



Date Mailed: August 29, 2025
Docket No.: 25-026455
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: August 28, 2025

Docket No.: 25-026455

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On July 24, 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 27, 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 Allison Pool appear as its representative. Respondent had two witnesses: Adult Services Worker Dawn Wilkins and Adult Services Supervisor Anthony Clark. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 21-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 was a HHS recipient.
2. On December 5, 2024, the Department completed Petitioner's most recent comprehensive assessment.
3. On May 21, 2025, an adult services worker mailed a letter to Petitioner to notify her that the adult services worker would be visiting Petitioner at her home on June 10, 2025. The letter instructed Petitioner to contact the adult services worker as soon as possible if she needed to reschedule.
4. On June 10, 2025, Petitioner contacted the adult services worker and asked to reschedule her home visit because she had a death in her family.

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5. On June 16, 2025, an adult services worker mailed a letter to Petitioner to notify her that the adult services worker would be visiting Petitioner at her home on July 8, 2025. The letter instructed Petitioner to contact the adult services worker as soon as possible if she needed to reschedule.
 6. On June 24, 2025, the adult services worker rescheduled Petitioner's home visit for June 26, 2025.
 7. On June 26, 2025, the adult services worker unsuccessfully attempted to visit Petitioner at her home. Petitioner did not answer the door when the adult services worker knocked on the door and rang the doorbell. Petitioner also did not answer her phone when the adult services worker attempted to call her.
 8. On June 30, 2025, an adult services worker mailed a letter to Petitioner to notify her that the adult services worker would be visiting Petitioner at her home on July 17, 2025. The letter instructed Petitioner to contact the adult services worker as soon as possible if she needed to reschedule.
 9. On July 17, 2025, the adult services worker unsuccessfully attempted to visit Petitioner at her home. Petitioner did not answer the door when the adult services worker knocked on the door and rang the doorbell.
 10. On July 18, 2025, the Department mailed an advance negative action notice to Petitioner to notify her that her HHS was going to be terminated effective August 1, 2025, because Petitioner was not available for two scheduled home visits.
 11. 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.

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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 unsuccessfully attempted to complete a periodic review of Petitioner's comprehensive assessment, and the Department terminated Petitioner's HHS because it was unable to complete it. Petitioner is disputing the Department's decision to terminate her HHS.

The Department attempted to update Petitioner's comprehensive assessment as required by ASM 120, but the Department was unable to because Petitioner did not make herself available for a scheduled home visit. The Department made two attempts to meet with Petitioner at her home to update Petitioner's comprehensive assessment, and Petitioner did not make herself available. Petitioner did not answer the door when the Department arrived for the scheduled home visits, and Petitioner did not contact the Department to reschedule beforehand. Since Petitioner did not make herself available for a scheduled home visit, the Department was unable to update Petitioner's comprehensive assessment as required by ASM 120. Accordingly, the Department terminated Petitioner's HHS. The Department acted in accordance with ASM 170 when it terminated Petitioner's HHS. Petitioner may reapply 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 terminated Petitioner's HHS.

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



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://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, **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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