



**Date Mailed:** August 19, 2025

**Docket No.:** 25-024188

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]  
MI [REDACTED]

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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.

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### **DECISION AND ORDER**

On July 1, 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 herself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer John Lambert appear as its representative. Respondent had one witness, Home Help Services Supervisor Chrystyna Head. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 55-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 requested HHS from the Department.
2. Petitioner submitted a medical needs form (54A) completed by her medical provider, Dr. Mayada Abdul-Aziz. The medical needs form stated that Petitioner had diagnoses of diabetes mellitus, essential hypertension, and obesity. The medical needs form certified that Petitioner had a need for assistance with the following personal care activities: taking medications, meal preparation, shopping, laundry, and housework.
3. On May 13, 2025, an adult services worker visited Petitioner in her home to complete an assessment. Petitioner was present with her adult daughter, [REDACTED]. The adult services worker observed Petitioner and asked her about her

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need for assistance. The adult services worker observed Petitioner transfer and walk independently without any adaptive devices. Petitioner asserted that she needed assistance with bathing. 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. The adult services worker determined that Petitioner only needed minimal assistance with instrumental activities of daily living.

4. On May 14, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that her request for HHS was denied because she did not need hands-on assistance with at least one activity of daily living.
5. 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.

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 completed a comprehensive assessment, and the Department determined that Petitioner did not have a need for hands-on assistance with at least one activity of daily living (ADL) or a need for complex care, so the Department

denied Petitioner's request for HHS. Petitioner is disputing the Department's decision to deny her request for HHS.

The Department met with Petitioner in her home to complete Petitioner's comprehensive assessment. The Department observed Petitioner, and the Department asked Petitioner about her need for assistance. The Department observed that Petitioner was able to transfer and walk independently without any adaptive devices. Although Petitioner stated that she needed assistance with bathing, the Department got the impression that Petitioner was able to complete all ADL's independently based on the Department's observations. This is consistent with the information that Petitioner's medical provider provided on the medical needs form, which indicated that Petitioner only needed assistance with instrumental activities of daily living. Based on all the information the Department gathered, the Department determined that Petitioner did not have a need for hands-on assistance with at least one ADL or a need for complex care.

The Department completed Petitioner's comprehensive assessment in accordance with ASM 120, the Department properly determined that Petitioner did not meet the eligibility criteria for HHS in accordance with ASM 105, and the Department properly notified Petitioner that her request for HHS was denied in accordance with ASM 150. Petitioner did not present sufficient evidence to establish that the Department's decision should be reversed. Therefore, the Department's decision to deny Petitioner's request for HHS is affirmed. Petitioner may reapply for HHS if her need for services changes.

### **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 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.

**Via Electronic Mail:**

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**Petitioner**

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