



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  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: June 14, 2024  
MOAHR Docket No.: 24-004815  
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 June 6, 2024. [REDACTED] Petitioner's son, appeared on behalf of the Petitioner. Leigha Klaver, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Genia Boynton, Adult Services Worker; and Norshell Mack, Adult Services Manager, appeared as witnesses for the Department.

Exhibits:

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

**ISSUE**

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

**FINDINGS OF FACT**

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

1. Following an April 12, 2024, medical appointment, Petitioner's treating physician indicated Petitioner self-reported the ability to dress, feed, and

groom herself without assistance but needed assistance with meal preparation, shopping, and housework. (Exhibit A.)

2. On April 17, 2024, a face-to-face assessment took place. During the assessment, Petitioner was observed ambulating and seating herself without the need for hands on assistance or the through the use of adaptive equipment. Petitioner reported she lives with her son; has a cane but does not use it; can bathe herself with assistance in and out of the tub; dress herself; eat independently; groom independently; and toilet independently.
3. Following the assessment, it was determined grooming, toileting, and dressing should be removed from the time and task with shared living to continue. (Exhibit A.)
4. On April 29, 2024, the Department sent Petitioner an Advance Negative Action Notice. The notice indicated Petitioner's HHS benefit allocation was readjusted to 19 Hours and 13 Minutes a month effective May 13, 2024. The notice went on to indicate the reason for the adjustment was Petitioner being able to independently perform the activities of dressing, grooming, toileting, and medication, as well as the existence of a shared living arrangement. (Exhibit A.)
5. On May 7, 2024, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)
6. On May 23, 2024, the Department sent Petitioner an Advance Negative Action Notice. The notice indicated a typographical error was contained on the prior advance negative action notice and Petitioner's allocation should have rad 26 hours and 18 minutes a month. (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**

\*\*\*\*

### **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.

\*\*\*\*

### **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>

\*\*\*\*

## **ASM 105 ELIGIBILITY CRITERIA**

### **GENERAL**

\*\*\*\*

#### **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).

\*\*\*\*

#### **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:

---

<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>

\*\*\*\*

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

\*\*\*\*

### **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.

\*\*\*\*

---

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

## **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>

\*\*\*\*

## **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.

\*\*\*\*

### **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.

---

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

### ***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>

\*\*\*\*

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 letter from Petitioner's treating physician corroborates the testimony of the Department witness wherein Petitioner can perform the tasks of grooming and dressing without assistance. Furthermore, the information provided during the assessment indicate reductions should be made to bathing and toileting as a result of Petitioner only needing monitoring and supervision with the exception of getting in and out of the tub. Additionally, information was provided indicating several IADL's should be pro-rated based on the shared living arrangement.

In response, Petitioner's son argued several tasks like laundry and shopping as well as meal preparation should not be pro-rated as a result of these tasks being performed separately due to dietary needs and soiling issues. This information however was never provided to the Department for consideration, and Petitioner is highly encouraged to report these changes; and, further, to request a new assessment based on this information.

Consequently, based on a review of the record, I find sufficient evidence to affirm the Department's HHS allocation in this case.

### **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.

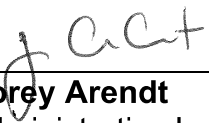
---

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

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

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

CA/pe

  
\_\_\_\_\_  
**Corey Arendt**  
Administrative Law Judge

**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**

Leigha Klaver  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909  
**Klaverl@michigan.gov**

**DHHS Department Contact**

Michelle Martin  
MDHHS  
400 S. Pine St., 6<sup>th</sup> Floor  
Lansing, MI 48933  
**MDHHS-Home-Help-Policy@michigan.gov**

**DHHS Location Contact**

Sherry Reid  
MDHHS-Greenview Adult Services District  
Wayne County, BSC-4  
19340 Greenview Ave., Ste. 200  
Detroit, MI 48219  
**MDHHS-WC-MAHSHearing@michigan.gov**

**DHHS Department Representative**

Mary Carrier  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909  
**MDHHS-Appeals@michigan.gov**

**Via First Class Mail:**

**Petitioner and Authorized Hearing Representative**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]