



Date Mailed: July 22, 2025

Docket No.: 25-011175

Case No.: ■

Petitioner: ■

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

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Date Mailed: July 22, 2025

Docket No.: 25-011175

Case No.: [REDACTED]

Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Marya A. Nelson-Davis

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 July 17, 2025. [REDACTED] Petitioner, appeared for the hearing. [REDACTED] Petitioner's brother/caregiver/witness, appeared and testified on behalf of Petitioner. Lana Karadsheh, Appeals Review Officer, represented the Department of Health and Human Services (MDHHS or Department). Mikia Dunham, Adult Services Specialist, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary Packet, pp. 1-64

ISSUE

Did the Department properly determine Petitioner's eligibility 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 is a Medicaid beneficiary who was determined eligible for HHS.
2. On December 30, 2024, the Department received a completed Medical Needs form, DHS-54A, from Petitioner's medical doctor who indicated that: Petitioner was diagnosed with lumber stenosis, right leg pain, and right shoulder/arm pain; and Petitioner has a medical need for assistance with grooming, mobility, taking medications, meal preparation, shopping, laundry, and housework. Department Ex A, p. 23.

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3. On January 23, 2025, the Department's adult services worker (ASW) conducted a functional assessment of Petitioner's activities of daily living (ADLs) and instrumental activities of daily living (IADLs) in Petitioner's home and ranked Petitioner at: functional level 3 for bathing, dressing, and meal preparation; and functional level 4 for housework, laundry, travel for laundry, shopping for food/medications, and travel for shopping. The ASW approved Petitioner for 32 hours per month for assistance: bathing, dressing housework, laundry, travel for laundry, meal preparation, shopping for food/medications, and travel for shopping, with a total care cost of \$864.00 per month. (Exhibit A, pp. 13, 24 & 30)
 4. On February 19, 2025, the Department sent Petitioner a Services Approval Notice stating he was approved for 32 hours of HHS per month, effective February 10, 2025. (Exhibit A, p. 32)
 5. On March 28, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing disputing the Department's determination of his HHS eligibility.

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) addresses 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 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.

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).

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- 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.

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

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:

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- 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.

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

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.

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.

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.

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.

Time and Task

The ASW will allocate time for each task assessed a rank of 3 or greater, based on interviews with the client and caregiver, observation of the client's abilities and use of the reasonable time schedule (RTS) as a guide. The RTS is built into the functional assessment tab within MiAIMS for each task. ASW's should modify how much time is needed based on clients' documented need.

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.

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- 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.

*Adult Services Manual 120
May 1, 2023, pp 1-8*

In this case, Petitioner and his brother/caregiver requested a hearing because they believe that the number of HHS hours approved by the Department does not accurately reflect the level of assistance Petitioner requires. Petitioner's brother testified that based on Petitioner's medical condition and functional limitations, Petitioner is entitled to more HHS hours than what has been authorized.

The Department received a completed Medical Needs form from Petitioner's medical doctor certifying that: Petitioner was diagnosed with lumber stenosis, right leg pain, and right shoulder/arm pain; and Petitioner needs assistance with grooming, mobility, taking medications, meal preparation, shopping, laundry, and housework. The Department established that after receiving the Medical Needs form, the ASW properly conducted a functional assessment of Petitioner's ADLs and IADLs in Petitioner's home. Based on this assessment, the ASW ranked Petitioner at: functional level 3 for bathing, dressing, and meal preparation; and functional level 4 for housework, laundry, travel for laundry, shopping for food/medications, and travel for shopping. Petitioner was determined eligible for 32 hours of HHS per month for assistance with bathing, dressing, housework, laundry, travel for laundry, meal preparation, shopping for food/medications, and travel for shopping, with a total care cost of \$864.00 per month.

Petitioner bears the burden of establishing that he is entitled to more HHS hours than what the Department authorized. Based on the evidence presented, Petitioner has failed to establish that the Department erred in determining his HHS eligibility. The evidence on the record supports that the Department's HHS assessment and eligibility determination was completed in accordance with applicable law and policy. If Petitioner's medical condition and functional abilities have changed, Petitioner has the option of notifying the Department of the changes and asking for a new HHS assessment based on updated information from a qualified medical source.

Petitioner's brother also raised concerns alleging misconduct and mistreatment by Department employees. However, complaints alleging misconduct or mistreatment by a state employee cannot be considered by MOAHR and must be referred to the Department or its customer service unit. *Michigan Administrative Code, Rule 792.11002(3)*. A list of Department local office directors and their phone numbers can be found at www.michigan.gov/dhs-countyoffices. Click on: *Text Listing of County Offices and Addresses*. Also, you can call 517-335-7810 for assistance. If Petitioner believes he has been the victim of unlawful discrimination, he may file a complaint with the Michigan Department of Civil Rights at www.michigan.gov/mdcr or call 1-800-482-3604 for assistance.

DECISION AND ORDER

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

THEREFORE, IT IS ORDERED that the Department's decision is **AFFIRMED**.



MARYA A. NELSON-DAVIS
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. 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 MOAHR-BSD-Support@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 First Class and
Electronic Mail:**

Petitioner

[REDACTED]
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[REDACTED]

Authorized Hearing Representative

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