



Date Mailed: May 23, 2025

Docket No.: 25-012719

Case No.: [REDACTED]

Petitioner: [REDACTED]

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[REDACTED] MI [REDACTED]

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Case No.: [REDACTED]

Petitioner: [REDACTED]

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 21, 2025. [REDACTED], Petitioner's Guardian, appeared on behalf of Petitioner. Alison Pool, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Wynikki Bass, Adult Services Worker, and Anthony Clark, Adult Services Manager, appeared as a witness 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 January 15, 2025, the Department received a completed 54A Medical Needs form. The form indicated Petitioner suffered from bipolar disorder, and neural impairment. (Exhibit A; Testimony.)
2. On January 15, 2025, the Petitioner requested HHS. (Exhibit A.)
3. On February 13, 2025, the Petitioner participated in an HHS assessment. During the assessment, Petitioner reported that he likes to play games, watch television, and go camping. During the Activity of Daily Living (ADL)

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conversation, it was reported Petitioner needs help with bathing (regulating water, putting soap on loofa and monitoring while bathing), applying mousse in his hair, gets his hair cut at Great Clips, having toothpaste applied to toothbrush, help with shaving, help with cooking and preparing meals. It was also reported Petitioner can pull on his own pants, wears slip on shoes, can transfer and ambulate without assistance, has no issues with continence with the exception of wiping after a bowel movement, can vacuum, take out trash and conduct housework with supervision. (Exhibit A; Testimony.)

4. On March 3, 2025, Petitioner was approved for HHS, effective February 13, 2025. (Exhibit A.)
5. On March 3, 2025, the Department sent Petitioner an approval letter. The letter indicated Petitioner was approved for 40 hours per month of HHS. (Exhibit A; Testimony.)
6. On March 27, 2025, Ms. [REDACTED] was appointed as temporary partial guardian for Petitioner. (Exhibit A.)
7. On March 28, 2025, the Department discussed Petitioner's case with Ms. [REDACTED]. Ms. [REDACTED] reported she was requesting a hearing as a result of friends telling her they were getting way more hours than she was getting. Ms. [REDACTED] reported that he does have physical capability to do supervised tasks and follow prompts, but that her son cannot feed himself. Ms. [REDACTED] also reported Petitioner attends a day program Monday through Friday from 6:10 a.m. until 3:00 p.m. (Exhibit A; Testimony.)
8. On April 14, 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) 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)

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- 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.

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).

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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.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

¹⁴ ASM 105, Eligibility Criteria, June 1, 2020, pp 1, 3.

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.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.

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

- 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.

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 allocation. 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.

In response, the Petitioner identified a need for assistance with eating. In arguing this point, Petitioner was identified as only having 4 teeth and that the 54A reflected a need for assistance with eating. These facts, however, do not reflect an actual hands on need for assistance with eating. Petitioner could still have a specialized diet or the foods may be cut up in smaller bites both of which would not require hands on assistance. Lastly, Petitioner argued a recent change that resulted in Petitioner being

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

incontinent and a need for surgery to correct the issue. This is a new change in circumstances that is outside of the review window and Petitioner is encouraged to provide the Department with this information and ask for a new assessment to be completed.

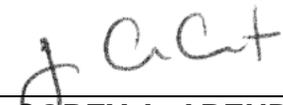
Consequently, based on a review of the record, I find sufficient evidence to affirm the Department's HHS allocation in this case.

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://srs.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
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**

Agency/Department Representative
SHERRY REID
MDHHS GREENVIEW ADULT SERVICES
19340 GREENVIEW AVE STE 200
DETROIT, MI 48219
MDHHS-WC-MAHSHEARING@MICHIGAN.GOV

Via First Class Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED] MI [REDACTED]

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]