

**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. 2013-51105 HHS  
Case No. [REDACTED]

[REDACTED],

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

After due notice, a hearing was held on [REDACTED]. [REDACTED] appeared and testified on Appellant's behalf. Appellant was also present for the hearing. [REDACTED] Review Officer, represented the Department of Community Health. [REDACTED], Adult Services Worker (ASW), and [REDACTED], Adult Services Supervisor, from the [REDACTED] County DHS-[REDACTED] 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 [REDACTED] year-old Medicaid beneficiary who has been diagnosed with diabetes mellitus; end stage renal disease; hypertension; and hyperlipidemia. (Respondent's Exhibit A, pages 10, 14).
2. In [REDACTED], Appellant was referred for HHS. (Respondent's Exhibit A, page 11).
3. As part of his application, Appellant submitted a medical needs form signed by his doctor. (Respondent's Exhibit A, page 14)
4. That form indicated that Appellant has a medical need for assistance with the tasks of shopping, laundry, housework, and meal preparation. (Respondent's Exhibit A, page 6).
5. The tasks of shopping, laundry, housework and meal preparation 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. On ██████████, ASW ██████████ conducted a visit and assessment in Appellant’s home. Both Appellant and Appellant’s representative were present that assessment. (Respondent’s Exhibit A, page 14).
7. During that visit, Appellant reported that he needs hands-on physical assistance with the tasks of meal preparation, shopping, laundry, housekeeping, and bathing. (Respondent’s Exhibit A, page 13; Testimony of ASW ██████████).
8. Appellant also reported that he does not require any assistance with eating, toileting, grooming, dressing, transferring, mobility, or taking medications. (Respondent’s Exhibit A, page 13; Testimony of ASW ██████████).
9. Appellant further reported using a straight cane, but he did not use it during the home visit and walked unassisted. Appellant also demonstrated his ability to transfer. (Respondent’s Exhibit A, pages 13; Testimony of ASW ██████████).
10. Based on the medical needs form, her own observations, and statements made by Appellant 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 Activities of Daily Living (ADLs). (Respondent’s Exhibit A, page 11; Testimony of ASW ██████████).
11. 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, pages 5-9).
12. On ██████████, the Michigan Administrative Hearing System (MAHS) received a Request for Hearing signed by Appellant in this matter. (Respondent’s Exhibit A, 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.

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.

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*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, his provider, and his doctor. The medical needs form submitted by Appellant's doctor indicated that Appellant only has a medical need for assistance with the IADLs of shopping, housework, laundry, and meal preparation. Similarly, Appellant's request for such assistance during the home visit does not support his application as those tasks are identified as IADLs. Appellant also reported being independent in all but one ADL and, while Appellant stated that he needs assistance bathing, Appellant does not have a diagnosis supporting any limitation in that area and ASW ██████████ also observed Appellant walking and transferring without assistance.

In response, Appellant's provider/representative does not dispute any of ASW ██████████ testimony and expressly testified that Appellant only requires assistance with the tasks circled by the doctor on the medical needs form. However, as discussed above, those tasks are all identified as IADLs and 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.

Appellant representative also testified later that, on days where Appellant receives dialysis, she occasionally assists him in transferring. However, she was not sure if she reported such assistance to ASW ██████████ and this Administrative Law Judge is limited to reviewing the Department's decision in light of the information it had at the time it made that decision. ASW ██████████ credibly testified that no need for transferring assistance was reported and it is undisputed that, on the day of the home visit, Appellant was able to demonstrate his ability to transfer.

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Appellant further testified that she assists Appellant by transferring him to his doctor's appointments. However, as described in policy and testified to by ASW [REDACTED] such assistance is not covered by the Home Help program.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his 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. The medical needs form only indicates a need for assistance with IADLs and, with one exception, Appellant only requested assistance with IADLs or non-covered tasks. Moreover, with respect to bathing, there is no diagnosis suggesting that Appellant is incapable of performing that task on his own; his provider did not testify regarding any such assistance; and he is undisputedly capable of performing other tasks that have similar physical requirements.

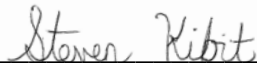
Accordingly, the Department properly found that Appellant has no need for physical assistance with any ADLs and its decision to deny services on that basis must be affirmed.

**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**.



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

[REDACTED]  
Date Signed: 8/7/2013

Date Mailed: 8/7/2013

cc: [REDACTED]

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**\*\*\* 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.