

**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. 2013-42483 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.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████, Appellant's daughter and care provider, appeared and testified on Appellant's behalf. Appellant also testified on his own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW), and ██████████, Adult Services Supervisor, from the ██████████ County DHS-██████████ office appeared as witnesses for the Department.

**ISSUE**

Did the Department properly deny Appellant's application for 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 man who has been diagnosed with cervical disc herniation, back pain, arthritis, hearing loss, and gastroesophageal reflux disease. (Respondent's Exhibit A, pages 3, 14).
2. In ██████████, Appellant was referred for HHS. (Respondent's Exhibit A, page 12).
3. On ██████████, ASW ██████████ conducted a visit and assessment in Appellant's home. Both Appellant and his daughter/provider were present. (Respondent's Exhibit A, page 11).
4. During that visit, Appellant's daughter translated for him due to his limited

- English. Appellant and his daughter reported that he needs hands-on physical assistance with the tasks of meal preparation, shopping, laundry, and housekeeping. (Respondent's Exhibit A, page 11; Testimony of ASW ██████████).
5. Those four activities are identified as Instrumental Activities of Daily Living (IADLs) by the Department. (Adult Services Manual 101 (11-1-2011) (hereinafter "ASM 101"), page 1 of 4).
  6. Appellant and his provider also reported that Appellant does not require any assistance with bathing, eating, toileting, grooming, dressing, transferring or mobility. (Respondent's Exhibit A, page 13; Testimony of ASW ██████████).
  7. Those seven activities are identified as Activities of Daily Living (ADLs) by the Department. (ASM 101, page 1 of 4).
  8. Based on the statements made by Appellant and the provider during the home visit, ASW ██████████ determined that Appellant did not meet the criteria for HHS as he did not require any hands-on assistance with any ADLs. (Respondent's Exhibit A, pages 11-12; Testimony of ASW ██████████).
  9. On ██████████, the Department sent written notice to Appellant indicating that his application for HHS was being denied because Appellant did not have a need for hands-on physical assistance with any ADLs. (Respondent's Exhibit A, page 5).
  10. On ██████████, the Michigan Administrative Hearing System (MAHS) received a complete Request for Hearing signed by Appellant in this matter. (Respondent's Exhibit A, page 3).

### **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.

ASM 101 and Adult Services Manual 120 (5-1-2012) (hereinafter "ASM 120") address the issues of what services are included in Home Help Services and how such services are assessed. For example, ASM 101 provides:

### **Home Help Payment Services**

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.

Home help services are defined as those tasks which the department is paying for through Title XIX (Medicaid) funds. These services are furnished to individuals who are **not** currently residing in a hospital, nursing facility, licensed foster care home/home for the aged, intermediate care facility (ICF) for persons with developmental disabilities or institution for mental illness.

These activities must be certified by a Medicaid enrolled medical professional and may be provided by individuals or by private or public agencies. **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.

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

#### Activities of Daily Living (ADL)

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

*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.

\* \* \*

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

- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2) . . .

[ASM 101, pages 1-3 of 4 (italics added).]

Moreover, ASM 120 states:

### **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

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 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 determines 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. [ASM 120, pages 2-3 of 5 (italics added).]

As described in the above policy, an individual is only eligible to receive HHS if he or she has a need for assistance with at least one ADL at a level 3 or greater.

The Department found that Appellant has no such need in this case and is therefore ineligible to receive HHS as he requested. That decision was based on the information obtained directly from Appellant and his provider. As discussed above, while Appellant and his provider reported a need for physical assistance with IADLs during the home visit, they also stated that Appellant is independent in all ADLs.

In response, Appellant's provider/representative testified that she was not present during much of the home visit and that Appellant spoke for himself during that visit. She also testified that, between the language difficulties and Appellant's confusion, ASW ██████████ mistakenly found that Appellant is independent in ADLs. According to Appellant's provider, in addition to the undisputed assistance with IADLs, she actually assists Appellant with the ADLs of eating, bathing, dressing, and grooming. Appellant himself does not recall what was reported during the home visit.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying her application. In this case, given the above testimony and evidence regarding Appellant's request for services and need for assistance, Appellant has failed to meet that burden. ASW ██████████ credibly testified as to what she was told during the home visit and the substance of that testimony is disputed, as Appellant does not recall what he reported and his representative claims she was not

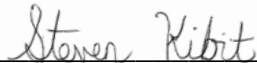
there for most of the conversation. Appellant's representative also claimed that any reports from Appellant may have been in error given the language difficulties and Appellant's confusion. However, the Department is justified in relying on what was reported and, given [REDACTED]'s credible testimony regarding what both Appellant and his provider reported, Appellant did not have a need for assistance with at least one ADL at a level 3 or greater in this case. Accordingly, the Department properly found that Appellant has no need for physical assistance with any ADLs and its decision to deny services on that basis must be affirmed.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED THAT:**

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



\_\_\_\_\_  
Steven Kibit  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

[REDACTED]  
Date Signed: 7/23/2013

Date Mailed: 7/23/2013

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

**Docket No. 2013-42483 HHS**  
**Decision and Order**

receipt of the rehearing decision.

---