



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

Date Mailed: 11/28/2022  
MOAHR Docket No.: 22-004691  
Agency No.: 16742903  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Robert J. Meade**

**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 Petitioner's request for a hearing.

After due notice, a hearing was held on November 22, 2022. Petitioner appeared and testified on his own behalf. Mary Snyder, Petitioner's Case Worker, appeared as a witness. Theresa Root, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Samantha Garcia, Adult Services Worker (ASW), appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's Home Help Services (HHS) application?

**FINDINGS OF FACT**

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

1. Petitioner is a Medicaid beneficiary, who applied for HHS in August 2022. (Exhibit A, p 8; Testimony)
2. Petitioner is diagnosed with COPD, hypertension and is oxygen dependent. (Exhibit A, p 10; Testimony)
3. On September 9, 2022, the ASW completed a comprehensive assessment with Petitioner in his home. During the assessment, the ASW determined that Petitioner did not have a need for hands on assistance with any Activities of Daily Living (ADL), functional ranking 3 or greater, but may have a need for assistance with the Instrumental Activities of Daily Living (IADL's) of laundry, shopping, meal preparation and housework. The ASW noted that Petitioner reported being independent with all his ADL's, but things

sometimes take longer because he gets out of breath. (Exhibit A, p 9; Testimony)

4. A Medical Needs form completed by Petitioner's doctor indicated that Petitioner needs assistance with the IADL's of meal preparation and shopping but did not indicate that Petitioner needed any assistance with his ADL's. (Exhibit A, p 10; Testimony)
5. On September 9, 2022, the ASW sent Petitioner a Negative Action Notice indicating that HHS was denied based on the policy requiring a need for hands on assistance with at least one ADL, functional ranking 3 or greater. (Exhibit A, pp 5-6; Testimony)
6. On October 17, 2022, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 5)

### **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.

The Adult Services Manual (ASM) address 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.

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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.

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*Adult Services Manual 101  
April 1, 2018, pp 1-2, 5  
Emphasis added*

## **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) code.

- 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:

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

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) in order to be eligible to receive Home Help services.

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*Adult Services Manual 105  
June 1, 2020, pp 1, 3  
Emphasis added*

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

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

The ASW must conduct a face-to-face interview with the client in their home to assess the personal care needs. During the assessment, complete the MDHHS-5534, Adult Services Comprehensive Assessment, generated from MiAIMS; see ASM 120, Adult Services Comprehensive Assessment.

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## **CLIENT AND PROVIDER CONTACTS**

Within the Contacts module of MiAIMS, the following contact types are available:

- Face-to-face.
- Telephone.
- Miscellaneous.
- Email.
- Text.
- Case conference with supervisor.
- Narrative entry only.

The ASW must document all contacts between the ASW, client, provider, and collateral contacts in MiAIMS. 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.

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*Adult Services Manual 115  
September 1, 2021, p 4*

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

### **OVERVIEW**

The MDDHS-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 on the computer program.

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## **Functional Tab**

The *Functional* Tab under the *Assessment* module of 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 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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*Adult Services Manual 120  
April 1, 2021, pp 1-3  
Emphasis added*

The ASW testified that on September 9, 2022, she completed a comprehensive assessment with Petitioner in his home. During the assessment, the ASW determined that Petitioner did not have a need for hands on assistance with any ADL, functional ranking 3 or greater, but may have a need for assistance with the IADL's of laundry, shopping, meal preparation and housework. The ASW noted that Petitioner reported that he was independent with his ADL's, although some tasks took him longer because he would get out of breath.

The ASW testified that based on the information available at the time of the assessment, she concluded that Petitioner did not have a medical need, functional ranking of 3 or higher, with any ADL. The ASW indicated that on September 9, 2022, she sent Petitioner a Negative Action Notice indicating that HHS was denied based on the policy requiring a need for hands on assistance with at least one ADL, functional ranking 3 or greater.

Petitioner testified that he is on oxygen and has been for the last couple of years. Petitioner indicated that he gets light-headed, and it is hard for him to lift things, such as

laundry. Petitioner testified that instead of a shower he sometimes takes a bath because he can get light-headed standing in the shower. Petitioner indicated that he coughs a lot as he has asthma, emphysema, and COPD.

Petitioner's case worker indicated that when she first assessed Petitioner, she found that he needed help changing bed sheets, laundry, and vacuuming. Petitioner's case worker indicated that Petitioner can perform these tasks for a short period of time but he gets tired easily. Petitioner's case worker also indicated that it is very hard for Petitioner to take the trash out and he takes a lot of medications, so he needs assistance organizing them. Petitioner's case worker testified that Petitioner needs help keeping his place clean for him to live in a sanitary environment.

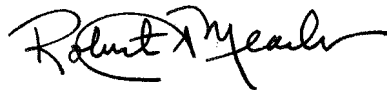
Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in denying the HHS application. The evidence was not sufficient to establish that Petitioner had a need for hands on assistance, functional ranking 3 or greater, with at least one ADL, based on the information available to the ASW for this assessment. The ASW provided credible, detailed testimony regarding her discussion of ADLs with Petitioner during the assessment. Petitioner specifically informed the ASW that he was independent with all his ADL's, even though the tasks sometimes took longer due to his health conditions. Accordingly, the denial of Petitioner's HHS application was proper and must be upheld.

### **DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



RM/sj

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**Robert J. Meade**  
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:**

**DHHS Department Contact**

Michelle Martin  
Capitol Commons  
Lansing, MI 48909  
**MDHHS-Home-Help-  
Policy@michigan.gov**

**DHHS Department Representative**

M. Carrier  
Department Community Health  
MDHHS  
Lansing, MI 48909  
**MDHHS-Appeals@michigan.gov**  
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**Via First Class Mail:**

**Petitioner**

[REDACTED]