



**Date Mailed:** June 30, 2025

**Docket No.:** 25-019438

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]



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

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这是一份重要的法律文件。请让别人翻译文件。

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**Docket No.:** 25-019438

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on June 26, 2025. [REDACTED] appeared on behalf of Petitioner. Katie Feher appeared on behalf of the Respondent Meridian (Department). Angela McColl appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

**ISSUE**

Did the Department properly determine Petitioner’s monthly allocation of personal care services?

**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 receiving personal care services through the Department. (Exhibit A; Testimony).
2. On March 25, 2025, the Department sent Petitioner a Notice of Denial of Medical Converge. The notice provided the following:

We reduced the medical services/items listed above because: On 3/23/25 Meridian assessed how much help you need in the home. Personal care hours are allowed when a person needs help with daily tasks. To qualify for these services, you must need help with at least one daily

25-019438

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task. This could be help with eating, going to the bathroom, bathing, grooming, dressing, and being able to get around. Based on your assessment, your personal care hours have been reduced from 37.25 weekly hours to 20.5 weekly hours. This change starts on 4/9/25. This decision was based on the MI Health Link Minimum Operating Standards.<sup>1</sup>

3. On April 18, 2025, the Department sent Petitioner a Notice of Appeal Decision. The notice provided the following:

We received your appeal for personal care services hours as your hours were reduced. The in-person assessment done on 03/23/2025 was reviewed. The notes show you can do more of your daily tasks on your own compared to your last assessment done on 11/27/2024. Your new assessment done shows you can eat independently. The notes also show you need hands on assist bathing, transferring, and moving around. The notes show you need help with bathing, grooming, dressing, making meals, and medication. The hours calculated are based on your current stated needs. Based on your in-person assessment, your personal care service hours were reduced from 37.5 hours to 20.5 weekly hours. This decision was based on the MI Health Link Minimum Operating Standards.

Therefore, the request for Personal Care Service hours of an extra 16.75 weekly hours stays denied.<sup>2</sup>

4. On May 6, 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 statutes, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

In 1997, the Department of Health and Human Services received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services

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<sup>1</sup> Exhibit A, p 29.

<sup>2</sup> Exhibit A, p 5.

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only from specified Medicaid Health Plans. The Department is one of those MHPs, and as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

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## **SECTION 5 – COVERED SERVICES**

MI Health Link offers the following services:

- Medicare covered services, including pharmacy
- Medicaid State Plan services, including personal care services and hearing aid coverage
- Dental services
  - Equivalent to the Medicaid adult dental benefit as described in the Dental Chapter of this manual.
- Long Term Supports and Services (LTSS)
  - Nursing facility services
  - State Plan personal care services
  - Supplemental Services for individuals who live in the community and do not meet nursing facility level of care as determined by the LOCD.
  - MI Health Link HCBS Waiver services for individuals who live in the community and meet nursing facility level of care as determined by the LOCD
- Services provided through PIHPs for individuals' needs related to behavioral health (BH), intellectual/developmental disability (I/DD) and substance use disorders (SUD)...

### **5.1 STATE PLAN PERSONAL CARE SERVICES**

For individuals enrolled in the MI Health Link program, State Plan personal care services will be provided and paid for by the ICO and will no longer be provided through the Medicaid Home Help Program. Personal care services are available to individuals who require hands-on assistance in activities of

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daily living (ADLs) (i.e., eating, toileting, bathing, grooming, dressing, mobility, and transferring) as well as hands-on assistance in instrumental activities of daily living (IADLs) (i.e., personal laundry, light housekeeping, shopping, meal preparation and cleanup, and medication administration).

Personal care services are available to individuals living in their own homes or the home of another. Services may also be provided outside the home for the specific purpose of enabling an individual to be employed.

Providers shall be qualified individuals who work independently, contract with, or are employed by an agency. The ICO may directly hold provider agreements or contracts with independent care providers of the individual's choice, if the provider meets MDHHS qualification requirements, to provide personal care services. Individuals who currently receive personal care services from an independent care provider may elect to continue to use that provider. The individual may also select a new provider if that provider meets State qualifications. Paid family caregivers will be permitted to serve as a personal care provider in accordance with the state's requirements for Medicaid State Plan personal care services...

### **5.1.B. ASSESSMENT REQUIREMENTS**

During the Level I Assessment, ICO Care Coordinators (or designee who meets the qualifications for an ICO Care Coordinator) must consider if the individual may need personal care services. If the ICO Care Coordinator believes the individual may be eligible for MI Health Link personal care services, the ICO Care Coordinator will conduct the Personal Care Assessment. The in-person, comprehensive assessment is the basis for determining and authorizing the amount, scope and duration, and payment of services. The individual needs to be reassessed at least quarterly or with a change of functional and/or health status to determine and authorize the amount, scope and duration, and payment of services. The reassessment must be in-person.

ADLs and IADLs are ranked by the ICO Care Coordinator during the Personal Care Assessment. Through the

assessment, ADLs and IADLs are assessed according to the following five point scale, where 1 is totally independent and 5 requires total assistance.

<b>Independent</b>	The individual performs the activity with no human assistance.
<b>Verbal assistance</b>	The individual performs the activity with verbal assistance such as reminding, guiding or encouraging.
<b>Minimal human assistance</b>	The individual performs the activity with some direct physical assistance and/or assistance technology.
<b>Moderate human assistance</b>	The individual performs the activity with a great deal of human assistance and/or assistive technology.
<b>Dependent</b>	The individual does not perform the activity even with human assistance and/or assistance technology.

An individual must be assessed with need for assistance with at least one ADL to be eligible to receive personal care services. Payment for personal care services may only be authorized for needs assessed at the level three (3) ranking or greater. In addition, the individual must have an ADL functional ranking of three (3) or greater to be eligible for IADL services. Once an individual is determined eligible for personal care services, their authorized ADL and IADL services and the amount, scope and duration must be included in the Individual Integrated Care and Supports Plan (IICSP).

**5.1.C. PERSONAL CARE SERVICES AND THE MI HEALTH LINK HCBS WAIVER**

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If an individual ranks at a level 1 or 2, they will not be eligible for State Plan Personal Care Services through MI Health Link. If an individual ranks at a level 2, they may be eligible for ADL assistance through the MI Health Link HCBS waiver Expanded Community Living Supports (ECLS) benefit if the individual requires prompting, cueing, guiding, teaching, observing, or reminding to complete ADLs. Through the MI Health Link HCBS waiver, an individual may receive IADL assistance if they receive prompting, cueing, guiding, etc. to complete ADLs.

ECLS may be provided in addition to State Plan Personal Care Services if the individual requires hands-on assistance with some ADLs, as covered under Personal Care Services, but requires prompting, cueing, guiding, teaching, observing, reminding, or other support (not hands-on) to complete other ADLs and IADLs independently to ensure safety, health, and welfare of the individual.

#### **5.1.D. REASONABLE TIME AND TASK**

When a task (activity) is assigned to a specific provider, the rank of the activity is used against a Reasonable Time Schedule (RTS) table to determine the recommended time that activity should be assigned. Providers should use the RTS table provided by MDHHS to record and report minutes spent delivering services. The maximum amount is across all assigned providers for an individual, so these are case maximums. When an individual's needs exceed the hours recommended by the RTS, a rationale must be provided and maintained in the individual's record.<sup>3</sup>

The Department witnesses provided detailed testimony regarding the assessment and the considerations made when determining Petitioner's personal care services. It was indicated that during the most recent assessment, it was discovered that Petitioner's prior assessment did not include documentation permitting the number of hours allocated – specifically, that the hours previously allocated were not substantiated. This led the Department to reduce allocations in the areas of eating, bathing, dressing, mobility, meal preparation, and laundry.

Petitioner's primary argument was that nothing had changed since the prior assessment; and, further, that Petitioner cannot eat on his own. Petitioner's testimony did not rebut the Respondent's finding that the prior allocations were unsupported.

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<sup>3</sup> Medicaid Provider Manual, MI Health Link, April 1, 2025, pp 5-7.

Additionally, Petitioner's testimony did not reflect a need for assistance in excess of the current allocation.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly reduced Petitioner's personal care services.

**IT IS THEREFORE ORDERED** that:

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

  
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**COREY A. ARENDT**  
**ADMINISTRATIVE LAW JUDGE**

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**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://irs.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:**

**Department Contact**

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**Petitioner**

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[REDACTED]  
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**Authorized Hearing Representative**

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[REDACTED] MI [REDACTED]

