



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Date Mailed: September 26, 2024
MOAHR Docket No.: 24-009199
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

DECISION AND ORDER

On August 19, 2024, Petitioner [REDACTED] requested a hearing to dispute Medicaid services. As a result, a hearing was scheduled to be held on September 24, 2024. Medicaid services hearings are held pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Emily Piggott appear as its representative. Social Service Specialist Karen Madison and Home Help Supervisor Chrystyna Head appeared as the Department's witnesses. Neither party had any additional witnesses.

Sworn testimony was taken from both parties, and one exhibit was admitted into evidence. A 53-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

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

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 requested HHS from the Department after Petitioner injured her jaw and right wrist when she fell downstairs.
2. On May 8, 2024, the Department mailed an introduction letter to Petitioner with instructions for Petitioner to return necessary forms to the Department, including a medical needs form (54A) completed by Petitioner's medical provider.

3. On May 16, 2024, Petitioner's medical provider completed a medical needs form. On the medical needs form, Petitioner's provider certified that Petitioner had a medical need for assistance.
4. Petitioner attempted to submit the completed medical needs form to the Department, but the Department did not receive it, initially.
5. On June 5, 2024, the Department mailed a negative action notice to Petitioner to notify her that her request for HHS was denied because a completed medical needs form was not received.
6. On June 25, 2024, the Department received Petitioner's completed medical needs form.
7. On July 24, 2024, the Department notified Petitioner that an adult services worker would be visiting Petitioner in her home on August 6, 2024.
8. On August 6, 2024, an adult services worker visited Petitioner in her home. Petitioner reported to the adult services worker that she had returned to full-time work as a caregiver. The adult services worker observed Petitioner going up and down stairs without any difficulty or the use of any adaptive equipment. Petitioner reported to the adult services worker that she was independent in personal care. The adult services worker did not identify a need for assistance with any activities of daily living.
9. On August 8, 2024, the Department mailed a negative action notice to Petitioner to notify her that her request for HHS was denied because she did not have a need for hands-on assistance with at least one ADL.
10. Petitioner requested a hearing to dispute the Department's decision to deny her request for HHS.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 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 health professional and may be provided by individuals or by private or public agencies.

In order to be eligible for HHS, an individual must have a need for services, based on a comprehensive assessment indicating a need for hands-on assistance with at least one activity of daily living (ADL) or a need for complex care. ASM 120 (May 1, 2023), p. 3. Those activities known as ADL's are eating, toileting, bathing, grooming, dressing, transferring, and mobility. *Id.* at 2-3. Complex care includes care such as catheters, bowel programs, specialized skin care, suctioning, range of motion exercises, wound care, respiratory treatments, ventilators, and injections. *Id.* at 4-5.

The comprehensive assessment is the Department's primary tool for determining a client's need for services. *Id.* at 1. Although a medical professional may certify a client's need for services, it is the Department who determines whether there is a need for services through its comprehensive assessment. ASM 115 (May 1, 2023), p. 2. During the assessment, the Department documents a client's abilities and needs in order to determine the client's ability to perform activities. ASM 120 at 2.

In this case, the Department completed a comprehensive assessment following Petitioner's request for HHS. The Department met with Petitioner in her home. During the assessment, the Department observed Petitioner; and the Department asked Petitioner about her need for assistance. Significantly, Petitioner reported to the Department that she had returned to full-time work as a caregiver, and Petitioner reported that she was independent in personal care. Based on the information the Department obtained, the Department determined that Petitioner was not eligible for HHS because she did not have a need for hands-on assistance with any ADL's or a need for complex care.

Petitioner did not present sufficient evidence to establish that the Department did not act in accordance with its policies and the applicable law. The Department's assessment supported the Department's determination, and Petitioner did not present any evidence to establish that the assessment was not completed properly. Therefore, I must find that the Department properly denied Petitioner's request for HHS.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's request for HHS.

IT IS ORDERED THAT the Department's decision is **AFFIRMED**.



JK/pe

Jeffrey Kemm
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

Emily Piggott
DCH Appeals Section
222 N. Washington Square
Lansing, MI 48909
PiggottE2@michigan.gov

DHHS Department Contact

Michelle Martin
MDHHS
400 S. Pine St., 6th 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 3007
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]