



**Date Mailed:** July 29, 2025  
**Docket No.:** 25-021880  
**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:** July 29, 2025

**Docket No.:** 25-021880

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **DECISION AND ORDER**

On June 16, 2025, Petitioner [REDACTED] requested a hearing to dispute Medicaid services. As a result, a hearing was scheduled to be held on July 24, 2025. Medicaid services hearings are held pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared with her daughter, [REDACTED], and her niece, [REDACTED]. [REDACTED] provided interpretation for Petitioner and her daughter. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Lana Karadsheh appear as its representative. Respondent had two witnesses: Adult Services Specialist Gail Johnson and Adult Services Supervisor Anthony Clark. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 52-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

### **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 was an HHS recipient.
2. On April 3, 2025, the Department met with Petitioner and her provider to complete an assessment. The Department asked Petitioner about her need for hands-on assistance with her activities of daily living (ADL's), and the Department asked Petitioner about her medications. Petitioner reported that she needs assistance with bathing, dressing, and grooming. Petitioner reported that she does not need assistance with eating, toileting, and transferring. Petitioner reported that she has to take insulin, and her provider administers her insulin injections daily.

- 
3. After the Department completed its assessment, the Department determined that Petitioner did not have a need for hands-on assistance with at least one ADL, and the Department determined that Petitioner did not have a need for complex care.
  4. On April 4, 2025, the Department mailed a negative action notice to Petitioner to notify her that request for HHS was denied, effective April 4, 2025, because Petitioner did not have a need for hands-on assistance with at least one ADL.
  5. Petitioner requested a hearing to dispute the Department's decision to close her HHS.

### **CONCLUSIONS OF LAW**

The Medical Assistance Program (MA) 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 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 health professional and may be provided by individuals or by private or public agencies.

In order to be eligible for HHS, an individual must have a need for services, based on a comprehensive assessment indicating a need for hands-on assistance with at least one activity of daily living (ADL) or a need for complex care. ASM 120 (May 1, 2023), p. 3. Those activities known as ADL's are eating, toileting, bathing, grooming, dressing, transferring, and mobility. *Id.* at 2-3. Complex care includes care such as catheters, bowel programs, specialized skin care, suctioning, range of motion exercises, wound care, respiratory treatments, ventilators, and injections. *Id.* at 4-5.

The comprehensive assessment is the Department's primary tool for determining a client's need for services. *Id.* at 1. Although a medical professional may certify a client's need for services, it is the Department who determines whether there is a need for services through its comprehensive assessment. ASM 115 (May 1, 2023), p. 2. During the assessment, the Department documents a client's abilities and needs in order to determine the client's ability to perform activities. ASM 120 at 2.

In this case, the Department met with Petitioner in April 2025 to complete a comprehensive assessment. During the assessment, Petitioner reported to the Department that she has to take insulin, and Petitioner reported that her provider administers her insulin injections daily. Since Petitioner has to take insulin and her provider administers her insulin injections daily, Petitioner has a need for complex care.

The Department did not properly deny Petitioner's request for HHS because the Department improperly determined that Petitioner did not have a need for services. Petitioner had a need for services because she had a need for complex care. Accordingly, the Department's decision is reversed.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department did not properly deny Petitioner's request for HHS.

**IT IS ORDERED** that the Department's decision is **REVERSED**. The Department must complete a functional assessment and time allocation in accordance with ASM 135 and ASM 120. The Department must begin to implement this decision within 10 days of the mailing date of this decision and order.



---

**JEFFREY KEMM**  
**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://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:**

**Agency/Department Representative**  
LANA KARADSHEH  
MDHHS APPEALS SECTION  
PO BOX 30807  
LANSING, MI 48909  
**KARADSHEHL@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 5TH  
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:**

**Petitioner**  
[REDACTED]  
[REDACTED]  
[REDACTED] MI [REDACTED]