

**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. 2013-55852 REH

██████████

██████████

██████████

Appellant.

\_\_\_\_\_ /

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 C.F.R. § 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant's grandson and authorized representative ██████████ appeared and testified on the Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW) from the ██████████ County DHS Office, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Appellant's request 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 (██████████) Medicaid beneficiary.
2. Appellant has been diagnosed by a physician with degenerative joint disease of the spine, uncontrolled hypertension, and lumbar disease. (Exhibit A, p. 15).
3. On ██████████, Appellant's physician ██████████ completed a DHS-54A Medical Needs form but did not check either the yes or no box to indicate whether Appellant had a medical need for assistance with personal care activities. However, he did circle grooming, laundry and house work. (Exhibit A, p. 15 and testimony).
4. On ██████████ the ASW, did a home visit with the Appellant and did a face-to-face assessment to determine Appellant's eligibility for HHS. The ASW determined that Appellant did not meet the criteria for HHS as she did not need assistance with any of his ADLs. (Exhibit A, pp. 12, 14 and testimony).

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5. On [REDACTED], the Department issued an Adequate Action Notice to Appellant informing her that HHS would be denied because she did not need hands on assistance with an activity of daily living. (Exhibit A, pp. 9-11 and testimony).
6. On [REDACTED], MAHS received Appellant's Request for Hearing. (Exhibit A, pp. 4-5).

**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 101 (11-1-2011) (hereinafter "ASM 101") and Adult Services Manual 120 (11-1-2011) (hereinafter "ASM 120") address the issues of what services are included in Home Help Services and how such services are assessed:

**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.

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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. [ASM 101, pages 1-2 of 4].

**Services not Covered by Home Help Services**

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

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- Supervising, monitoring, reminding, guiding of encouraging (functional assessment rank 2). [ASM 101, page 3 of 4].

**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

ADL's and IADL's 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.

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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 6].

Here, the ASW testified he sent out an Adequate Negative Action Notice to the Appellant on [REDACTED] indicating her request for HHS was denied because she did not need hands on assistance with an activity of daily living. (Exhibit A, pp. 9-11 and testimony). The ASW stated on [REDACTED] he did a home visit with the Appellant and her grandson [REDACTED]. The ASW reviewed Appellant's ADLs and IADLs with her. The ASW stated the Appellant walked slowly without restrictions and was able to get up from her chair and sit down without a struggle. The ASW stated he didn't see any adaptive equipment and the Appellant said she didn't need any adaptive equipment at that time. (Exhibit A, p. 14 and testimony).

The ASW acknowledged the DHS 54A Medical Needs form completed by the Appellant's doctor and noted it was not marked either yes or no to indicate whether she needed assistance with personal care activities. Grooming, laundry and housework were circled, however, on the form. (Exhibit A, p. 15 and testimony). The ASW stated that regardless of what was on the form, it is the ASW's responsibility to determine needed services. (Exhibit A, p. 16, ASM page 1 of 4). The ASW stated he determined the Appellant did not need any assistance with grooming, and laundry and housework

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which are IADLs and not ADLs. The ASW stated the Appellant did not meet the criteria for HHS as she did not need assistance with any of her ADLs.

During the hearing, the Appellant's grandson testified he told the ASW when he came for the home visit that the Appellant needed help getting in and out of the tub, getting off the toilet, and transferring, but the ASW did not put that any of that in his statement. Appellant's grandson also said the Appellant just started using a one-prong cane and has been using a walker to get around for over a year. He indicated prior to that the Appellant was using a wheelchair. Appellant's grandson said the Appellant can't stand for long periods of time. When questioned by the Department's representative, the Appellant's grandson stated the Appellant had been going to [REDACTED] the doctor who filled out the Medical Needs form, for over two years, and he did not know why the doctor did not indicate on the Medical Needs form that she needed help with bathing, toileting, or transferring. The Appellant declined to give any testimony.

The preponderance of the reliable evidence presented in this case demonstrates that at the time of the ASW's assessment the Appellant did not need assistance with any of her ADLs. According to the policy quoted above, an individual is only eligible to receive HHS if she has a need for assistance with an ADL at a level 3 or greater. See ASM 101, page 2 of 4; ASM 120, page 3 of 6. Appellant had demonstrated no such need at the time of her assessment and was properly found to be ineligible to receive any type of HHS. Accordingly, the Department's decision must be sustained.

**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**.

*William D Bond*

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William D. Bond  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

  
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WDB/db

cc:



**\*\*\* 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.