



Date Mailed: May 13, 2025

Docket No.: 25-011181

Case No.: [REDACTED]

Petitioner: [REDACTED]



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ADMINISTRATIVE LAW JUDGE: Error! Unknown document property name.

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 May 6, 2025. [REDACTED] Petitioner's Provider, appeared on behalf of Petitioner. [REDACTED] Petitioner, appeared as a witness on his own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Ronda Henderson, Adult Services Worker, 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. On or around July 8, 2021, Petitioner was approved for HHS. (Exhibit A.)
2. Prior to June 18, 2024, Petitioner was approved for 115 hours and 23 minutes a month of HHS benefits. The allocation covered the tasks of bathing, dressing, eating, grooming, mobility, toileting, transferring,

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housework, laundry, medication, meal preparation, shopping for food and medications and travel for shopping. (Exhibit A; Testimony.)

3. On February 25, 2025, the Department met with the Petitioner and performed an assessment. When the Department worker arrived, Petitioner was in the process of finishing his breakfast and cleaned off the table in the presence of the worker. Petitioner reported that he walks daily, by walking 20 minutes away from the home and then 20 minutes back to his home. Petitioner reported he tries to bath himself and will need help in and out of the tub. Petitioner reported this task is performed about two times a week. Petitioner reported he needs help pulling his pants on due to his left leg not always wanting to move. Petitioner reported that he is able to feed himself and cut up his own food. Petitioner also reported that he is able to groom himself but needs help cutting his nails one time a month. Petitioner reported no issues with ambulating or transferring within his home. Petitioner reported he is able to keep up with his housework, and was his own laundry two times a week. Petitioner further stated he is able to take his own medications and tries to prepare his own meals. Petitioner reported that his provider goes shopping once a month at Sams Club, Meijer, Walmart, and Aldi. (Exhibit A; Testimony.)
4. On March 18, 2025, the Department sent Petitioner an Advance Negative Action Notice. The notice indicated Petitioner's benefits would be reduced to 42 hours and 11 minutes a month effective April 1, 2025, based on the recent assessment and what was reported during the assessment. (Exhibit A; Testimony.)
5. On or around March 28, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (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:

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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.

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- 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.

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-
- 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.¹³

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).

¹³ Adult Services Manual (ASM) 101, Available Services, April 1, 2018, pp 1-5.

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.

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.¹⁴

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.

¹⁴ 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.¹⁵

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.

¹⁵ ASM 115, Adult Services Requirements, May 1, 2023, pp 4-5.

- 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.

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.¹⁶

In this case, it was indicated Petitioner was requesting a hearing because Petitioner disagreed with the Department's HHS reduction. Consequently, Petitioner bears the burden of showing the Petitioner is entitled to a higher allocation.

The testimony of the Department's witness was straight forward and well detailed regarding the conversations that took place during the assessment. The testimony was corroborated to some extent by the well detailed notes taken during/after the assessment as well as the negative action notice.

In response, the Petitioner's representative pointed to Petitioner suffering from dementia and an inability to give truthful answers. The testimony was supported by a 54A Medical Needs Form completed on or around March 28, 2025, that reflected Petitioner as suffering from early onset dementia and vascular dementia. The form, however, was not completed until after the assessment was completed.

¹⁶ ASM 120, Adult Services Comprehensive Assessment, May 1, 2023, pp 1-3, 6-7.

The Department worker completing the assessment indicated she had no idea Petitioner suffered from dementia. Furthermore, there is no evidence to indicate how bad Petitioner's dementia was. At the time of the hearing, Petitioner had no legal guardian and was responsible for his own care needs outside of the assistance with Home Help Services.

Consequently, based on a review of the record, I find sufficient evidence to affirm the Department's HHS allocation in this case. If Petitioner's situation changes, he is encouraged to report the changes to the Department and ask for a new assessment.

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.

IT IS, THEREFORE, ORDERED that:

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



COREY A. ARENDT
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://sbar.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 Electronic Mail:

Agency/Department Representative
ALLISON POOL
MDHHS APPEALS SECTION
PO BOX 30807
LANSING, MI 48933
POOLA@MICHIGAN.GOV

Agency/Department Representative
KALAMAZOO COUNTY DHHS
427 E ALCOTT ST
KALAMAZOO, MI 49001
**MDHHS-KALAMAZOO-
HEARINGS@MICHIGAN.GOV**

Agency/Department Representative
MARY CARRIER
MDHHS APPEALS SECTION
PO BOX 30807
LANSING, MI 48909
MDHHS-APPEALS@MICHIGAN.GOV

Department Contact
MICHELLE MARTIN
MDHHS
400 S PINE ST 6TH FL
LANSING, MI 48933
MDHHS-HOME-HELP-POLICY@MICHIGAN.GOV

Via First Class Mail:

Petitioner
[REDACTED]
MI [REDACTED]

Authorized Hearing Representative
[REDACTED]
MI [REDACTED]