



**Date Mailed:** June 26, 2025

**Docket No.:** 25-016591

**Case No.:** [REDACTED]

**Petitioner:** [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.

[REDACTED] MI [REDACTED]

**Date Mailed:** June 26, 2025

**Docket No.:** 25-016591

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[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 June 24, 2025. [REDACTED] Petitioner's Authorized Hearing Representative, appeared on behalf of Petitioner. [REDACTED] appeared as a witness for Petitioner. Leigha Klaver, Appeals Review Officer, appeared on behalf of the Department of Health and Human Services (Department). Dustin Hollenbeck, Adult Services Worker, 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 or around June 10, 2014, Petitioner was approved for HHS. (Exhibit A.)
2. Petitioner suffers from cerebral palsy, seizures and developmental disabilities. (Exhibit A.)

25-016591

- 
- 
3. In the fall of 2024, Petitioner received a services approval notice. The notice indicated Petitioner's services would be increased to 71 hours and 22 minutes per month. (Exhibit A; Testimony.)
  4. On February 25, 2025, the Petitioner, participated in an assessment. During the assessment it was determined Petitioner required an increase in toileting due to the number of diaper changes, and an increase in eating based on a need for small bites. It was also determined that a proration for laundry was no longer required as laundry was done separately due to soiling issues. A discussion also took place regarding travel for shopping/shopping. The worker determined there should be a proration for shopping, and the travel time should be decreased based on a google maps review of addresses and locations. The parties also discussed Petitioner's need for complex care needs. It was indicated Petitioner would need a new 54A completed documenting Petitioner's needs. (Exhibit A; Testimony.)
  5. On March 13, 2025, the Department sent Petitioner a services approval notice. The notice indicated Petitioner's services would be increased to 80 hours and 20 minutes per month effective February 1, 2025. (Exhibit A; Testimony.)
  6. On May 1, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Exhibit A.)
  7. On May 28, 2025, the Department received a completed 54A reflecting a need for complex care needs. (Exhibit A; Testimony.)
  8. On June 3, 2025, the Department sent Petitioner a services approval notice. The notice indicated Petitioner's services would be increased to 97 hours and 23 minutes each month due to Petitioner's need for wound care. (Exhibit A; Testimony.)

### **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)

25-016591

- 
- 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).

25-016591

- 
- 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.<sup>13</sup>

\*\*\*\*

## **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).

---

<sup>13</sup> 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.<sup>14</sup>

\*\*\*\*

## **ASM 115 ADULT SERVICES REQUIREMENTS**

\*\*\*\*

## **MDHHS-5534, ADULT SERVICES COMPREHENSIVE ASSESSMENT**

---

<sup>14</sup> 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.<sup>15</sup>

\*\*\*\*

## **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.

---

<sup>15</sup> 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.<sup>16</sup>

\*\*\*\*

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 Department indicated the allocations were based on the information provided during the assessment and based on the medical needs forms provided. The Department broke down the allocations and explained the reasons for both increases and decreases to the specific tasks. For instance, the Department indicated an increase in toileting was needed due to the number of diaper changes; and conversely, a decrease was needed for shopping based on the shared living arrangement.

In response, Petitioner's witnesses argued Petitioner was violent and the tasks required more time to be completed due to Petitioner's violence. The witnesses also indicated Petitioner required 24/7 care with a 2:1 ratio.

---

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

The Department indicated the program is not for 24/7 care and that time is not allocated for cuing and reminding.

Based on the evidence presented, I find Petitioner has failed to meet their burden to show the Department's allocation was incorrect. The Department provided detailed testimony regarding the allocations approved and the reasons for those allocations.

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](https://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](mailto: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**  
LEIGHA KLAVER  
MDHHS APPEALS SECTION  
P.O. BOX 30807  
LANSING, MI 48909  
**KLAVERL@MICHIGAN.GOV**

**Agency/Department Representative**  
MACOMB COUNTY DHHS  
41227 MOUND RD  
STERLING HEIGHTS, MI 48314  
**MDHHS-MACOMB-36-  
HEARINGS@MICHIGAN.GOV**

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

**Department Contact**  
MICHELLE MARTIN  
MDHHS  
400 S PINE ST 5TH  
LANSING, MI 48933  
**MDHHS-HOME-HELP-POLICY@MICHIGAN.GOV**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]

**Authorized Hearing Representative**

[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]