



**Date Mailed:** August 18, 2025

**Docket No.:** 25-023733

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]  
MI [REDACTED]

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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.

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### **DECISION AND ORDER**

On June 25, 2025, Petitioner [REDACTED] requested a hearing to dispute a Home Help Services (HHS) determination. As a result, a hearing was scheduled to be held on August 14, 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 and represented himself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Florence Scott-Emuakpor appear as its representative. Respondent had two witnesses: Home Help Services Specialist Kandace Wright and Home Help Services Supervisor Norshell Mack. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 44-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

### **ISSUE**

Did the Department properly terminate Petitioner's 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 began receiving HHS in June 2013.
2. On February 20, 2025, an adult services worker visited Petitioner in his home to complete an assessment. The adult services worker observed that Petitioner was able to drive, get out of a vehicle, walk, climb stairs, and open a door independently. Petitioner asserted that he still needed assistance. However, the adult services worker got the impression that Petitioner was able to complete all

activities of daily living independently based on the adult services worker's observations.

3. On April 22, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that he needed to provide the Department with an updated medical needs form (54A). The notice stated, "please submit an updated medical needs form that is completed by your primary care provider. . . . Please submit the completed form to MDHHS – Greenview District before 5/6/25 or your payments will be suspended, effective 5/6/25."
4. On May 13, 2025, Petitioner submitted an updated medical needs form. However, Petitioner completed the form himself; Petitioner's primary care provider did not complete the form.
5. On May 16, 2025, the adult services worker contacted the physician that was listed on the medical needs form, Dr. Berry. The adult services worker asked Dr. Berry about Petitioner's diagnoses and need for services. Dr. Berry asserted that Petitioner has diagnoses of moderate anxiety, hypertension, and chronic pain. Dr. Berry asserted that Petitioner needs assistance with meal preparation, shopping, laundry, and housework. Dr. Berry denied that Petitioner needs assistance with bathing, dressing, grooming, eating, toileting, or taking medications.
6. On May 16, 2025, the adult services worker determined that Petitioner no longer had a need for hands-on assistance with at least one activity of daily living or a need for complex care. Accordingly, the adult services worker determined that Petitioner was no longer eligible for HHS.
7. On May 16, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that his HHS was going to be terminated, effective May 30, 2025.
8. On May 21, 2025, Petitioner submitted another medical needs form. The adult services worker did not consider the medical needs form because the adult services worker had already completed her assessment and made her determination.
9. Petitioner requested a hearing to dispute the Department's decision.

### **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.

25-023733

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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.

The comprehensive assessment must be periodically updated. It must be updated as often as necessary, but minimally at the six-month review. *Id.* at 1. In this case, the Department completed a periodic review of Petitioner's comprehensive assessment, and the Department terminated Petitioner's HHS as a result. Petitioner is disputing the Department's decision to terminate his HHS.

The Department met with Petitioner in his home to complete a periodic review of Petitioner's comprehensive assessment. The Department observed Petitioner, and the Department asked Petitioner about his need for assistance. Although Petitioner stated that he still needed assistance, the Department got the impression that Petitioner was able to complete all ADL's independently based on the Department's observations. The Department observed that Petitioner was able to drive, get out of a vehicle, walk, climb stairs, and open a door independently. After the Department met with Petitioner in his home, the Department spoke with Petitioner's physician, and Petitioner's physician asserted that Petitioner did not need assistance with any ADL's. Based on all the information the Department gathered, the Department determined that Petitioner no longer had a need for hands-on assistance with at least one ADL or a need for complex care.

The Department updated Petitioner's comprehensive assessment in accordance with ASM 120, and the Department terminated Petitioner's HHS in accordance with ASM 170. Petitioner did not present sufficient evidence to establish that the Department's decision should be reversed. Therefore, the Department's decision to terminate Petitioner's HHS is affirmed.

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**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Petitioner's HHS.

**IT IS ORDERED** that the Department's decision is **AFFIRMED**.



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**JEFFREY KEMM**  
**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](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.

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