



Date Mailed: April 11, 2025  
Docket No.: 25-006479  
Case No.: [REDACTED]  
Petitioner: [REDACTED]

[REDACTED]  
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

### DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for a hearing filed on behalf of Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on March 25, 2025. [REDACTED] Petitioner's sister and co-legal guardian, appeared and testified on Petitioner's behalf. Lana Karadsheh, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Tammy Coleman, Adult Services Worker (ASW), and Norshell Mack, Adult Services Supervisor, testified as witnesses for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-66. No other proposed exhibits were submitted.

### **ISSUE**

Did the Department properly terminate Petitioner's 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 is a [REDACTED] year-old Medicaid beneficiary who has been diagnosed with autistic spectrum disorder and an intellectual disability. (Exhibit A, page 14).
2. Beginning in 2008, Petitioner was approved for HHS through the Department. (Exhibit A, page 14).
3. On [REDACTED], 2024, the ASW attempted to complete a required and scheduled six-month review with Petitioner in the group home where Petitioner resided. (Exhibit A, page 17).
4. However, Petitioner was not present in the group home and the ASW was told he had not lived there for a few months. (Exhibit A, page 13; Testimony of ASW).
5. On January 15, 2025, the ASW spoke with Petitioner's father/co-legal guardian, who reported that Petitioner could no longer reside in the group home following an incident and eviction; Petitioner was currently in the hospital; and that Petitioner's guardians and the hospital were attempting to place Petitioner in a facility. (Exhibit A, page 17; Testimony of ASW).
6. That same day, the Department sent Petitioner written notice that his HHS would be terminated as of January 29, 2025. (Exhibit A, pages 20-21).
7. The reason given for the termination was: "Change of placement and no longer needing services. If services are further needed, please reapply." (Exhibit A, page 20).
8. On February 14, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter. (Exhibit A, pages 7=13).

## 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 statutes, 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.

Regarding the availability of HHS, Adult Services Manual (ASM) 101 (4-1-2018) provides in part:

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.

*ASM 101, page 1*

Moreover, regarding reviews of open HHS cases, ASM 155 (2-1-2019) states in part:

### **CASE REVIEWS**

Home Help cases must be reviewed every six months.

Requirements for case review must include:

- A face-to-face contact is required with the client in the home.
  - Review of client satisfaction with the delivery of planned services and care provided by the caregiver or agency.
  - Follow-up on any absences or hospitalization coming up or since the last home visit.
- A face-to-face or phone contact must be made with the caregiver or agency provider at each review to verify services are being furnished.

**Note:** If contact is made by phone, the caregiver or agency provider must offer identifying information such as date of birth and the last four digits of their social security number. A face-to-face interview in the client's home or local Michigan Department of Health and Human Services (MDHHS) office must take place at the next review.

- A review of the current comprehensive assessment and plan of care.
- Verification of the client's Medicaid eligibility, when Home Help services are being paid.
- Follow-up collateral contacts with significant others such as family, guardians, and friends to assess their role in the plan of care, if applicable.

### **Documentation**

Case documentation for **all** reviews must include:

- A new face to face contact should be logged as an SOP event type "six-month review" in MiAIMS contact module. The contact should include that the client was in the home and a brief statement of the requirements of the home visit, the nature of the contact and who was present during the home visit.
- Entering the "six-month review" SOP event type face to face contact with the client automatically updates the disposition details on the 360-overview tab.

**Note:** A face to face contact entry with the client generates a case management billing.

- A review of all MiAIMS modules and tabs with information updated as needed.
- Documented contact details with the Home Help caregiver or agency provider in the contact module on MiAIMS.
- Update new information obtained in the MDHHS-5534, Comprehensive Assessment, modules in MiAIMS.

- The MDHHS-5537, Plan of Care, is automatically updated when areas of concern are identified as an issue in the comprehensive assessment.
- Change in caregivers or agency providers if required.
- Add new authorization for services continuing.
- Send notification if services have been increased or decreased; see: ASM 150 Notification of Eligibility Determination

*ASM 155, pages 1-2*

Regarding case closures, ASM 170 (7-1-2022) states in part:

Home Help cases may be closed due to a number of reasons. The case must have all documentation, including any updated assessment information, and new contacts entered in MiAIMS before the case is closed.

- Case closing information must be entered in MiAIMS.
- Any comments that may prove helpful in the future should be included in the closing summary.

**Note:** If a new assessment determines the client no longer needs hands-on services for any activities of daily living (ADLs), the adult services worker (ASW) must update the assessment to reflect the change in the client's needs prior to closing the case.

The ASW must generate a DHS-1212, Advanced Negative Action Notice, from MiAIMS and mail to the client or their guardian/designated representative; see ASM 150, Notification of Eligibility.

The payment authorizations to individual caregivers and agency providers must be terminated in MIAIMS.

**Note:** The adult services worker may choose to suspend payments, and delay case closure, if it appears the situation may be temporary.

## Suspension of Home Help Payments

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The adult services worker may suspend payments, rather than terminate payments or initiate closing procedures, in the following circumstances:

- Client's Medicaid has ended, but it appears to be temporary.
- Client does not have an eligible provider. This allows the client time to locate a new individual caregiver or agency provider.
- Client has been admitted into a hospital, nursing facility, or licensed Adult Foster Care/Home for the Aged.
  - If the temporary situation has not been resolved in 90 days and there is no expectation that the client will return home in the next 90 days, the ASW may initiate case closure.
  - If the ASW is notified prior to the 90-day extension that the client will be in the facility permanently, the ASW may begin case closure sooner.

**Note:** Any suspended payment action should be temporary. Additional documentation is needed to keep the case open longer. (The DHS-390, Adult Services Application, and the DHS-54A, Medical Needs, form are valid for 90 days after case closure). Case closure procedures should be initiated once it has been determined the situation that resulted in the suspension will not be resolved.

## Termination of Home Help Payments

Home Help payments may be terminated and closing procedures initiated, in any of the following circumstances:

- The client fails to meet any of the eligibility requirements.
  - Not Medicaid eligible.
  - Medical professional does not certify a need for services on the DHS-54A, Medical Needs, form.

- Assessment determines client no longer requires Home Help services.
- The client no longer wishes to receive Home Help services.
- The client is receiving services from another program which would result in a duplication of services.

*ASM 170, pages 1-2*

Here, the Department terminated Petitioner's HHS pursuant to the above policies and on the basis that, due to a change of placement, Petitioner no longer required HHS.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information it had at the time it made the decision.

Given the record and applicable policies, Petitioner has failed to meet his burden of proof and the Department's decision must therefore be affirmed.

As provided above, HHS cases must be reviewed every six months, with a face-to-face contact with the home help client, and it is undisputed that no such review was completed in this case because Petitioner was not present in the group home where he had been residing due to his hospitalization.

Moreover, as Petitioner was hospitalized and no six-month review was completed, it is also undisputed that HHS could not be provided or reauthorized at the time of the decision in this case.

Rather than arguing that Petitioner met the criteria for HHS, Petitioner's representative instead argued that the Department should have suspended Petitioner's HHS due to his hospitalization and then reassess him, and reapprove services, upon his discharge rather than terminating his HHS.

However, while the Department could have suspended Petitioner's HHS rather than terminating them, Petitioner has failed to demonstrate any error in its decision to terminate Petitioner's HHS instead.

Suspensions are for temporary situations per policy and the record supports the Department's finding that Petitioner's change of placement, and lack of need for HHS due to her needs being met elsewhere, was permanent.

As credibly testified to by the ASW, and provided for in her notes, the ASW investigated Petitioner's absence from the home by speaking with a representative from the group home, who reported that Petitioner had not lived there for months, and Petitioner's father/co-legal guardian, who reported that Petitioner was hospitalized, would not be returning to the group home, and that he and the hospital were working about getting Petitioner a placement that would meet his needs. Moreover, while Petitioner's representative testified that Petitioner has now, months later, been discharged from the hospital and continues to need assistance, that does not invalidate the Department's decision based on the information it had at the time.

To the extent that Petitioner's circumstances have changed or his legal guardians have additional information to report, they can always request HHS again in the future with that updated information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the available information and applicable policies.

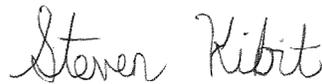
### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly terminated Petitioner's HHS.

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

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

SK/sj



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**Steven Kibit**  
Administrative Law Judge

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](http://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [LARA-MOAHR-DCH@michigan.gov](mailto:LARA-MOAHR-DCH@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via Electronic Mail:**

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