit 1, page 13; ASW Testimony)
5. On [REDACTED], the Appellant's doctor completed a DHS-54A Medical Needs form certifying that the Appellant had a medical need for assistance with personal care activities, and listed three diagnoses: myositis, degenerative joint disease hips and chronic obstructive pulmonary disease. (Exhibit 2, page 2)
6. 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 14; ASW Testimony)
7. On [REDACTED], the Department sent the Appellant an Advance Negative Action Notice which informed him that the HHS case was terminated based on the new policy requiring a need for hands on assistance with at least one ADL. (Exhibit 1, pages 8-12)
8. On [REDACTED], the Appellant's hearing request was received by the Michigan Administrative Hearing System. (Exhibit 1, page 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.

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) 115, 11-1-11, addresses the DHS-54A Medical Needs form:

MEDICAL NEEDS FORM (DHS-54A)

The DHS-54A, Medical Needs form must be signed and dated by a medical professional certifying a medical need for personal care services. The medical professional must be an enrolled Medicaid provider and hold one of the following professional licenses:

- Physician (M.D. or D.O.).
- Nurse practitioner.
- Occupational therapist.
- Physical therapist.

Note: A physician assistant (PA) is not an enrolled Medicaid provider and **cannot** sign the DHS-54A.

The medical needs form is only required at the initial opening for SSI recipients and disabled adult children (DAC). All other Medicaid recipients must have a DHS-54A completed at the initial opening and annually thereafter.

The client is responsible for obtaining the medical certification of need but the medical professional and not the client must complete the form. The National Provider Identifier (NPI) number must be entered on the form by the medical provider and the medical professional must indicate whether they are a Medicaid enrolled provider.

The medical professional certifies that the client's need for service is related to an existing medical condition. **The medical professional does not prescribe or authorize personal care services.** Needed services are determined by the comprehensive assessment conducted by the adult services specialist.

Adult Services Manual (ASM 120, 5-1-2012), pages 1-4 of 5 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-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 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 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.*

In the present case, the Appellant applied for the HHS program or about [REDACTED].
(Exhibit 1, page 6)

On [REDACTED], the Appellant's doctor completed a DHS-54A Medical Needs form certifying that the Appellant had a medical need for assistance with personal care activities, listing only one diagnosis, coronary artery disease. (Exhibit 2, page 1)

On [REDACTED], the ASW went to the Appellant's home to complete an initial evaluation. The ASW went over the ADLs and IADLs included in the HHS program. The Appellant reported right wrist and neck stiffness after having pneumonia about ten years ago as well as back pain that results in trouble standing and lifting. The Appellant expressed needs for help with nail care and shaving. The ASW noted that the Appellant does not use any assistive devices. The ASW observed the Appellant sign his name without problem. No unsteady gait was observed, the Appellant was able to walk around. The Appellant lives on the first floor. The ASW issued a second medical needs form because the documentation available at the time of the [REDACTED] evaluation did not match the symptoms reported by the Appellant. (Exhibit 1, page 13; ASW Testimony)

On [REDACTED], the Appellant's doctor completed a DHS-54A Medical Needs form certifying that the Appellant had a medical need for assistance with personal care

activities, and listed three diagnoses: myositis, degenerative joint disease hips and COPD. (Exhibit 2, page 2)

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 14; ASW Testimony) Accordingly, the ASW denied the Appellant's HHS application.

The Appellant disagrees with the denial and testified he can not hold anything with his right hand and can not bend it because of stiffness. The Appellant also has stiffness in his spine and neck limiting movement. The Appellant can not lift his neck up and straighten all the way up. With the back stiffness, the Appellant can not stand up too long and can only walk a certain distance. The Appellant stated his doctor is aware of the problem with his right hand and explained there was a cast on it when he caught pneumonia about ten years ago and the bone did not develop right. When asked about his needs for assistance with ADLs, the Appellant indicated he needs assistance with several activities. Regarding eating, the Appellant can not hold onto to anything for long, such as a knife or a spoon. The Appellant is able to brush his own teeth sometimes. Regarding bathing, the Appellant stated he needs help to reach with his arm and he can not hold anything with his right hand. The Appellant can not put on his own shirt. The Appellant does not have a cane, but he can only walk a short distance before his knees give out. (Appellant Testimony)

The evidence was not sufficient to establish the Appellant had a need for hands on assistance, functional ranking 3 or greater, with at least one ADL, based on the information available. The Appellant's reported symptoms and limitations were not consistent with the ASW's observations during the home visit, nor the sole diagnosis of coronary artery disease listed on the [REDACTED] DHS-54A Medical Needs form. The [REDACTED] DHS54-A Medical Needs form lists diagnoses of myositis, degenerative joint disease hips, and COPD. However, the doctor did not indicate which areas of the body are affected by the myositis diagnosis. Neither of medical needs forms documented a wrist problem resulting from the Appellant being in a cast when he had pneumonia about ten years ago. Further, the Appellant's reports that he can not hold anything with his right hand are non consistent with the ASW's observations of he Appellant signing a form with no difficulty. Based on the information available to the ASW for the initial assessment, the Appellant did not require hands on assistance, functional ranking 3 or greater, with at least one ADL. Accordingly, the denial of the Appellant's HHS application is upheld.

At any time, the Appellant can submit a new application for the HHS program and provide updated medical verification as well as more complete information regarding his 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 available information.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.

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

cc:

[REDACTED]

Date Mailed: 2/15/2013

***** 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 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.