



Date Mailed: August 13, 2025
Docket No.: 25-024966
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On July 7, 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 7, 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's authorized hearing representative, [REDACTED] appeared with Petitioner. 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 Worker Christine Mabey and Adult Services Supervisor Julia Willis. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 40-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 reported that he was living with his spouse, and he reported that his spouse was disabled.
3. On May 6, 2025, the Department mailed a negative action notice to Petitioner to notify him that his request for HHS could not be approved. The Department informed Petitioner that the Department needed a completed 54A medical needs form for his spouse to determine Petitioner's eligibility for HHS. The Department provided the form to Petitioner, and the Department instructed Petitioner to return

the completed 54A medical needs form for his spouse to the Department by May 28, 2025.

4. On May 21, 2025, the Department received a 54A medical needs form for Petitioner's spouse, but the form was missing the medical provider's NPI, signature date, and phone number. The Department determined that it could not use the 54A medical needs form because it was incomplete.
5. On May 22, 2025, the Department mailed a negative action notice to Petitioner to notify him that his request for HHS could not be approved. The Department informed Petitioner that the 54A medical needs form that it received for Petitioner's spouse was incomplete. The Department instructed Petitioner to return a completed 54A medical needs form for his spouse to the Department by June 5, 2025.
6. On June 2, 2025, the Department received another 54A medical needs form for Petitioner's spouse, but the form was still missing the medical provider's NPI, signature date, and phone number. The Department determined that it could not use the 54A medical needs form because it was incomplete.
7. On June 5, 2025, the Department mailed a negative action notice to Petitioner to notify him that his request for HHS was denied. The negative action notice stated that Petitioner's request for HHS was denied because Petitioner has a responsible relative to care for him.
8. 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.

When an HHS recipient has a responsible relative, HHS may only be authorized for the services or times when the responsible relative is unavailable or unable to provide care. ASM 130 (September 1, 2021), p. 2. A responsible relative includes an HHS recipient's spouse. *Id.* Unavailable means the responsible relative is absent from the home for an extended period of time due to employment, school, or other legitimate reasons. *Id.*

Unable means the responsible relative has disabilities that are documented and verified by a medical professional that prevent her from providing care. *Id.*

In this case, Petitioner had a responsible relative because Petitioner lived with his spouse. Petitioner asserted that his spouse was unable to provide care because she was disabled, so the Department instructed Petitioner to provide a 54A medical needs form for his spouse. Petitioner returned the 54A medical needs form for his spouse to the Department twice, but the Department determined that the forms that Petitioner returned were incomplete because they were missing the medical provider's NPI, signature date, and telephone number.

A 54A medical needs form must be signed and dated by a medical professional certifying a medical need for personal care. ASM 115 (May 1, 2023), p. 2. The medical professional's NPI must be entered on the form, and the medical provider must indicate whether the medical provider is an enrolled Medicaid provider. *Id.* The medical professional must also provide a signature date on the form because the signature date is the date the Department uses as the medical certification date. *Id.* at 2-3.

The Department properly determined that the 54A medical needs forms that it received for Petitioner's spouse were incomplete. The forms did not have the information that was required by ASM 115 because they did not have the medical provider's NPI and signature date. Since the 54A medical needs forms that the Department received for Petitioner's spouse were incomplete, and since Petitioner did not provide any other proof to establish that his spouse was disabled, the Department could not determine whether Petitioner's spouse was unable to provide care. Therefore, the Department properly determined that Petitioner had a responsible relative to care for him. Accordingly, the Department properly denied Petitioner's request for HHS.

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**.



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. 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://sbar.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, **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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