

**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. 2013-8965 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 ██████████. ██████████ appeared on behalf of the Appellant who was present and testified. ██████████, Appeal Review Officer, represented the Department. Her witnesses were ██████████ and ██████████.

ISSUE

Did the Department properly terminate the Appellant's HHS for lack of demonstrating need for and ADFL with a ranking of three (3) or greater?

PRELIMINARY MATTER

At hearing the Appellant brought additional evidence; Appellant's Exhibit 3 (DHS-49) Medical Examination Report dated ██████████ and Appellant's Exhibit #4) DHS 54 E) Medical Needs JET dated ██████████. The Department had no objection to the admission of these late arriving documents. As post assessment documentation the information suggests a significant change in condition – to the worse – for the Appellant by way of severe aggravation of her degenerative disc disease.

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 ██████-year-old Medicaid beneficiary. Appellant's Exhibit #1)
2. The Appellant alleges disability through depression, arthritis, DDD, gout, PTSD and pancreatitis. (See Testimony and Department's Exhibit A, page 7, Appellant's Exhibits 3 and 4 - throughout)

3. The Appellant said that she actually needed help with grooming at the time of her assessment and that her daughter's statement to the contrary was incorrect. She added that she now needs help with mobility owing to a recent aggravation of her degenerative disc disease by way of a fall. (See Testimony of Appellant)
4. The Appellant's witness, ██████████, testified on questioning from the ALJ that she did tell the ASW that her mother did not receive grooming from her – but that she what actually meant to say was that she was early in the learning process of performing her mother's particular hair style (track-rows). (See Testimony of ██████████)
5. At hearing, the Appellant utilized a single pronged metal cane. She said she had it nearby during the assessment – she simply did not reach for it. (See Testimony of ██████████)
6. The Department's witness testified that she observed the Appellant and that she moved without gait disturbance or demonstrations of pain. She said she asked the choreprovider about grooming and was told that "...she did not do her hair." She observed no assistive devices in the home. (See Testimony and Department's Exhibit A, page 9)
7. The Department witness testified that she made contact with the Appellant on ██████████ for the above referenced in-home assessment. While there, the Appellant did not identify a need for hands on services for any ADL at a ranking of 3 or greater. (See Testimony and Department's Exhibit A, pages 2 and 9)
8. The ASW added that she spoke to the Appellant (post assessment) in ██████████ relative to her new injury – but took no action. (See Testimony)
9. The Department witness, ASW ██████████, sent the Appellant an Advance Negative Action Notice on ██████████, terminating services effective ██████████. (Department's Exhibit A, pages 2 and 5)
10. The Appellant's further appeal rights were contained in the Advance Negative Action Notice.
11. The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System for the Department of Community Health on ██████████.

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 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 medical professional.

COMPREHENSIVE ASSESSMENT

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 must be entered on the computer program.

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.

Adult Service Manual (ASM), §120, page 1 of 6,
11-1-2011.

Changes in the home help eligibility criteria:

Home Help Eligibility Criteria

To qualify for home help services, an individual must require assistance with at least one activity of daily living (ADL) assessed at a level 3 or greater. The change in policy must be applied to any new cases opened on or after October 1, 2011, and to all ongoing cases as of October 1, 2011.

Comprehensive Assessment Required Before Closure

Clients currently receiving home help services must be assessed at the next face-to-face contact in the client's home to determine continued eligibility. If the adult services specialist has a face-to-face contact in the client's home prior to the next scheduled review/redetermination, an assessment of need must take place at that time.

Example: A face-to-face review was completed in August 2011; the next scheduled review will be in February 2012. The specialist meets with the client in his/her home for a provider interview in December 2011. Previous assessments indicate the client only needing assistance with instrumental activities of daily living (IADL). A new comprehensive assessment must be completed on this client.

If the assessment determines a need for an ADL at level 3 or greater but these services are **not** paid for by the department, or the client refuses to receive assistance, the client would **continue** to be eligible to receive IADL services.

If the client is receiving only IADLs and does **not** require assistance with at least one ADL, the client no longer meets eligibility for home help services and the case must close after negative action notice is provided.

Each month, beginning with October, 2011, clients with reviews due who only receive IADL services must take priority.

Negative Action Notice

The adult services specialist must provide a DHS-1212, Advance Negative Action notice, if the assessment determines the client is no longer eligible to receive home help services. The effective date of the negative action is ten business days after the date the notice is mailed to the client.

Right to Appeal

Clients have the right to request a hearing if they disagree with the assessment. If the client requests a hearing within ten business days, do not proceed with the negative action until after the result of the hearing.

Explain to the client that if the department is upheld, recoupment must take place back to the negative action date if payments continue. Provide the client with an option of continuing payment or suspending payment until after the hearing decision is rendered.

If the client requests a hearing after the 10-day notice and case closure has occurred, do not reopen the case pending the hearing decision. If the department's action is reversed, the case will need to be reopened and payment re-established back to the effective date of the negative action. If the department's action is upheld, no further action is required.

Adult Service Bulletin (ASB) 2011-001;
Interim Policy Bulletin Independent Living Services (ILS)
Eligibility Criteria, pp. 1–3, October 1, 2011

The Department witness testified that on in-home assessment she observed the Appellant had no need for ADL assistance with a ranking of 3 or greater. She ranked her at a level "2" for grooming – still below the minimum threshold of 3 or greater on demonstrated need for ADL assistance. She explained policy developments and advised the Appellant and her choreprovider that she would be terminated from the Home Help Program for lack of demonstrated need with hands-on assistance with any ADL.

At hearing the Appellant's witness explained that the Appellant required assistance with bathing and grooming – as supplied by her. She said she helps her in and out of the shower and has always done her hair, shopping and laundry. She said her earlier statement to the ASW (on in-home assessment) was a mistake because she felt as though she was just learning how to do her hair.

The Appellant said that her back is "worse now" and she attends a weekly pain clinic and receives pain controlling injections once a month. She said she is scheduled to see a neurologist in [REDACTED] regarding her new injury.

It is the province of the ASW to determine eligibility for services; the ASM requires an in-home, comprehensive assessment of HHS recipients. Based on new policy an HHS recipient must utilize at least one (1) ADL requiring hands on service at the three (3)

