



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
**DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
SUZANNE SONNEBORN  
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA  
ACTING DIRECTOR

[REDACTED]  
[REDACTED] MI [REDACTED]

Date Mailed: January 5, 2024  
MOAHR Docket No.: 23-008304  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Corey Arendt**

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; 42 CFR 431.200 to 431.250; and 42 CFR 438.400 to 438.424, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on January 4, 2024. [REDACTED] Petitioner's sister and Provider, appeared on behalf of the Petitioner. Allison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Chrystina Head, Adult Services Supervisor, appeared as a witness for the Department.

**Exhibits:**

|            |                     |
|------------|---------------------|
| Petitioner | None                |
| Department | A – Hearing Summary |

**ISSUE**

Did the Department properly determine Petitioner's Home Help Services (HHS) benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On July 18, 2023, a referral was submitted to the Department requesting HHS benefits for Petitioner. (Exhibit A.)
2. On August 15, 2023, a face-to-face home visit was conducted where in Petitioner and Petitioner's sister/Provider participated. During the assessment, it was indicated Petitioner is cognitively impaired and blind;

and Petitioner's sister/Provider assists Petitioner with all of his needs. Additionally, it was reported Petitioner resides with his father and companion. (Exhibit A; Testimony.)

3. On September 5, 2023, the Department contacted the Petitioner's Provider by telephone. During the telephone call, Petitioner's Provider indicated they assist Petitioner in the areas of bathing, dressing, grooming, shopping, housework, cooking, and laundry 5 days a week and further confirmed Petitioner lived in a shared household. (Exhibit A; Testimony.)
4. On September 5, 2023, following the telephone call, the Department sent Petitioner a services approval notice informing Petitioner they were approved for HHS benefits in the amount of 26 hours and 35 minutes a month. (Exhibit A; Testimony.)
5. On September 21, 2023, the Department and Petitioner's Provider participated in a telephone call. During the call, Petitioner's Provider indicated the approved allotment was too low for the amount of work she has to do. Petitioner and the Provider discussed again the time and tasks. (Exhibit A; Testimony.)
6. On September 21, 2023, following the telephone call, the Department sent Petitioner a second approval notice informing Petitioner that upon further review, Petitioner was being approved for an additional benefit amount in the amount of 37 hours and 20 minutes. (Exhibit A; Testimony.)
7. On November 28, 2023, the Michigan Office of Administrative Hearings and Rules (MOAHR), received from Petitioner, a request for hearing. (Exhibit A.)

### **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.

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.

The Adult Services Manual (ASM) address the issues of what services are included in Home Help Services and how such services are assessed:

## **ASM 101 AVAILABLE SERVICES**

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### **Payment Services Home Help**

Home help services are non-specialized personal care service activities provided under the home help 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 worker. Home help 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) ranked 3 or higher or complex care need 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 bath himself without the hands-on assistance of another. The adult services worker 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. This list is not all inclusive.

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### **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.
- 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.<sup>1</sup>

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## **ASM 105 ELIGIBILITY CRITERIA**

### **GENERAL**

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#### **Requirements**

Home help eligibility requirements include **all** of the following:

- Medicaid eligibility.
- Appropriate Program Enrollment Type (PET) status.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment indicating a functional limitation of level 3 or greater for at least one activity of daily living (ADL).

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#### **Certification of Medical Need**

Medical needs are certified utilizing the DHS-54A, Medical Needs form and must be completed by a Medicaid enrolled medical professional. The medical professional must hold one of the following professional licenses:

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<sup>1</sup> Adult Services Manual (ASM) 101, Available Services, April 1, 2018, pp 1-5.

- Physician (M.D. or D.O.).
- Physician Assistant.
- Nurse practitioner.
- Occupational therapist.
- Physical therapist.

Either the DHS-54A or veterans administration medical form 10-10M are acceptable for individuals treated by a VA physician; see ASM 115, Adult Services Requirements.

### **Need For Service**

The adult services worker (ASW) is responsible for determining the necessity and level of need for home help services based on all of the following:

- Client choice.
- A completed MDHHS-5534, Adult Services Comprehensive Assessment. An individual must be assessed with at least one activity of daily living (ADL) at a level 3 or greater to be eligible to receive home help services.<sup>2</sup>

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### **ASM 115 ADULT SERVICES REQUIREMENTS**

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### **MDHHS-5534, ADULT SERVICES COMPREHENSIVE ASSESSMENT**

Conduct a face-to-face interview with the client in their home to assess the personal care needs. Complete the MDHHS-5534, Adult Services Comprehensive Assessment, which is generated from MiAIMS; see ASM 120, Adult Services Comprehensive Assessment.

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### **CONTACTS**

The ASW must, at a minimum, have a face-to-face interview with the client, prior to case opening, and then every six months in the client's home for the review.<sup>3</sup>

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<sup>2</sup> ASM 105, Eligibility Criteria, June 1, 2020, pp 1, 3.

<sup>3</sup> ASM 115, Adult Services Requirements, May 1, 2023, pp 4-5.

## **ASM 120 ADULT SERVICES COMPREHENSIVE ASSESSMENT**

### **OVERVIEW**

The MDHHS-5534, Adult Services Comprehensive Assessment, is the primary tool for determining a client's need for services. The comprehensive assessment must be completed on all open Home Help services cases. The Michigan Adult Integrated Management System (MiAIMS) provides the format for the comprehensive assessment and all information must be entered in the computer program.

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### **Functional Tab**

The Functional tab under the Assessment module in MiAIMS is the basis for service planning and for the Home Help services payment. Document the client's abilities and needs in the Functional tab 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 level 3 ranking or greater.

An individual must be assessed with at least one activity of daily living ranked 3 or higher or a complex care need 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.

### **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.<sup>4</sup>

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In this case, it was indicated Petitioner was requesting a hearing because Petitioner disagreed with the Department's HHS allocation. Consequently, Petitioner bears the burden of showing the Petitioner is entitled to a higher allocation.

The testimony regarding the assessment itself was weak, but the notes made following the assessment indicate the different time and tasks were discussed during the assessment; and further discussion took place wherein Petitioner and Petitioner's Provider made it clear what tasks were being performed.

Petitioner's sister/Provider in response, mainly argued the wages being offered were not sufficient to make a living. Additionally, Petitioner's sister/Provider did not identify any specific areas where additional time was needed or indicate how the time currently being allocated did not meet Petitioner's needs.

Consequently, based on a review of the record, I find sufficient evidence to affirm the Department's HHS allocation in this case. If Petitioner's circumstances change, Petitioner should notify the Department of the changes and ask for a new assessment.

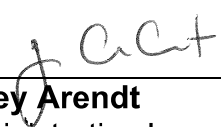
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides the Department properly determined the Petitioner's HHS benefit allocation.

**IT IS, THEREFORE, ORDERED** that:

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

CA/pe

  
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**Corey Arendt**  
Administrative Law Judge  
for Elizabeth Hertel, Director  
Department of Health and Human Services

<sup>4</sup> ASM 120, Adult Services Comprehensive Assessment, May 1, 2023, pp 1-3, 6-7.

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**Via Electronic Mail:**

**Agency Representative**

Allison Pool  
Department of Community Health  
MDHHS Appeals Section  
Lansing, MI 48909  
**Poola@michigan.gov**

**DHHS Department Contact**

Michelle Martin  
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**DHHS Location Contact**

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MDHHS-Greenview Adult Services District  
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Detroit, MI 48219  
**MDHHS-WC-MAHSHearing@michigan.gov**

**DHHS Department Representative**

Mary Carrier  
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**Via First Class Mail:**

**Authorized Hearing Representative**

[REDACTED]  
[REDACTED] MI [REDACTED]

**Petitioner**

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