



Date Mailed: August 26, 2025

Docket No.: 25-026461

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।

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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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Docket No.: 25-026461

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On July 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 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 authorized hearing representative, [REDACTED] appeared for Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Leigha Klaver appear as its representative. Respondent had one witness, Independent Living Services Worker Dewayne Slappy. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 70-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

Did the Department properly determine Petitioner's Home Help Services (HHS) eligibility?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On April 30, 2025, Petitioner applied for HHS, and Petitioner provided the Department with a medical needs form completed by her medical provider. Petitioner's medical provider certified that Petitioner had a need for assistance with bathing, dressing, meal preparation, shopping, laundry, and housework.
2. On June 18, 2025, an adult services worker met with Petitioner in her home to complete a comprehensive assessment. The adult services worker observed Petitioner and asked Petitioner about Petitioner's need for assistance. Petitioner's provider was not present during the visit. Petitioner reported that she needed assistance with bathing, housework, laundry, shopping, and meal preparation.

Petitioner reported that she lives in a shared household. The adult services worker noted that Petitioner's laundry, meals, and shopping are done separately.

3. The adult services worker determined that Petitioner had a need for hands-on assistance with activities of daily living.
4. The adult services worker determined that Petitioner should be approved for 39 hours and 24 minutes of HHS per month.
5. The 39 hours and 24 minutes of HHS that the adult services worker determined Petitioner should be approved for consisted of the following time and task:
 - a. Bathing: 16 minutes each day at 7 days per week for a total of 8 hours and 2 minutes per month.
 - b. Housework: 6 minutes each day at 7 days per week for a total of 3 hours and 1 minute per month.
 - c. Laundry: 14 minutes per day at 2 days per week for a total of 2 hours per month.
 - d. Travel for laundry: 8 minutes per day at 2 days per week for a total of 1 hour and 9 minutes per month.
 - e. Meal preparation: 40 minutes per day at 7 days per week for a total of 20 hours and 4 minutes per month.
 - f. Shopping for food/meds: 10 minutes per day at 2 days per week for a total of 1 hour and 26 minutes per month.
 - g. Travel for shopping: 26 minutes per day at 2 days per week for a total of 3 hours and 44 minutes per month.
6. On June 26, 2025, the adult services worker met with Petitioner's home help provider, [REDACTED] [REDACTED] informed the adult services worker that she was not present during the home visit because she was unaware of it. [REDACTED] informed the adult services worker that Petitioner provided incorrect information to the adult services worker because Petitioner did not provide information about additional services that [REDACTED] provides for Petitioner.
7. On June 26, 2025, the Department mailed a services approval notice to Petitioner to notify her that she was approved to receive 39 hours and 24 minutes of HHS per month, effective June 18, 2025.

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8. Petitioner disagreed with the amount of time that the Department approved.
 9. Petitioner requested a hearing to dispute the Department's decision.
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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 when Petitioner applied for HHS. After the Department completed its comprehensive assessment, the Department determined that Petitioner should be approved for 39 hours and 24 minutes of HHS per month. Petitioner disagrees with the amount of time that the Department approved.

The Department allocates time for each task that a client needs at least some human assistance with. ASM 120 at 5. The Department determines how much time to allocate to each task based on the interviews with the client and caregiver, observation of the client, and the reasonable time schedule. *Id.* A client is not automatically guaranteed the suggested allotted time allowed by the reasonable time schedule. *Id.* at 5-6. The adult services worker must assess each task according to the average time and

frequency required for its completion. *Id.* at 6. This takes into consideration that the amount of assistance a client requires each day may vary. *Id.* The Department cannot approve HHS for tasks that do not require at least some human assistance, the Department cannot approve HHS for services provided for the benefit of people other than the client, and the Department cannot approve HHS in some other situations. ASM 101 (April 1, 2018), pp. 4-5.

The Department met with Petitioner in her home to complete a comprehensive assessment. The Department interviewed Petitioner, and the Department observed Petitioner in her home. Petitioner reported that she needed assistance with bathing, housework, laundry, shopping, and meal preparation. Petitioner reported that she lives in a shared household. Based on all the information the Department gathered, the Department determined that Petitioner needed hands-on assistance with at least one ADL, so the Department determined that Petitioner was eligible for HHS. Additionally, the Department allocated time for each task that Petitioner needed at least some human assistance with. The Department determined that Petitioner needed 39 hours and 24 minutes of HHS per month.

The Department completed Petitioner's comprehensive assessment in accordance with ASM 120, and the Department allocated time for each task that Petitioner needed at least some human assistance with in accordance with ASM 120. Petitioner did not present sufficient evidence to establish that the Department's decision should be reversed. Therefore, the Department's decision to approve Petitioner for 39 hours and 24 minutes of HHS per month is affirmed. If Petitioner's needs have changed, then Petitioner may notify the Department and request an updated comprehensive assessment.

DECISION AND ORDER

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

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://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.

Via Electronic Mail:

Agency/Department Representative

LEIGHA KLAVER
MDHHS APPEALS SECTION
PO BOX 30807
LANSING, MI 48909
KLAVERL@MICHIGAN.GOV

Agency/Department Representative

MDHHS APPEALS
PO BOX 30807
LANSING, MI 48909
MDHHS-APPEALS@MICHIGAN.GOV

Department Contact

MICHELLE MARTIN
MDHHS
400 S PINE ST 5TH
LANSING, MI 48933
MDHHS-HOME-HELP-POLICY@MICHIGAN.GOV

Agency/Department Representative

SHERRY REID
MDHHS GREENVIEW ADULT SERVICES
19340 GREENVIEW AVE STE 200
DETROIT, MI 48219
MDHHS-WC-MAHSHEARING@MICHIGAN.GOV

Via First Class Mail:

Petitioner

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

Authorized Hearing Representative

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