

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 2014-35843 HHS

██████████

██████████

██████████

Appellant.

_____ /

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 the request for hearing filed on behalf of Appellant/Petitioner.

After due notice, a telephone hearing was held on ██████████ Appellant's mother and legal guardian, appeared and testified on Appellant's behalf. ██████████ also testified as a witness for Appellant. Appellant; ██████████, Appellant's sister and stand-by guardian; and ██████████, a worker from Community Support and Treatment Services (CSTS); were present for Appellant, but did not testify.

██████████, Appeals Review Officer, represented the Department of Community Health (Department or DCH). ██████████, Adult Services Worker (ASW) from the ██████████ County Department of Human Services (DHS), and ██████████, registered nurse, testified as witnesses for the Department. ██████████, Adult Services Supervisor at the ██████████ County DHS, was also present for the Department, but did not testify.

ISSUE

Did the Department properly deny Appellant's request for additional Home Help Services (HHS) and, instead, reduce those services?

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 tuberous sclerosis; chronic seizure disorder; severe mental retardation; osteoporosis; multiple fractures; and a persistent cough. (Respondent's Exhibit A, pages 5-6).

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2. Appellant's mother is her plenary legal guardian and lives with her. (Respondent's Exhibit A, pages 4-7, 11).
3. Appellant was referred for HHS after she turned █████ years-old, and she has been receiving such services since █████. (Respondent's Exhibit A, page 4).
4. The amount of HHS has varied over the years, but, prior to the reduction at issue in this case, Appellant was most recently approved for █████ hours and 1 minute of HHS per month, with a total monthly care cost of █████ (Respondent's Exhibit A, page 24; Respondent's Exhibit B, page 1).
5. Specifically, Appellant was approved for assistance with bathing, grooming, dressing, toileting, transferring, eating, mobility, taking medications, housework, laundry, shopping, and meal preparation. (Respondent's Exhibit B, page 1).
6. Appellant's mother is her only enrolled home help provider. (Respondent's Exhibit A, pages 18-20; Respondent's Exhibit B, page 1; Testimony of Appellant's representative).
7. Appellant also receives █████ hours per day of Community Living Supports (CLS) from CSTS through a separate Medicaid program. (Testimony of Appellant's representative; Testimony of █████).
8. On █████ ASW █████ conducted a routine reassessment in Appellant's home with Appellant, Appellant's mother, Appellant's sister, Appellant's former CLS worker, and Appellant's current CLS worker. (Respondent's Exhibit A, pages 11-12).
9. During that assessment, Appellant's mother reported that she works full-time and that the CLS workers assist Appellant while she is at work. (Respondent's Exhibit A, page 11; Testimony of Appellant's representative).
10. With respect to the assistance that Appellant needs, Shaw ranked Appellant a "5" in all tasks and found that Appellant continued to require assistance with all Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). (Respondent's Exhibit A, pages 12-17; Testimony of █████).
11. Shaw further determined that Appellant's care costs should be increased and that those costs would exceed the limits that █████ could approve on her own. (Respondent's Exhibit A, page 12; Testimony of █████).

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12. Accordingly, on ██████████ forwarded a request for Expanded Home Help Services (EHHS) to the appropriate section within the Department. (Respondent's Exhibit A, page 11; Testimony of ██████████).
13. That request asked for an increase to ██████ hours and ██████ minutes of HHS per month, with a total monthly care cost of ██████████. (Respondent's Exhibit A, page 18).
14. Specific changes to Appellant's HHS would include the addition of assistance with range of motion exercises and tube feeding; increases in the amount of assistance with dressing, transferring, eating, and mobility; and decreases in the amount of assistance with toileting, taking medications, housework, shopping, and meal preparation. (Respondent's Exhibit A, page 18; Respondent's Exhibit B, page 1).
15. On ██████████, RN ██████████ began reviewing the request for EHHS and she became concerned with the amount of time sought for some tasks; the assistance provided while Appellant's home help provider was at work; and the coordination of Appellant's HHS and CLS. (Respondent's Exhibit A, pages 22-23; Testimony of ██████████).
16. Accordingly, ██████████ asked for clarification and information regarding the times Appellant is fed by mouth or by tube; the timing of medications and who gives them; and what time Appellant's mother works and the actual tasks she performs before and after work. (Respondent's Exhibit A, page 23; Testimony of ██████████).
17. ██████████ also noted that, in her view, the times sought for some tasks seemed high given that Appellant's provider is out of the home for many hours per day. (Respondent's Exhibit A, page 23; Testimony of ██████████).
18. Additionally, ██████████ sought information as to who is providing the necessary care while Appellant's mother is at work; who is paying for that care; why there are no other home help providers; and how the requested times were arrived at. (Respondent's Exhibit A, page 23; Testimony of ██████████).
19. In ██████████, Appellant's mother provided a letter to the Department as part of the response to ██████████ questions and concerns. (Petitioner's Exhibit 1, pages 16-21; Testimony of Appellant's representative; Testimony of ██████████)
20. In that letter, Appellant's representative wrote that she generally works ██████ a.m. to ██████ p.m., ██████████ through ██████████ but that she also sometimes works later on those days or works on weekends as well. (Petitioner's Exhibit 1, page 16).

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21. With respect to the care she provides before going to work, Appellant's mother wrote that she has to sleep with Appellant for safety reasons; constantly monitor her for seizures; administer some medications routinely and some as needed; assist with all toileting and diaper changes; transfer Appellant out-of-bed and into a chair and/or couch; brush Appellant's teeth and wash her face; dress Appellant; prepare a meal; help her eat and drink; and prepare medications and tube feedings for the other caregivers to complete later in the day. (Petitioner's Exhibit 1, pages 17-18).
22. Appellant's mother also wrote that, while she is at work, she assists Appellant by ordering supplies and scheduling appointments. (Petitioner's Exhibit 1, page 18).
23. As for the care provided after Appellant's mother returns from work, she wrote that, among other things, on a typical day she will process all of Appellant's mail and paperwork; assist her with toileting and diapers as needed; wash Appellant's face daily and assist with showers at least every other day; complete all necessary grooming; prepare meals and snacks, feed Appellant; clean up after meals and other housework; transfer Appellant as needed; do laundry; organize Appellant's clothes for other caregivers; complete range of motion exercises; speak to Appellant and keep her engaged; help Appellant feed her pets; complete occasional shopping trips; administer medications; help Appellant play with toys; read to her; apply lotions; prepare Appellant for bed; convince her to go to bed; monitor for seizures; and assist with any seizures that do occur. (Petitioner's Exhibit 1, pages 18-20).
24. Appellant's mother also wrote: "Most of the tasks usually provided by me are provided by her caregivers while I am at work. However, I provide all of those tasks every minute I am not at work, including during the night." (Petitioner's Exhibit 1, page 17).
25. Appellant's mother further testified during the hearing that she pays the other caregivers out of the HHS payments she receives as the enrolled home help provider. (Testimony of Appellant's representative).
26. After reviewing the information she received, [REDACTED] determined that Appellant's HHS should be reduced because Appellant's home help provider maintains a full-time job, with CSTS providing all care while she is at work, and the amount of assistance to be approved must only be the care provided by Appellant's mother while she is at home. (Testimony of [REDACTED])

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27. Specifically, ██████████ recommended that Appellant be approved for ██████ hours and ██████ minutes of HHS per month, with a total monthly care cost of ██████████ after adding assistance with range of motion and tube feeding, but reducing the time for assistance with all over tasks except laundry (Respondent's Exhibit A, pages 10, 19; Respondent's Exhibit B, page 1).
28. According to ██████████ those recommendations were based on her estimation of the amount of time and tasks that Appellant's mother could reasonably perform while she is in the home. (Respondent's Exhibit A, pages 10; Testimony of ██████████).
29. ██████████ received ██████████ recommendations on ██████████ and she decided to implement those recommendations, except with the tasks of bathing and mobility, where she determined that the times authorized should be at least the times recommended by the reasonable time schedule (RTS) used by the Department as a guide. (Respondent's Exhibit A, pages 10, 20; Testimony of ██████████).
30. Overall, ██████████ determined that Appellant should be approved for ██████ hours and ██████ minutes of HHS, with a total monthly care cost of ██████████. (Respondent's Exhibit A, pages 10, 20; Testimony of ██████████).
31. On ██████████ sent Appellant and her mother written notice that Appellant's HHS would be reduced on ██████████ (Respondent's Exhibit A, pages 7-9b).
32. On ██████████, the reduction took effect. (Respondent's Exhibit A, page 24).
33. On ██████████, the Michigan Administrative Hearing System (MAHS) received a request for hearing filed on Appellant's behalf. (Petitioner's Exhibit 1, page 3).

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.

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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 HHS and how such services are assessed. For example, ASM 101 states in part:

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.

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- 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 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 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.

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

Home help services must **not** be approved for the following:

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

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- 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 1-5

Additionally, ASM 120 provides in part:

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

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.

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- 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.
 - Use the DHS-27, Authorization To Release Information, when requesting client information from another agency.
 - Use the DHS-1555, Authorization to Release Protected Health Information, if requesting additional medical documentation.. [sic] This form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion adult protective services cases; see SRM 131, Confidentiality.

* * *

Functional Assessment

The **Functional Assessment** module of the **ASCAP** comprehensive assessment is the basis for service planning and for the home help services 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/cleanup.

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- Shopping for food.
- 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.

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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.

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 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).

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- 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

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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.

* * *

Expanded Home Help Services (EHHS)

Expanded home help services exists if all basic home help services eligibility criteria are met and the assessment indicates the client's needs are so extensive that the cost of care cannot be met within the monthly maximum payment level of \$549.99.

Michigan Department of Community Health Approvals

When the client's cost of care exceeds \$1299.99 for **any** reason, the adult services specialist must submit a written request for approval to the Michigan Department of Community Health (MDCH).

Follow the **Procedures for Submitting Expanded Home Help Requests** found on the Adult Services Home Page. Submit the request with all required documentation to:

Michigan Department of Community Health
Long Term Care Services Policy Section
Capital Commons Building, 6th Floor
P.O. Box 30479
Lansing, MI 48909

MDCH will provide written documentation (DCH-1785) of approval. A new request **must** be submitted to the Michigan

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Department of Community Health whenever there is an increase in the cost of care amount. A new request is **not** require if the cost of care decreases below the approved amount set by MDCH.

Note: If an expanded home help case closes and reopens within 90 days and the care cost remains the same, a new MDCH approval is **not** required.

ASM 120, pages 1-7

Here, Appellant's need for HHS is undisputed and she has continually been authorized for such services. The parties do, however, dispute the amount of HHS to be authorized; with Appellant seeking an increase from ████████ hours and █ minute (██████████) per month to █████ hours and █ minutes (██████████) per month and the Department instead reducing her services to █████ hours and █ minutes (██████████) per month.

Appellant and her representative bear the burden of proving by a preponderance of the evidence that the Department erred in denying the request for an increase and reducing Appellant's services.

According to RN ████████ the denial and reduction was based on the information submitted along with the request for EHHS. In particular, she noted that, while Appellant requires significant care, not all of that care is being provided by Appellant's enrolled home help provider as that provider works a full-time job and Appellant would necessarily be receiving some of the previously-authorized HHS while the provider is at work. The amount of assistance to be approved must only be the care provided by Appellant's enrolled provider and, as testified to by ████████ and ████████, the subsequent reduction was based on an estimation of the amount of time and covered tasks that Appellant's mother could reasonably perform while she is not working.

In response, Appellant's representative acknowledges that she is the sole enrolled home help provider; she works a full-time job; and that other caregivers provide the HHS while she is at work. Appellant's representative also testified that she will then pay those other caregivers out of the HHS payments she receives, as she has always done and was previously told was an acceptable arrangement. However, Appellant's representative further testified that Appellant requires greater assistance than what she has been approved for in the past and that Appellant's representative provides all necessary care every minute she is not at work, as outlined in the letter she submitted to the Department.

As a preliminary matter, the undersigned Administrative Law Judge would note that the current arrangement of Appellant's representative paying other caregivers out of the HHS payments she receives is inappropriate and violates policy. As provided in the

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above policy, as well as in Adult Services Manual 135 (12-1-2009), pages 1-9, payments may only be authorized for HHS if the services are provided by providers who are enrolled by the Department, meet the requirements outlined in policy; and provide logs regarding the services that they themselves provide.

Moreover, as Appellant's sole enrolled provider was already not providing all of the previously-approved services, the denial of the request for an increase and the reduction in the amount of services Appellant was receiving was proper. The Department can only approve and pay for the services provided by the enrolled home help provider and, in this case, it is undisputed that more services were being approved and paid for than being provided by that enrolled home help provider. Appellant's representative testified about the significant amount of services she provides, but also acknowledged that some of the HHS were provided by others while the representative is at work and that she pays them their share of the HHS payments from the Department.

Given that the reduction was based on the fact that the sole enrolled home help provider was providing fewer services than she was approved and paid for, and not expressly based on Appellant's needs, ██████████ also testified that Appellant's HHS would likely be increased if other home help providers were enrolled. In that case, the Department could authorize all necessary services and accurately reflect the covered tasks being provided by multiple parties. At the time of the negative action in this case though, Appellant only had one enrolled home help provider and the Department could only pay for the services she provided. Accordingly, both the denial of Appellant's request and the reduction in services was proper.

Nevertheless, while the reduction itself was proper, the undersigned Administrative Law Judge finds that the Department erred with respect to the amount of that reduction. As testified to by the Department's witnesses, the reduction was primarily based on ██████████ estimation of the amount of time and covered tasks that Appellant's mother could reasonably perform while she is not working. However, ██████████ did not provide any rationale as to how she came to that estimation and the approved services only combine for about █ hours and █ minutes per day. Even considering that some of the assistance provided by Appellant's representative is not covered by the Home Help Program, such as supervision; monitoring; and handling paperwork; the information submitted to the Department and Appellant's representative's credible testimony reflect that Appellant's representative provides more than █ hours and █ minutes of hands-on assistance with the approved tasks per day, especially considering that Appellant's representative does not work every day; would have more time to provide care on the weekends; and not all of the approved HHS tasks need be completed daily.

Therefore, while a reduction in services was proper, Appellant and her representative have met their burden of demonstrating by a preponderance of the evidence that the Department erred in specifically reducing Appellant's HHS to █ hours and █ minutes per month. Accordingly, the Department must initiate a reassessment of Appellant's services and the reduction that was implemented

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DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that, while the Department properly denied Appellant's request for an increase in HHS and instead reduced those services, it erred in the amount it reduced Appellant's services by.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **REVERSED**; it must initiate a reassessment of Appellant's services and the reduction that was implemented; and it must pay Appellant any retroactive payments she is otherwise entitled to.

Steven Kibit

Steven J. Kibit
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SK/db

cc: [REDACTED]

***** 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.