

**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. 2014-25192 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.*, and upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appellant's niece, also testified as a witness for Appellant. ██████████, Appeals Review Officer, represented the Department of Community Health ("DCH" or "Department"). ██████████, Intake Worker, and ██████████, Adult Services Supervisor, from the ██████████ Department of Human Services (DHS) testified as witnesses for the Department.

ISSUE

Did the Department properly deny Appellant's request for additional 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 who has been diagnosed with morbid obesity; traumatic bilateral sciatica; osteoarthritis; coronary artery disease; hyperglycemia, steroid induced; and diabetes. (Respondent's Exhibit A, page 6; Respondent's Exhibit B, page 1).
2. On ██████████, Appellant was referred for HHS. (Respondent's Exhibit A, page 5).
3. As part of her application, Appellant submitted a medical needs form completed by her doctor. (Respondent's Exhibit B, page 1).
4. In that medical needs form, Appellant's doctor indicated that Appellant had a medical need for assistance with toileting, bathing, mobility, taking medications, meal preparation, shopping, laundry, housework, and range

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of motion exercises. (Respondent's Exhibit B, page 1).

5. On ██████████, ██████ conducted an initial assessment with Appellant in Appellant's home. (Respondent's Exhibit A, page 8).
6. During that assessment, Appellant reported that she lived alone. (Respondent's Exhibit A, page 8; Testimony of Appellant).
7. Appellant also reported that her daughter will work as her provider, through an agency, and that Appellant requires assistance with mobility four days per week, medication set-up once a week, housework four days per week, meal preparation three days per week, shopping once a week, and laundry once a week. (Respondent's Exhibit A, page 8; Testimony of ██████).
8. Appellant further reported that she could bathe, groom, dress, toilet, and transfer independently. (Respondent's Exhibit A, page 10; Testimony of ██████).
9. ██████ also observed that Appellant's bed was on the first floor, in the front room, and that Appellant utilized a four-pronged cane, a commode, and a walker. (Respondent's Exhibit A, page 8).
10. Following the assessment, ██████ checked the Bridges computer system used by the Department and discovered that Appellant's daughter had an active Medicaid case at the same address. (Respondent's Exhibit A, page 8; Testimony of ██████).
11. Based on her finding that Appellant's daughter was using the same address, ██████ decided to prorate any assistance Appellant received with the tasks of laundry, shopping, housework and meal preparation pursuant to the Department's policy regarding shared living arrangements. (Testimony of ██████).
12. On ██████████, the Department sent Appellant written notice that she had been approved for 12 hours and 6 minutes of HHS per month, with a total monthly care cost of \$██████. (Respondent's Exhibit A, page 7).
13. Specifically Appellant was approved for assistance with mobility 14 minutes per day, 4 days a week (4:01 per month); taking medications 2 minutes a day, 1 day a week (0:09 per month); housework 6 minutes a day, 4 days a week (1:43 per month); laundry 7 minutes a day, 1 day a week (0:30 per month); shopping 5 minutes a day, 1 day a week (0:21 per month) and meal preparation 25 minutes a day, 3 days a week (5:22 per month). (Respondent's Exhibit A, page 9).

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14. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed by Appellant in this matter. (Respondent's Exhibit A, page 4).
15. In that request, Appellant asserted that she needs more hours of HHS and assistance due to her disabilities. (Respondent's Exhibit A, page 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") addressed the issues of what services are included in HHS and how such services are assessed.

For example, ASM 101 provides:

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. 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 [sic] if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the functional assessment. This individual would be eligible to receive home help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub which allows him to bathe himself without

the hands-on assistance of another. The adult services specialist must rank Mr. Jones a 3 or greater under the functional assessment. Mr. Jones would be eligible to receive home help services.

Assistive technology would include such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and handheld showers.

Expanded Home Help Services (EHHS)

Expanded home help services can be authorized for individuals who have severe functional limitations which require such extensive care that the service cost must be approved by the adult services supervisor/local office designee and/or the Department of Community Health.

Complex Care

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on clients whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating or feeding assistance.
- Catheters or leg bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Dialysis (In-home).
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

* * *

Services not Covered by Home Help

- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2).

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- Services provided for the benefit of others.
- Services for which a responsible relative is able and available to provide (such as house cleaning, laundry or shopping). A responsible relative is defined as an individual's spouse or a parent of an unmarried child under age 18.
- Services provided by another resource at the same time (for example, hospitalization, MI-Choice Waiver).
- Transportation - See Bridges Administrative Manual (BAM) 825 for medical transportation policy and procedures.
- Money management such as power of attorney or representative payee.
- Home delivered meals.
- Adult or child day care.
- Recreational activities. (For example, accompanying and/or transporting to the movies, sporting events etc.)

Note: The above list is not all inclusive.

ASM 101, pages 1-3, 5 of 5

Moreover, ASM 120 states:

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.

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- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking Medication.
- Meal Preparation and Cleanup.
- Shopping.
- Laundry.
- Light Housework.

Functional Scale

ADLs and IADLs 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 if assessed at a level 3 or greater.

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 [sic] if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the functional assessment. This individual would be eligible to receive home help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub, which allows him to bathe himself without the hands-on assistance of another. The adult services specialist must rank Mr. Jones a 3 or greater under the functional assessment. Mr. Jones would be eligible to receive home help services.

Assistive technology includes such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and hand held showers.

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.

Complex Care Needs

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are per-formed on clients whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating or feeding assistance.
- Catheters or leg bags.
- Colostomy care.
- Bowel program.
- Suctioning.

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- Specialized skin care.
- Range of motion exercises.
- Dialysis (In-home).
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

When assessing a client with complex care needs, refer to the complex care guidelines on the adult services home page.

Time and Task

The specialist will allocate time for each task assessed a rank of 3 or greater, based on interviews with the client and provider, observation of the client's abilities and use of the reasonable time schedule (RTS) as a **guide**. The RTS can be found in ASCAP under the Payment module, Time and Task screen. When hours exceed the RTS, a rationale **must** be provided.

An assessment of need, at a ranking of 3 or greater, does not automatically guarantee the maximum allotted time allowed by the reasonable time schedule (RTS). **The specialist must assess each task according to the actual time required for its completion.**

Example: A client needs assistance with cutting up food. The specialist would only pay for the time required to cut the food and not the full amount of time allotted under the RTS for eating.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all instrumental activities of daily living (IADL) except medication. The limits are as follows:

- Five hours/month for shopping.
- Six hours/month for light housework.
- Seven hours/month for laundry.
- 25 hours/month for meal preparation.

Proration of IADLs

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as home help services are **only** for the benefit of the client.

Note: This does not include situations where others live in adjoining apartments/flats or in a separate home on shared property and there is no shared, common living area.

In shared living arrangements, where it can be **clearly** documented that IADLs for the eligible client are completed separately from others in the home, hours for IADLs do not need to be prorated.

Example: Client has special dietary needs and meals are prepared separately; client is incontinent of bowel and/or bladder and laundry is completed separately; client's shopping is completed separately due to special dietary needs and food is purchased from specialty stores; etc.

ASM 120, pages 2-6 of 7

In this case, following a home visit and functional assessment, the Department decided to authorize HHS in the amount of 12 hours and 6 minutes per month. (Respondent's Exhibit A. page 9). Specifically, HHS were authorized for assistance with mobility, taking medications, housework, laundry, shopping, and meal preparation. (Respondent's Exhibit A. pages 19-22).

Appellant challenges the amount of HHS authorized in her request for hearing and argues that the Department both failed to approve HHS for all the tasks she requires assistance with, such as toileting, or to authorize sufficient time for assistance with the tasks it did approve HHS for.

Each of the disputed tasks will be discussed below. Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in making its decision. Moreover, the undersigned Administrative Law Judge's jurisdiction is limited to reviewing the Department's decisions in light of the information it had at the time it made those decisions.

From the reasons discussed below, this Administrative Law Judge finds that Appellant has failed to meet her burden of proof in this case and that the Department's actions must therefore be affirmed.

Toileting

Here, Appellant was ranked a “1” in toileting and no assistance was authorized with respect to that task. (Respondent’s Exhibit A, pages 8-9). In making that determination, ██████ noted and testified that Appellant reported using a commode, but that she had no other continence issues and could perform all toileting independently. (Respondent’s Exhibit A, pages 8-10; Testimony of ██████).

In response, Appellant testified that, while she is independent in most aspects of toileting, she cannot carry her commode upstairs to discharge/empty it. (Testimony of Appellant). Appellant’s doctor also certified a need for assistance with toileting on the medical needs form. (Respondent’s Exhibit B, page 1).

With respect to toileting, Adult Services Manual 121 (5-1-2013) (hereinafter “ASM 121”), page 1 of 6, provides:

Toileting - helping on/off the toilet, commode or bedpan; emptying commode, bed pan or urinal, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads. May also include catheter, ostomy or bowel programs.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required.
- 3 Minimal hands-on assistance or assistive technology needed with some activities. The constant presence of another person while toileting is not necessary.
- 4 The client does not carry out most activities without human assistance.
- 5 Totally dependent on others in all areas of toileting.

Pursuant to that definition, emptying a commode does constitute reimbursable bathing assistance if necessary. However, this Administrative Law Judge’s jurisdiction is limited to reviewing the Department’s decision in light of the information it had at the time it made that decision and, in this case, it does not appear that Appellant reported needing such assistance during the home visit. ██████ credibly testified that no such assistance was requested while Appellant could not recall exactly what she said. It is also possible that Appellant did not understand all of what toileting assistance can entail and therefore described herself as independent in that task without describing assistance related solely to cleaning up.

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To the extent Appellant failed to describe all her needs, she is free to request assistance with toileting in the future. With respect to the denial at issue in this case, however, the Department's decision must be affirmed given the information available at the time.

Bathing/Range of Motion Exercises

On the medical needs form, Appellant's doctor also identified Appellant as having a medical need for assistance with bathing and range of motion exercises. (Respondent's Exhibit B, page 1). However, during both the home visit and the hearing, Appellant either specifically stated that she was independent in those tasks or failed to identify a need for any such assistance. (Testimony of Appellant). Accordingly, the Department's decision not to award any such assistance must also be affirmed.

Mobility

Appellant was ranked a "3" in mobility Department authorized 14 minutes per day, 4 days a week (4:01 per month) of assistance with that task. (Respondent's Exhibit A, pages 8, 10).

With respect to mobility, ASM 121, page 4 of 6, states:

Mobility - Walking or moving around inside the living area, changing locations in a room, assistance with stairs or maneuvering around pets, or obstacles including uneven floors.

- 1 No assistance required even though the client may experience some difficulty or discomfort. Completion of the task poses no risk to safety.
- 2 Client is able to move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane.
- 3 Minimal hands-on assistance required for specific maneuvers with a wheelchair, negotiating stairs or moving on certain surfaces. Without the use of a walker or pronged cane, client would need physical assistance.
- 4 Requires hands-on assistance from another person with most aspects of mobility. Would be at risk if unassisted.

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- 5 Totally dependent on other for all mobility. Must be carried, lifted or pushed in a wheelchair or gurney at all times.

Here, Appellant's doctor certified a need for assistance with mobility on the medical needs form (Respondent's Exhibit B, page 1) and ██████ observed that Appellant used a four-pronged cane and walker due to her shortness of breath, unstable legs, and drowsiness from medications. (Respondent's Exhibit A, pages 8, 10). ██████ also testified that, in addition to her adaptive equipment, Appellant also reported a need for hands-on assistance with mobility 4 days a week. (Testimony of ██████). Therefore, ██████ approved assistance with mobility 4 days a week and in the amount recommended by the RTS for a ranking of 3. (Testimony of ██████).

In response, Appellant testified that she is a fall risk and that she never uses her walker or cane unassisted in the home. (Testimony of Appellant). Appellant also testified that she requires such assistance every single day. (Testimony of Appellant).

Given the above evidence, the undersigned Administrative Law Judge finds that Appellant has failed to meet her burden of proving that she requires more assistance with mobility. Appellant uses adaptive equipment and, while it is undisputed that she still requires some physical assistance as well, that hands-on assistance would be minimal given the adaptive equipment being used and the Department properly ranked Appellant a "3" in mobility. Nor did Appellant suggest any reason for going above the minutes per day of assistance recommended by the RTS. Moreover, ██████ credibly testified and wrote in her notes, which were drafted at the time of the assessment, that Appellant only reported a need for assistance with mobility 4 days per week.

Taking Medications

Appellant was ranked a "3" in taking medications and the Department authorized 2 minutes a day, 1 day a week (0:09 per month) for assistance with that task. (Respondent's Exhibit A, pages 8-10).

With respect to taking medications, ASM 121, page 4 of 6, states:

Taking Medication - Taking prescribed and/or over the counter medications

- 1 No assistance required.
- 2 Client is able to take all medications but needs reminding or direction.
- 3 Client is able to take all medication if someone assists in measuring dosages or prepares administration schedule.

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- 4 Client is able to take some medication if another person assists in preparation, but needs someone to assist in administering other medications.
- 5 Totally dependent on another. Does not take medication unless someone assists in administering.

Here, the Department based Appellant's ranking and services with respect to taking medications on Appellant's reports that she is able to physically take her medications so long as her daughter assists her by setting up the medication. (Respondent's Exhibit A, pages 8, 10; Testimony of ██████████). Appellant also reported that her daughter sets up the medications once a week. (Respondent's Exhibit A, pages 8, 10; Testimony of ██████████).

Appellant testified in response that, while she can physically take her own medications and only needs her daughter to set up those medications once a week, the abundance of medications that Appellant's takes, including injections, means that she requires more than 2 minutes a week as assistance. (Testimony of Appellant). Appellant also testified that her daughter has to call the pharmacies and pick up the medications. (Testimony of Appellant).

However, Appellant failed to report any additional or different needs than those noted by ██████████ and Appellant has failed to demonstrate that she needs more for such assistance. Similarly, while it is undisputed that Appellant's daughter has to pick up Appellant's medications, that assistance is considered part of Appellant's shopping assistance and not assistance with taking medications.

Meal Preparation/Shopping/Laundry/Light Housework

As discussed above, the Department also authorized HHS for assistance with the tasks of meal preparation, shopping, laundry and light housework. Those four tasks may also be grouped together in this decision and order as the arguments and evidence of the parties are essentially the same for each task.

██████████ ranked Appellant a "3" in meal preparation and authorized 25 minutes a day, 3 days a week (5:22 per month) of assistance with that task; a "4" in shopping and authorized 5 minutes a day, 1 day a week (0:21 per month) of assistance with that task; a "4" in laundry and authorized 7 minutes a day, 1 day a week (0:30 per month) of assistance with that task; and a "3" in light housework and authorized 6 minutes a day, 4 days a week (1:43 per month) of assistance with that task. (Respondent's Exhibit A, pages 9-10).

██████████ also testified that, with each task, the number of days of assistance that was authorized was based upon what Appellant specially reported during the home visit. (Testimony of ██████████).

██████████ further testified that the minutes per day of assistance that was authorized was based upon the proration of one-half of the minutes per day recommended by the RTS

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used by the Department. (Testimony of ██████). According to ██████, she saw no reason in this case for approving additional hours beyond the RTS and that the assistance Appellant was authorized for the four IADLs had to be prorated by one-half due to the fact that the Department's information provided that Appellant lived in shared household with another adult. (Testimony of ██████).

In response, Appellant first disputes the rankings ██████ assigned her. According to Appellant's initial testimony, she is totally dependent on her daughter's assistance for the tasks of meal preparation, shopping, laundry and light housework. (Testimony of Appellant). However, even if Appellant's daughter generally completes those tasks for Appellant, Appellant's subsequent testimony makes clear that she can perform some aspects of the activities on her own given the definitions provided for the tasks.

Regarding meal preparation, shopping, laundry and light housework, ASM 121, pages 5-6 of 6 states:

Meal Preparation - Planning menus. Washing, peeling, slicing, opening packages/cans, mixing ingredients, lifting pots/pans, reheating food, cooking, safely operating stove, setting the table, serving the meal. Washing/drying dishes and putting them away.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required for menu planning, meal preparation or clean up.
- 3 Minimal hands-on assistance required for some meals. Client is able to reheat food prepared by another and/or prepare simple meals/snacks.
- 4 Requires another person to prepare most meals and do clean-up.
- 5 Totally dependent on another for meal preparation.

Shopping - Compiling a list, managing cart or basket, identifying items needed, transferring items to home and putting them away, phoning in and picking up prescriptions. Limited to brief, occasional trips in the local area to shop for food, medical necessities and household items required specifically for the health and maintenance of client.

- 1 No assistance required.
- 2 Verbal direction, prompting or reminding is required for shopping.

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- 3 Minimal hands-on assistance required for some task (grocery shopping) but client can compile a list and go to nearby store for small items.
- 4 Requires hands-on assistance from another person with most aspects of shopping but client is able to accompany and select needed items.
- 5 Totally dependent on another for shopping.

Laundry - Gaining access to machines, sorting, manipulating soap containers, reaching into the machine for wet/dry clothing, operating the machine controls, hanging laundry to dry, folding and putting away.

- 1 No assistance required.
- 2 Performs all tasks but needs reminding or direction to do laundry on a regular basis or to do it properly.
- 3 Minimal hand-on assistance required with some task but is able to do most laundry without assistance
- 4 Requires hands-on assistance from another person with most aspects of laundry. Is able to perform some laundry tasks such as folding small clothing items or putting clothes away.
- 5 Totally dependent on another for laundry.

Light Housecleaning - Sweeping, vacuuming and washing floors; washing kitchen counters and sinks; cleaning the bathroom; changing bed linens; taking out garbage; dusting; cleaning stove top; cleaning refrigerator.

- 1 No assistance required
- 2 Performs all tasks but needs reminding or direction from another.
- 3 Requires minimal assistance from another for some tasks due to limited endurance or limitations in bending, stooping or reaching.
- 4 Requires assistance for most tasks although client is able to perform a few simple tasks alone such as

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dusting and wiping counters.

5 Totally dependent on another for housecleaning.

Given those definitions, it is clear that Appellant is not totally dependent on her daughter for meal preparation, shopping, laundry and light housework, and that Appellant should not have been ranked a "5" for those tasks as she claimed. While it is undisputed that Appellant needs assistance with all four tasks, Appellant herself testified that she is capable of performing some aspects of each task, such as preparing small meals; compiling a shopping list and getting small items on her own; folding clothing items; and dusting or wiping counters. (Testimony of Appellant). Accordingly, she was properly ranked.

Appellant also testified and argued that her assistance with meal preparation, shopping, laundry and light housework should not have been prorated because her daughter does not live with her and was not living with her at all times relevant to this action. (Testimony of Appellant). She also testified that ██████ should have contacted her if there was any confusion regarding Appellant's daughter's address and that Appellant's daughter corrected her address with Medicaid as soon as she and Appellant learned that the Bridges system reflected the same address. (Testimony of Appellant).

However, as discussed above, the undersigned Administrative Law Judge's jurisdiction is limited to reviewing the Department's decision in light of the information it had at the time it made that decision and, in this case, it is undisputed that the available information reflected that Appellant shared a household with her adult daughter/care provider. Moreover, while the Department did not discuss the issue further with Appellant, it was the responsibility of Appellant and her daughter to ensure that the Department had accurate addresses. Accordingly, the Department properly prorated the assistance authorized with meal preparation, shopping, laundry and light housework by one-half.

Appellant further testified that she never identified a specific number of days that she needed assistance with meal preparation, shopping, laundry or light housework. (Testimony of Appellant). According to Appellant, she just generally described her care needs and that, while her care needs may vary, she needs assistance on more days than she was authorized for. (Testimony of Appellant).

However, as discussed above, the undersigned Administrative Law Judge finds ██████ to be credible regarding the number of days Appellant identified for assistance with various tasks. ██████'s testimony is the same as what she noted at the time of the assessment and it also reflects the undisputed fact that Appellant is not provided assistance with meal preparation, shopping, laundry or light housework every single day.

Accordingly, as with all other disputed tasks, the undersigned Administrative Law Judge also finds that Appellant failed to meet her burden of proving that the Department erred in denying any additional assistance with the tasks of meal preparation, shopping, laundry or light housework.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that, the Department properly denied Appellant's request for additional HHS.

IT IS THEREFORE ORDERED THAT:

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

Steven Kibit

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

Date Signed: [REDACTED] -

Date Mailed: [REDACTED] -

SK [REDACTED]

cc: [REDACTED]

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***** 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.