

**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. 2014-11371 HHS

██████████,

██████████

██████████

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 appeared and testified on his own behalf. ██████████ Appeals Review Officer, represented the Department of Community Health. ██████████ Adult Services Worker from the ██████████ County DHS ██████████ District Office, appeared as a witness for the Department. ██████████ Adult Services Supervisor, was also present but did not testify.

**ISSUE**

Did the Department properly terminate Appellant's 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 with depression, schizophrenia, HTN, lumbar strain, and prostate cancer. (Exhibit A, p. 12).
3. On ██████████, the ASW sent Appellant a letter to schedule a home visit on ██████████ for his annual redetermination for HHS. (Exhibit A, p. 5 and testimony).
4. On ██████████, the ASW attempted a home visit with the Appellant at to conduct a face-to-face assessment to determine Appellant's continued eligibility for HHS. The ASW was unable to gain access into the apartment building where the Appellant had resided. (Exhibit A, p. 10 and testimony).
5. On ██████████, the Department sent Appellant an Advance Negative Action Notice informing him that his HHS would be terminated effective ██████████, because a home call was scheduled for ██████████, the ASW was unable to access the Appellant's building,

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and was unable to determine the Appellant's continued need for HHS. (Exhibit A, pp. 7-9 and testimony).

6. 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.

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.**

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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:

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

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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:

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

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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.

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].


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In this case the Appellant's ASW [REDACTED] stated she sent the Appellant a home call letter advising that she would be making a home call visit for his redetermination on [REDACTED]. The ASW stated that [REDACTED] she attempted the home visit with the Appellant but was unable to gain access into the apartment building where the Appellant had lived for the home visit. The Department then sent Appellant an Advance Negative Action Notice on [REDACTED] informing him that HHS would be terminated effective [REDACTED], because a home call was scheduled for [REDACTED], the ASW was unable to access the Appellant's building, and was unable to determine the Appellant's continued need for HHS. The ASW stated she had prior home visits scheduled for the Appellant but the Appellant called to cancel the previously scheduled home visits.

During the hearing, Appellant testified that he was not aware of the fact that there was supposed to be a home visit on [REDACTED]. Appellant indicated he did not receive the home call letter. Appellant also claimed that he only cancelled one home visit due to a doctor's appointment. Appellant then stated that the ASW did not even know that he had moved. He gave his current address as [REDACTED]. On cross examination the Appellant could not give the exact date he had moved, but indicated it was somewhere in [REDACTED] or [REDACTED]. Appellant claimed that he had attempted to call the ASW to give the change of address, but no such change of address was received by the ASW. Appellant also admitted that he did not have a forwarding address at the post office. He said it was a quick move. He also admitted that he did not inform his eligibility worker at [REDACTED] of his change of address, and that he knew it was his responsibility to notify DHS of a change of address.

[REDACTED] was recalled and stated she was not aware of any change of address for the Appellant, that she never received a change of address from him. [REDACTED] stated she attempted to make her home call at the address she had for the Appellant at an apartment complex off of [REDACTED] in [REDACTED]. She also questioned the Appellant's claim that he did not get the home visit letter, or was not aware of the attempted home call, because he called her shortly after the home visit from another phone number that she did not have for him.

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 the Appellant not being at home on the scheduled date, or due to the fact that he had actually moved to his new address and failed to properly notify DHS of his change of address 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.

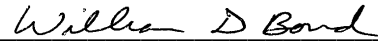
  
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**DECISION AND ORDER**

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

Date Signed: 

Date Mailed: 

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.