

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

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**IN THE MATTER OF:**

██████████

Appellant

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**Docket No.** 2013-30769 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 ██████████ ██████████ niece, represented the Appellant. ██████████, the Appellant, was present. ██████████ ██████████, Appeals Review Officer, represented the Department. ██████████ Whitford, Adult Services Worker ("ASW"), and ██████████ Adult Services Supervisor, appeared as witnesses for the Department.

**ISSUE**

Did the Department properly terminate the Appellant's Home Help Services ("HHS") case?

**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 since ██████████. (Exhibit 1, page 5)
2. The Appellant has been diagnosed with seizure disorder, cerebrovascular accident, high cholesterol, osteoarthritis, ischemic brain syndrome, and deep venous thrombosis. (Exhibit 1, page 6)
3. The Appellant had been receiving HHS for assistance with the Activities of Daily Living ("ADLs") of bathing and grooming, as well as the Instrumental Activities of Daily Living ("IADLs") of shopping and meal preparation. The Appellant's niece is his HHS provider. (Exhibit 1, page 14; ASW Testimony)

[REDACTED]

4. On [REDACTED] 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 noted that the Appellant denied needing help with each ADL, including bathing and grooming. The ASW did not seek much information from the Appellant's niece. (Exhibit 1, pages 11-12 and 15-16; ASW Testimony)
5. Based on the available information, the ASW concluded that the Appellant did not have a need for hands on assistance, functional ranking 3 or greater, with any ADLs. (Exhibit 1, page 15-16)
6. On [REDACTED] the Department sent the Appellant an Advance Action Notice, which informed him that effective [REDACTED] the HHS case would be terminated based on the new policy that requires the need for hands on services with at least one ADL. (Exhibit 1, pages 7-10)
7. On [REDACTED] the Appellant's request for hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, page 4)

### **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) 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.

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### **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 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.

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- Follow rules of confidentiality when home help cases have companion APS cases, see SRM 131 Confidentiality.

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## **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.

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**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

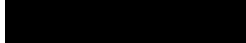


Home help services must **not** be approved for the following:

- 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 HHS for assistance with the ADLs of bathing and grooming, as well as the IADLs of shopping and meal preparation. (Exhibit 1, page 14; ASW Testimony)

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 Appellant reported he had not seen his doctor in about six months, had not been hospitalized in , was not participating in physical therapy and last suffered from a stroke about  years ago. The ASW noted that the Appellant denied needing help each ADL. Regarding bathing and grooming, the ASW noted the Appellant was specifically asked about help getting in/out of the tub, shaving, clipping nails, and washing his hair. The ASW noted the Appellant was interviewed separately because the provider was not at the home when the ASW arrived. The ASW note's indicate the provider reported she helps the Appellant with bathing at times, gives the Appellant his medication, cleans the home and does the shopping. The ASW explained that she did not ask for more information from the provider about bathing because the Appellant had already stated he did not need assistance with this activity. (Exhibit 1, pages 11-12 and 15-16; ASW Testimony) Accordingly, the ASW determined that the Appellant's HHS case must be terminated

[REDACTED] S

because he did not need hands on assistance, functional ranking 3 or greater, with at least one ADL. (Exhibit 1, pages 15-16)

The Appellant disagrees with the termination. The Appellant's niece is the enrolled HHS provider. (Exhibit 1, page 14) The Appellant's niece testified she arrived for the home visit about 5 minutes after because she had run around the corner. The ASW had already been asking the Appellant questions, but he does not understand some of the things the ASW was asking. For example, the Appellant had been to the doctor within six months. The Appellant's niece initially stated she assists the Appellant with getting in/out of the tub because of a foot problem, but the ASW did not ask her about this. The Appellant's niece also stated she assists the Appellant with washing him up and washing his hair. The Appellant can get his own clothes on, but needs assistance with putting shoes on because of swelling. The Appellant is forgetful and needs assistance with his medications. The Appellant's niece also described providing assistance with other activities including shopping, laundry, and meals. The Appellant's niece testified the ASW did not ask her much at the home, visit, rather the ASW asked her to check off activities on a form. (Niece Testimony)

There was sufficient evidence to establish that the Appellant requires hands on assistance, functional level 3 or greater, with at least one ADL. The Appellant's niece indicated the Appellant has trouble understanding. (Niece Testimony) The Appellant's diagnoses indicate he had a stroke and has ischemic brain syndrome. (Exhibit 1, page 6) Accordingly, the Appellant's niece explained that the information the Appellant provided the ASW at the home visit may not be entirely accurate and reliable. In her testimony, the Appellant's niece described providing hands on assistance with the ADLs of bathing and dressing due to a foot problem. It was uncontested that the ASW did not ask the Appellant's niece much during the home visit and the ASW's note confirms the ASW had the Appellant's niece fill out a form. (Exhibit 1, pages 11-12; Niece Testimony; ASW Testimony) It is clear that the foot problem was reported to the ASW at the home visit, but no updated medical verification was obtained for this assessment because it is not required each year for SSI recipients. Further, the Appellant's niece reported at least some assistance was provided with bathing at the home visit, but the ASW did not ask the Appellant's niece for more information about this need. (Exhibit 1, pages 11-12 and ASW Testimony) The evidence supports a finding that the Appellant's niece provides at least some assistance with bathing. Accordingly, the termination of the Appellant's HHS case can not be upheld. The Department should re-instate the Appellant's HHS case and complete a new assessment allowing the opportunity for updated medical verification and for the Appellant's niece to provide more complete information regarding the assistance she provides to the Appellant.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department improperly terminated the Appellant's HHS case based on the available information.

[REDACTED]

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is REVERSED. The Appellant's HHS case shall be reinstated retroactive to the [REDACTED] effective date. The Department shall complete a new assessment to determine the appropriate ongoing HHS authorization and should allow opportunity for updated medical verification and for the Appellant's niece to provide more complete information regarding the assistance she provides to the Appellant.

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/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.