

**Docket No. 2013-66625 HHS
Decision and Order**

5. On [REDACTED], the Department sent Appellant an Advance Negative Action Notice informing her that her HHS would be terminated effective [REDACTED], because she did not make herself available for a home visit to complete the redetermination. (Exhibit A, pp. 8-10 and testimony).
6. On [REDACTED], the ASW sent Appellant another letter to schedule a home visit on [REDACTED] for her annual redetermination for HHS. (Exhibit A, pp. 8-13 and testimony).
7. On [REDACTED], the ASW attempted another home visit with the Appellant at [REDACTED] to conduct a face-to-face assessment to determine Appellant's continued eligibility for HHS. The ASW was unable to complete the home visit because the Appellant was unavailable for the scheduled home visit.
8. On [REDACTED], The Department sent Appellant another Advance Negative Action Notice informing her that her HHS would be terminated effective [REDACTED], because she did not make herself available for a home visit to complete the redetermination. (Exhibit A, pp. 11-13 and testimony).
9. On [REDACTED], MAHS received Appellant's Request for Hearing. (Exhibit A, p. 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 101 (11-1-2011) (hereinafter "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:

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.

**Docket No. 2013-66625 HHS
Decision and Order**

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.

**Docket No. 2013-66625 HHS
Decision and Order**

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:

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

ASM 120, Adult Services Comprehensive Assessment, indicates the primary tool for determining need for services is the comprehensive assessment. ASM 120 states in part:

Requirements

Requirements for the comprehensive assessment include, but are not limited to:

* * *

- A face-to-face contact is required with the client in his/her place of residence.

* * *

- The assessment must be updated as often as necessary, but minimally at the six months review and annual redetermination.

* * *

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:

**Docket No. 2013-66625 HHS
Decision and Order**

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.
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.

[REDACTED]
Docket No. 2013-66625 HHS
Decision and Order

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 1-3 of 6].

In this case the ASW stated on [REDACTED] she attempted a home visit with the Appellant at [REDACTED] to conduct a face-to-face assessment to determine Appellant's continued eligibility for HHS. The ASW was unable to complete the home visit because the Appellant was unavailable for the home visit. The Department then sent Appellant an Advance Negative Action Notice on [REDACTED] informing her that HHS would be terminated effective [REDACTED] because she did not make herself available for a home visit to complete the redetermination.

The ASW stated that on [REDACTED], the Appellant and her provider came to the DHS office for a face-to-face regarding a check that was issued for HHS but not received. The ASW stated she discussed the missed home visit with the Appellant and advised her she would schedule another home visit. On [REDACTED] the ASW sent Appellant a letter to schedule another home visit on [REDACTED] for her annual redetermination for HHS.

On [REDACTED] the ASW attempted a home visit with the Appellant at [REDACTED] to conduct a face-to-face assessment to determine Appellant's continued eligibility for HHS. The ASW was unable to complete the home visit because the Appellant was unavailable for the home visit. The Department then sent Appellant an Advance Negative Action Notice on [REDACTED], informing her that HHS would be terminated effective [REDACTED] because she did not make herself available for a home visit to complete the redetermination. (Exhibit A, pp. 11-13 and testimony).

During the hearing, Appellant testified there was just a mix-up in this case. The Appellant indicated her sister's grandchildren had told the ASW she was not home on the day of the home visit and sent her away. The Appellant said she was in the house

[REDACTED]
**Docket No. 2013-66625 HHS
Decision and Order**

waiting for the ASW to come for the home visit. When she later learned what had happened, Appellant said she called and left a message for the ASW at her office to explain what had happened. Appellant stated she understood that the ASW really thought the Appellant was not home the day of the home visit.

The Appellant's niece/provider also testified that she was at the house waiting for the home visit when the children sent the ASW away. Appellant's niece claimed the ASW was sending notices for the home visit and the first negative action notice to the Appellant's old address on [REDACTED], and that they did not get anything about the first scheduled visit. Appellant's niece also claimed the ASW went to the old address on [REDACTED] for the first home visit knowing it was the wrong address, since they provided an address update when they were in the office on [REDACTED].

The claims of the Appellant's witness that the ASW was using the wrong address and did a home visit at the old address do not make logical sense. The ASW clearly stated she went to the address on [REDACTED] for both attempted home visits. In any event, it does not make much difference, because both the Appellant and her niece acknowledged that they knew about the second scheduled home visit and that the ASW attempted to make her visit at the address on [REDACTED].

The preponderance of the reliable evidence presented in this case demonstrates that the ASW was unable to complete the required comprehensive assessment at the time of the annual redetermination. Whether the inability to complete the home visit was the result of a simple mix-up or whether the Appellant was actually not home on the scheduled date does not change the fact that the required redetermination did not take place. Accordingly, the Department properly terminated the Appellant's HHS. 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 terminated Appellant's HHS.

IT IS THEREFORE ORDERED THAT:

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

William D Bond

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

**Docket No. 2013-66625 HHS
Decision and Order**

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.