

**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. 2014-12746 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 her own 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. ██████████, Adult Services Supervisor was also present but did not testify.

**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 (DOB ██████████) Medicaid beneficiary. (Testimony).
2. Appellant has been diagnosed with foot pain, high cholesterol, and she had a bunionectomy. (Exhibit A, p. 5).
3. On ██████████, Appellant's doctor completed a DHS 54A Medical Needs form indicating the Appellant only needed assistance with meal preparation, shopping, laundry, and housework. (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 the Appellant only needed hands on assistance with shopping, laundry, housework, and meal preparation. (Exhibit A, pp. 12-13 and testimony).

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5. On [REDACTED] the ASW contacted the Appellant's physician [REDACTED] and he confirmed that the Appellant had a bunionectomy in [REDACTED]. He reported that the Appellant only needed assistance with shopping, laundry, housework, and meal preparation. (Exhibit A, p. 12).
6. On [REDACTED], the ASW issued an Adequate Action Notice to Appellant informing her that her request for HHS would be denied because she did not need hands on assistance with any of her ADLs. (Exhibit A, pp. 7-11 and testimony).
7. 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 (12-1-2013) (hereinafter "ASM 101") and Adult Services Manual 120 (12-1-2013) (hereinafter "ASM 120") address the issues of what services are included in Home Help Services and how such services are assessed:

**Payment Services Home Help**

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.
- Light housecleaning.

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 or her daughter agrees to assist her at no charge. 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 1-3 of 5, emphasis added].

\* \* \*

**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 or encouraging (functional assessment rank 2). [ASM 101, page 5 of 5].

**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 or her daughter agrees to assist her at no charge. Ms. Smith would be eligible to receive assistance with IADL's if the assessment determines a need at a level 3 or greater. [ASM 120, pages 2-3 of 7, emphasis added].

Here, the ASW stated on ██████████ she did a home visit with the Appellant and did a face-to-face assessment to determine Appellant's eligibility for HHS. The ASW determined the Appellant only needed hands on assistance with shopping, laundry, housework, and meal preparation. The ASW stated she received a Medical Needs Form from the Appellant's doctor dated ██████████ that indicated the Appellant only needed help with meal preparation, shopping, laundry, and housework. On ██████████, the ASW contacted the Appellant's physician ██████████ to clarify some of the information on the Medical Needs Form, and he confirmed that the Appellant had a bunionectomy in ██████████. He reported that the Appellant only needed assistance with shopping, laundry, housework, and meal preparation. Accordingly, the ASW determined the Appellant did not meet the criteria for HHS as she did not need hands on assistance with any of her ADLs. (Exhibit A, pp. 12-13).

The ASW referred to the rankings she gave the Appellant as a result of her assessment. The Appellant was ranked at a 1 for bathing, grooming, and dressing, toileting, transferring, continence, eating, respiration and mobility. The Appellant was ranked at a 3 for her IADLS of housework, laundry, shopping, and meal preparation.

The ASW stated on ██████████ she sent out an Adequate Negative Action Notice to the Appellant informing her that HHS would be denied because she did not need hands on assistance with any of her ADLs. (See Exhibit A, pp. 7-11). In response to the

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Appellant's question, the ASW stated she did not receive an additional Medical Needs Form from the Appellant indicating that she had carpal tunnel syndrome.

The ASW referenced the policy on eligibility for HHS, (see ASM 120, page 3 of 7), and stated HHS may only be authorized for needs assessed at the 3 level or greater and that an individual must be assessed with at least one activity of daily living in order to be eligible to receive HHS. The ASW acknowledged that the policy supported the negative action she took in this case.

During the hearing, the Appellant said she sent in another Medical Needs Form about [REDACTED] months ago that indicated she had carpal tunnel. Appellant stated she does need assistance because she gets tired and dizzy, she has back pain and when she bends over she has trouble getting back up, and she does have carpal tunnel in her hands and can hardly use them. Appellant testified she needed help with laundry and doing errands around the house. Appellant confirmed the Medical Needs form prepared by her doctor in [REDACTED] only certified that she needed help with meal preparation, shopping, laundry, and housework.


The preponderance of reliable evidence in this case demonstrates that at the time of the ASW's assessment, the Appellant did not identify a need for hands on assistance with any of her ADLs. Furthermore, the Appellant's doctor only certified that she needed help with meal preparation, shopping, laundry, and housework. 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 5; ASM 120, page 3 of 7. 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**.



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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.