

**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. 2013-19962 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 and was represented by her son, ██████████. ██████████, Appeals Review Officer, represented the Department. Her witnesses were ██████████, ASW and ██████████, ASW supervisor.

**ISSUE**

Did the Department properly terminate the Appellant's 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. The Appellant is a ██████-year-old Medicaid-SSI beneficiary. (Appellant's Exhibit #1)
2. The Appellant is afflicted with the sequela of bladder prolapse surgery, loss of balance, a propensity to fall, stool incontinence, syncope, memory loss, OA and HTN. (Department's Exhibit A, p.13 and Appellant's Exhibit #1 – throughout)
3. On ██████████ ██████████ ASW conducted an in-home assessment of the Appellant wherein the Appellant, in the presence of her spouse [See 2013-19964] and choreprovider, failed to identify any need for assistance with an ADL with a ranking of three (3) or greater. (Department's Exhibit A, pp. 2, 8 and 9)
4. On ██████████, the ASW sent the Appellant an Advance Negative Action Notice informing her that her HHS services would be terminated effective ██████████. (Department's Exhibit A, pp. 2, 7 and 8)

**Docket No. 2013-19962 HHS**  
**Hearing Decision & Order**

5. The Appellant's representative and choreprovider testified that he failed to fully appreciate written communication from the Department regarding its change in policy. (See Testimony)
6. The ASW [REDACTED], at hearing, reported that the reviewing ASW [REDACTED] did not identify any need for hands-on assistance with any activity of daily living (ADL) for the Appellant because the choreprovider said she did not require as much help as his father, but that she had fainting spells making stair negotiation hazardous. (See Testimony and Department's Exhibit A, p. 14)
7. He said she could do her ADLs alone. (See Testimony and Department's Exhibit A, p. 14)
8. The Appellant's further appeal rights were contained in the Advance Negative Action Notice.
9. The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System for the Department of Community Health on [REDACTED]. It was assigned for hearing on [REDACTED]. (Appellant's 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 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 medical professional.

**COMPREHENSIVE ASSESSMENT**

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 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.

....

Adult Service Manual (ASM), §120, page 1 of 5, 5-1-2012.

\*\*\*

**Changes in the home help eligibility criteria:**

**Home Help Eligibility Criteria**

To qualify for home help services, an individual must require assistance with at least one activity of daily living (ADL) assessed at a level 3 or greater. The change in policy must be applied to any new cases opened on or after October 1, 2011, and to all ongoing cases as of October 1, 2011.

**Comprehensive Assessment Required Before Closure**

Clients currently receiving home help services must be assessed at the next face-to-face contact in the client's home

to determine continued eligibility. If the adult services specialist has a face-to-face contact in the client's home prior to the next scheduled review/redetermination, an assessment of need must take place at that time.

**Example:** A face-to-face review was completed in August 2011; the next scheduled review will be in February 2012. The specialist meets with the client in his/her home for a provider interview in December 2011. Previous assessments indicate the client only needing assistance with instrumental activities of daily living (IADL).

A new comprehensive assessment must be completed on this client.

If the assessment determines a need for an ADL at level 3 or greater but these services are **not** paid for by the department, or the client refuses to receive assistance, the client would **continue** to be eligible to receive IADL services.

If the client is receiving only IADLs and does **not** require assistance with at least one ADL, the client no longer meets eligibility for home help services and the case must close after negative action notice is provided.

Each month, beginning with October, 2011, clients with reviews due who only receive IADL services must take priority.

#### **Negative Action Notice**

The adult services specialist must provide a DHS-1212, Advance Negative Action notice, if the assessment determines the client is no longer eligible to receive home help services. The effective date of the negative action is ten business days after the date the notice is mailed to the client.

\*\*\*

#### **Right to Appeal**

Clients have the right to request a hearing if they disagree with the assessment. If the client requests a hearing within ten business days, do not proceed with the negative action until after the result of the hearing.

Explain to the client that if the department is upheld, recoupment must take place back to the negative action date

**Docket No. 2013-19962 HHS**  
**Hearing Decision & Order**

if payments continue. Provide the client with an option of continuing payment or suspending payment until after the hearing decision is rendered.

If the client requests a hearing after the 10-day notice and case closure has occurred, do not reopen the case pending the hearing decision. If the department's action is reversed, the case will need to be reopened and payment re-established back to the effective date of the negative action. If the department's action is upheld, no further action is required.

\*\*\*\*

Adult Service Bulletin (ASB) 2011-001;  
*Interim Policy Bulletin Independent Living Services (ILS)*  
Eligibility Criteria, pp. 1–3, October 1, 2011

\*\*\*

The Department witness testified that on in-home assessment the ASW observed that the Appellant had no need for ADL assistance. She said that policy developments were explained to the Appellant that she would be terminated from the Home Help Services program for lack of need with identifiable hands-on assistance with an ADL at a ranking of 3 or greater.

At hearing the Appellant's representative explained that he was caught unaware of the policy development and failed to fully articulate his mother's needs – by way of ADLs. He said that once her fainting spells manifest in [REDACTED] transferring and risk of falling required hands-on assistance everyday - but he never shared that information with the Department.

On review, the Department's witness credibly explained the lack of need for HHS services on in-home assessment. This was supported by her simple observation that on in-home assessment they depended on the reliability of the information from the son – the Appellant's choreprovider.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home, comprehensive assessment of HHS recipients. Based on new policy an HHS recipient must utilize at least one (1) ADL requiring hands on service at the three (3) ranking or higher in order to remain eligible for HHS.

While the Appellant failed to preponderate her burden of proof that the Department erred in terminating her HHS, because at the time of assessment she demonstrated no physical need for assistance with any Activity of Daily Living - the choreprovider's testimony established the potential need for a more restrictive environment for the Appellant heretofore not communicated to the ASW.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated the Appellant's Home Help Services for failure to establish any continued need for hands-on assistance with any ADL with a ranking of "3" or greater.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

ls\

Dale Malewska  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

[REDACTED]  
cc: [REDACTED]

Date Signed: 6/17/2013

Date Mailed: 6/17/2013

**\*\*\* 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.