

**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. 15-000612-HHS

Case No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. Appellant appeared on her own behalf. ██████████ and ██████████, Appellant's caregivers, appeared as witnesses. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Supervisor and ██████████, Adult Services Worker (ASW) appeared as witnesses for the Department.

**ISSUE**

Did the Department properly deny Appellant's request for additional Home Help Services (HHS) hours and a retroactive HHS start date?

**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, born ██████████, who has been diagnosed with diabetes, high blood pressure, osteoarthritis, dyslipidemia, morbid obesity, anxiety, bi-polar disorder, angina and carpal tunnel syndrome. (Exhibit A, pp 5, 7; Testimony)
2. On or about ██████████, Appellant applied for HHS. (Exhibit A, p 6; Testimony)
3. As part of the application and assessment process, an Adult Services Worker (ASW) conducted a home visit with Appellant and her caregiver on ██████████. (Exhibit A, p 9; Testimony)
4. Following the home visit, Appellant's application for HHS was granted. Appellant was to receive 6 hours and 1 minute of HHS per month, with a total monthly care cost of \$██████. (Exhibit A, pp 10-12; Testimony)

5. On ██████████, the Department sent Appellant a Services and Payment Approval Notice. (Exhibit A, p 8; Testimony)
6. On ██████████, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. In that request, Appellant stated that she wanted a hearing with respect to her HHS payment. (Exhibit 1)

## **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 (ASM 120, 12-1-13), pages 1-6 of 7 addresses the adult services comprehensive assessment:

### **INTRODUCTION**

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 will 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.
- 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. The form is primarily used for APS cases.
- Follow rules of confidentiality when home help cases have companion APS cases, see SRM 131 Confidentiality.

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### **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 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 ranking 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 or her daughter agrees to assist her at no charge. Ms. Smith would be eligible to receive assistance with IADLs if the assessment determined 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.

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### **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 rationale **must** be provided.

An assessment of need, at a ranking of 3 or higher, 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 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 adjoined 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.

\* \* \* \*

*Adult Services Manual (ASM) 120, 12-1-13,  
Pages 1-6 of 7*

The Department's ASW testified that she allocated 12 minutes per day, 3 days per week of HHS for assistance with housework; 14 minutes per day, 2 days per week for laundry; and 10 minutes per day, 2 days per week for shopping. The Department's ASW testified that the times she allotted were based on the reasonable time schedule (RTS) used by the Department, her observations during the assessment, and what Appellant and her caregiver told her during the assessment.

Appellant's caregiver testified that she started providing services to Appellant on ██████████, after Appellant's doctor completed the 54-A Medical Needs Form, and believed that payments would be retroactive to that date once Appellant was approved for HHS.

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In response, the Department's ASW explained that HHS cannot start until the assessment is completed because, until that time, the Department does not know what Appellant's needs are.

Appellant testified that the house was a terrible mess when the caregivers started working in [REDACTED] because of a bed bug issue. Appellant indicated that she lost over half of her possessions because of the infestation and that her caregivers did a lot of cleaning and laundry during that time. Appellant indicated that because of her COPD it is difficult for her to go shopping and that it also difficult for her to get dressed because of a hairline fracture in her hip.

Appellant's caregiver also questioned the amount of HHS authorized. The Department's ASW explained the time allocated and reiterated that those times are based on the reasonable time schedule and the information provided to the ASW at the assessment. The ASW explained that the housework being paid for is light housework and does not include heavy cleaning or moving of furniture. The ASW also explained that the time allocated for laundry does not include the time the laundry is actually in the washer or the dryer.

Based on the evidence presented, Appellant has failed to prove, by a preponderance of the evidence, that she requires more HHS than she was approved for or that the Department incorrectly determined the start date for HHS. As indicated above, a face to face assessment is required before HHS can begin and here that meeting occurred on [REDACTED]. As such, HHS cannot be paid before [REDACTED]. The Department's ASW also properly calculated Appellant's HHS based on policy and the information provided by Appellant and her caregiver at their meeting. It appears that Appellant and her caregiver may not have told the ASW all of the help the caregiver was providing at the initial assessment, but the ASW can only base her findings on what she observes and what she was told. Based on that information, the original calculation was correct.

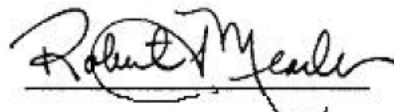
[REDACTED]  
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**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.



Robert J. Meade  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

cc:

[REDACTED]

RJM [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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 must 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.