



**Date Mailed:** August 11, 2025  
**Docket No.:** 25-018022  
**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.

**Date Mailed:** August 11, 2025

**Docket No.:** 25-018022

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **DECISION AND ORDER**

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on August 5, 2025. [REDACTED] appeared and testified on Petitioner's behalf. Petitioner, using an interpreter, also testified as a witness on his own behalf. John Lambert, Appeals Review Officer, appeared and testified on behalf of the Respondent Department of Health and Human Services (DHHS or Department). Shameka Mims, Adult Services Worker (ASW), also testified as a witness for the Department.

During the hearing, Petitioner's case was consolidated with another case, Docket No. 25-018023, for purposes of the hearing by agreement of the parties.

Two exhibits were also admitted into the record without objection:

Exhibit A: Evidence Packet for Docket No. 25-018022, pages 1-55

Exhibit B: Evidence Packet for Docket No. 25-018023, pages 1-68

### **ISSUE**

Did the Department properly deny Petitioner's request 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 has been diagnosed with, among other conditions, severe depression; chronic nystagmus; mental delays; and hypertension. (Exhibit A, page 12).
2. On March 14, 2025, Petitioner was referred for HHS through the Department. (Exhibit A, page 10).

- 
- 
3. As part of his application for services, Petitioner provided a Medical Needs form in which his medical provider certified that Petitioner had a medical need for assistance with at least one personal care task listed on the form. (Exhibit A, page 19).
  4. Specifically, the provider circled the Instrumental Activities of Daily Living (IADLs) of meal preparation, shopping, laundry, and housework. (Exhibit A, page 19).
  5. None of the listed Activities of Daily Living (ADLs) were circled by the provider. (Exhibit A, page 19).
  6. The provider also checked "NO" in response to a question of whether Petitioner was non-ambulatory. (Exhibit A, page 19).
  7. On April 22, 2025, the ASW completed a comprehensive assessment with Petitioner in Petitioner's home, with a representative from a home help provider agency translating for Petitioner. (Exhibit A, page 17).
  8. During the assessment, Petitioner stated that he agreed with the doctor's findings on the Medical Needs form. (Exhibit A, page 17; Testimony of ASW).
  9. He also reported being able to clean his body, put on a shirt, brush his hair, brush his teeth, walk, use the toilet, and transfer on his own. (Exhibit A, page 17; Testimony of ASW).
  10. No adaptive equipment was reported or observed. (Exhibit A, page 17; Testimony of ASW).
  11. Petitioner further reported needing assistance with putting on pants, housework, laundry, taking medications, and meal preparation. (Exhibit A, page 17; Testimony of ASW).
  12. He also stated that assistance with putting on pants was needed because he will fall over if he tries to do it on his own. (Exhibit A, page 17; Testimony of ASW).
  13. On April 28, 2025, the Department sent Petitioner written notice that his request for HHS had been denied on the basis that Petitioner did not need hand on personal care with any ADLs as required by policy to be approved for HHS. (Exhibit A, pages 8, 18).
  14. On May 16, 2025, MOAHR received a request for hearing filed in this matter with respect to that denial. (Exhibit A, pages 7-9).

---

## CONCLUSIONS OF LAW

---

The Medical Assistance Program was 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.

Adult Services Manual (ASM) 101 (4-1-2018) and ASM 120 (5-1-2023) address the issue of what services were included in HHS and how such services are assessed. For example, ASM 101 provides in part:

Home help services are non-specialized personal care service activities provided under the independent living 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 specialist.

Personal care 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) 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.

**Example:** Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADL's [sic] 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 bathe himself without the hands-on assistance of another.

The adult services specialist 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. The 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.
- 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.

*ASM 101, pages 1-3, 4-5*

25-018022



Moreover, ASM 120 states in part:

---

---

### **Functional Tab**

The *Functional* Tab under *Assessment* module in MiAIMS is the basis for service planning and for 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 3 level 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.

**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 IADLs 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* tab in MiAIMS. 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 bathe himself without the hands-on assistance of another. The adult services worker (ASW) must rank Mr. Jones a 3 or greater under the *Functional* tab. Mr. Jones would be eligible to receive Home Help services.

Assistive technology includes such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and hand-held showers.

See ASM 121, Functional Assessment Definitions and Ranks for a description of the rankings for activities of daily living and instrumental activities of daily living.

### **Complex Care Needs**

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on client's whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding.
- Catheters or legs bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Peritoneal dialysis.
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

When assessing a client with complex care needs, refer to the MDHHS-5535, Complex Care Assessment, from the *Forms* module in MiAIMS for assistance with activity ranking, frequency, and length of time needed per occurrence.

*ASM 120, pages 2-5*

Regarding the Functional Assessment Definitions and Ranks discussed above, ASM 121 (8-1-2018) further states in part:

### **ACTIVITIES OF DAILY LIVING**

Use the following information as guidance when completing a comprehensive assessment.

25-018022

---

---

**Eating** - helping with the use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, swallowing foods and liquids, cleaning face and hands after a meal.

1. No assistance required.
2. Verbal assistance or prompting required. Client must be prompted or reminded to eat.
3. Minimal hands-on assistance or assistive technology needed. Help with cutting up food or pushing food within reach; help with applying assistive devices. The constant presence of another person is not required.
4. Moderate hands-on assistance required. Client has some ability to feed self but is unable to hold utensils, cup, or glass.
5. Totally dependent on others in all areas of eating.

**Toileting** - helping on/off the toilet, commode or bedpan; emptying commode, bed pan or urinal, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads. May also include catheter, ostomy or bowel programs.

1. No assistance required.
2. Verbal direction, prompting or reminding is required.
3. Minimal hands-on assistance or assistive technology needed with some activities. The constant presence of another person while toileting is not necessary.
4. The client does not carry out most activities without human assistance.
5. Totally dependent on others in all areas of toileting.

**Bathing** - helping with cleaning the body or parts of the body using a tub, shower or sponge bath; including getting a basin of water, managing faucets, soaping, rinsing and drying. helping shampoo hair.

1. No assistance required.

---

2. Bathes self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

---

3. Minimal hands-on assistance or assistive technology required to carry out task. Generally, bathes self but needs some assistance with cleaning hard to reach areas; getting in/out of tub/shower. Client can sponge bath, but another person must bring water, soap, towel. Client relies on a bath or transfer bench when bathing. The constant presence of another is not required.

4. Requires direct hand- on assistance with most aspects of bathing. Could be at risk if unassisted.

5. Totally dependent on others in all areas of grooming.

**Grooming** - Maintaining personal hygiene and a neat appearance; including the combing/brushing of hair; brushing/cleaning teeth, shaving, fingernail and toenail care.

1. No assistance required.

2. Bathes self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.

3. Minimal hands-on assistance required. Grooms self but needs some assistance with activities of personal hygiene.

4. Requires direct hands-on assistance with most aspects of grooming. Could be at risk if unassisted.

5. Totally dependent on others in all areas of grooming.

**Dressing** - Putting on and taking off garments; fastening and unfastening garments/undergarments, assisting with special devices such as back or leg braces, elastic stockings/garments and artificial limbs or splints.

1. No assistance required.

2. Client can dress self but requires reminding or direction in clothing selection.

3. Minimal hands-on assistance or assistive technology required. Client unable to dress self completely (for example,

tying shoes, zipping, buttoning) without the help of another person or assistive device.

4. Requires direct hands on assistance with most aspects of dressing. Without assistance would be inappropriately or inadequately dressed.

5. Totally dependent on others in all areas of dressing.

**Transferring** - Moving from one sitting or lying position to another. Assistance from the bed or wheelchair to the sofa, coming to a standing position and/or repositioning to prevent skin breakdown.

1. No assistance required.

2. Client can transfer but requires encouragement or direction.

3. Minimal hands-on assistance needed from another person for routine boosts or positioning. Client unable to routinely transfer without the help of another or assistive technology such as a lift chair.

4. Requires direct hands-on assistance with most aspects of transferring. Could be at risk if unassisted.

5. Totally dependent on others for all transfers. Must be lifted or mechanically transferred.

**Mobility** - Walking or moving around inside the living area, changing locations in a room, assistance with stairs or maneuvering around pets, or obstacles including uneven floors.

1. No assistance required even though the client may experience some difficulty or discomfort. Completion of the task poses no risk to safety.

2. Client can move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane.

3. Minimal hands-on assistance required for specific maneuvers with a wheelchair, negotiating stairs or moving on certain surfaces. Without the use of a walker or pronged cane, client would need physical assistance.

4. Requires hands-on assistance from another person with most aspects of mobility. Could be at risk if unassisted.

5. Totally dependent on other for all mobility. Must be carried, lifted or pushed in a wheelchair or gurney always.

*ASM 121, pages 1-4*

---

As described in the above policies, an individual is only eligible to receive HHS in general, or with any IADLs, specifically, if he or she has a need for assistance with at least one ADL at a level 3 or greater on the functional scale.

---

Here, the Department denied Petitioner's request for HHS on the basis that he did not have a need for assistance with any ADLs at a level 3 or greater on the functional scale as required.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of evidence that the Department erred in denying his request for HHS. Moreover, the undersigned ALJ is limited to reviewing the Department's decision in light of the information it had at the time it made the decision.

Given the available information and applicable policies in this case, Petitioner has failed to meet that burden of proof, and the Department's decision must therefore be affirmed.

As provided above, an individual is only eligible to receive HHS in general, or with any IADLs specifically, if he or she has a need for assistance with at least one ADL at a level 3 or greater on the functional scale; and the record does not reflect such a need in this case.

The ASW credibly testified in this case that, outside of some assistance with dressing, Petitioner expressly reported being independent in all of his ADLs during the assessment. Those reports were consistent with the Medicaid Needs form filled out by Petitioner's medical provider, who only circled IADLs and checked off that Petitioner was not non-ambulatory. Moreover, while Petitioner has been diagnosed with mental delays, he does not have a legal guardian and the Department was justified in relying upon his reports.

Additionally, while Petitioner reported needed assistance with putting on his pants while standing up, which could rise to a level 3 on the functional scale used by the Department, the ASW further credibly testified why she rejected that report in light of the Medical Needs form; the ASW's observations; the potential of Petitioner dressing while sitting down, and Petitioner's ability to perform other tasks while standing up.

During the hearing, Petitioner testified regarding assistance he receives from his sister, including assistance both IADLs and the ADLs of toileting, dressing, and bathing. He also testified that he has been determined disabled by the State of Michigan due to neurological issues.

However, the fact that Petitioner has been found to be disabled is insufficient on its own to meet the criteria for HHS and some of the assistance with ADLs he described was supervision or monitoring, which is not covered as part of HHS. Moreover, to the extent Petitioner did describe hands-on physical assistance with ADLs, the undersigned ALJ does not find him to be credible given the testimony of the ASW regarding Petitioner's reports during the assessment and the information provided by Petitioner's medical

25-018022

provider in the submitted Medical Needs form.

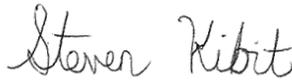
To the extent Petitioner has updated or additional information to report, he can always request HHS again in the future with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the available information and applicable policies.

### **DECISION AND ORDER**

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

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

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



---

**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://rs.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.

