



Date Mailed: August 28, 2025
Docket No.: 25-026470
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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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Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On July 28, 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's authorized hearing representative, [REDACTED], appeared and represented Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Emily Piggott appear as its representative. Respondent had two witnesses: Adult Services Worker Layla Wright and Adult Services Supervisor Natasha Burns. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 49-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 his medical provider, Dr. John Head. The medical needs form stated that Petitioner had a diagnosis of bipolar disorder. The medical needs form certified that Petitioner had a need for assistance with personal care activities, but it did not indicate which ones. The medical needs form did not certify that Petitioner had a need for assistance with any complex care services.
3. On June 6, 2025, an adult services worker visited Petitioner in his home to complete an assessment. Petitioner was present with his home help services

provider, [REDACTED] The adult services worker observed Petitioner and asked him about his need for assistance. The adult services worker asked Petitioner's home help services provider about Petitioner's need for assistance. The adult services worker observed Petitioner transfer from a seated position on the sofa, grab his medications, and hand his medications to the adult services worker. Petitioner asserted that he needed assistance with mobility, medications, meal preparation, shopping for food and medications, laundry, and housework. Petitioner did not have any adaptive equipment. The adult services worker asked Petitioner about his diagnoses, and the adult services worker determined that Petitioner did not have any diagnoses that would justify his need for assistance. The adult services worker concluded that Petitioner was able to complete all activities of daily living independently based on the adult services worker's observations.

4. On July 2, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that his request for HHS was denied because he 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.

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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 his request for HHS.

The Department met with Petitioner in his home to complete Petitioner's comprehensive assessment. The Department observed Petitioner, and the Department asked Petitioner about his need for assistance. The Department observed Petitioner transfer from a seated position on the sofa, grab his medications, and hand his medications to the Department. Although Petitioner asserted that he needed assistance, the Department concluded that Petitioner was able to complete all activities of daily living independently based on the Department's observations. This is consistent with the information that Petitioner's medical provider provided on the medical needs form. 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 his 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 his 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**.



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://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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