



Date Mailed: August 26, 2025

Docket No.: 25-025293

Case No.: [REDACTED]

Petitioner: [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.

[REDACTED]
[REDACTED] MI [REDACTED]

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Petitioner [REDACTED]

DECISION AND ORDER

On July 8, 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 21, 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 mother/authorized hearing representative, [REDACTED] appeared for Petitioner. An Arabic interpreter, Hibatullah Eido, provided interpretation. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Florence Scott-Emuakpor appear as its representative. Respondent had one witness, Adult Services Specialist Vanessa Norwood. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 22-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 is a minor.
2. Petitioner has a genetic disease that is expected to be terminal.
3. Petitioner's mother requested HHS for Petitioner.
4. Petitioner's mother provided the Department with a medical needs form for Petitioner. In the medical needs form, Petitioner's medical provider certified that Petitioner had a need for assistance with personal care activities and complex care (bowel program, suctioning, bed sore prevention, and range of motion).

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5. On May 28, 2025, an adult services worker met with Petitioner and her mother at their home. At the time, Petitioner [REDACTED] and [REDACTED] old. Petitioner's hospice staff was present during the visit. The adult services worker consulted with her supervisor due to Petitioner's age, and the adult services worker determined that Petitioner's request for HHS could not be approved because Petitioner was a minor and only required normal care.
 6. On June 13, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that her request for HHS was denied because she did not meet the requirements for HHS as she requires full-time care based on her age.
 7. Petitioner's mother 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.

Minor children may be eligible for HHS. ASM 101 (April 1, 2018), p. 4. However, for a minor child to be eligible for HHS, the comprehensive assessment must show that the minor child needs personal care services to supplement usual parental care, justified by high service needs of the family. *Id.* High service needs are those which arise from a physical, medical, emotional, or mental impairment of the minor child, which require significantly higher levels of intervention than those required by a child of the same age

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without similar impairments. *Id.* Additionally, children who have a responsible relative to care for their needs are not eligible for HHS for tasks that can be completed by the responsible relative during the time the responsible relative is available. *Id.* The adult services worker must evaluate whether day care services are appropriate rather than HHS. *Id.*

In this case, the Department completed a comprehensive assessment, and the Department determined that Petitioner was a minor and only required normal care, so the Department denied Petitioner's request for HHS. Petitioner is disputing the Department's decision to deny her request for HHS.

Based on the evidence presented, the Department did not complete a comprehensive assessment in accordance with ASM 120. The Department did not properly address whether Petitioner had high service needs as defined by ASM 101, the Department did not properly determine whether Petitioner had responsible relatives who were able and available to care for Petitioner's needs, and the Department did not properly evaluate whether day care services were more appropriate for Petitioner than HHS. Therefore, the Department's decision is reversed. The Department must complete a comprehensive assessment in accordance with ASM 120, and the Department must determine whether Petitioner has high service needs as defined by ASM 101. If the Department determines that Petitioner has high service needs as defined by ASM 101, then the Department must also determine if Petitioner has responsible relatives who are able and available to care for Petitioner's needs. Additionally, the Department must evaluate whether day care services are more appropriate for Petitioner than HHS.

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 new comprehensive assessment in accordance with ASM 120, and the Department must determine whether Petitioner has high service needs as defined by ASM 101. If the Department determines that Petitioner has high service needs as defined by ASM 101, then the Department must also determine if Petitioner has responsible relatives who are able and available to care for Petitioner's needs. Additionally, the Department must evaluate whether day care services are more appropriate for Petitioner than HHS. The Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

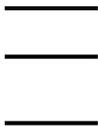
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APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. 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://lrs.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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