



**Date Mailed:** September 16, 2025  
**Docket No.:** 25-028479  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED] MI [REDACTED]

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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.

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**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

### **DECISION AND ORDER**

On August 13, 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 September 11, 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 Allison Pool appear as its representative. Respondent had one witness, Case Manager LaTonya Smith.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 35-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 an HHS recipient.
2. On July 1, 2025, an adult services worker contacted Petitioner's HHS provider, and Petitioner's HHS provider reported that she was no longer working for Petitioner because Petitioner's spouse would not let the HHS provider perform any services for Petitioner.
3. On July 3, 2025, an adult services worker met with Petitioner in his home to complete an assessment. Petitioner was present with his spouse. Petitioner did not have an HHS provider at the time. Petitioner's spouse informed the adult services worker that she performs all of the approved services for Petitioner.

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Petitioner's spouse informed the adult services worker that Petitioner's HHS provider was not performing any of the approved services for Petitioner.

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4. On July 23, 2025, the Department mailed a negative action notice to Petitioner. The negative action notice informed Petitioner that his HHS were terminated because Petitioner no longer had a need for services.
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.

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. Since Petitioner had a responsible relative, HHS could only be authorized for the services or times when his responsible relative was unavailable or unable to provide care for him. When the Department completed Petitioner's assessment, Petitioner's spouse informed the Department that she was providing services for Petitioner. Thus, the Department properly concluded that Petitioner's spouse was available and able to provide care for Petitioner, even though Petitioner's spouse may have had a documented disability. Neither Petitioner nor Petitioner's spouse provided any proof that Petitioner's spouse was unavailable or unable to provide care for Petitioner. Therefore, the Department properly determined that Petitioner's spouse was a responsible relative who was available and able to provide care for Petitioner, and the Department properly determined that Petitioner was ineligible for HHS. Accordingly, the Department properly terminated Petitioner's HHS in accordance with ASM 170, which requires the Department to terminate HHS when a client fails to meet any of the eligibility requirements. ASM 170 (May 1, 2025), p. 2.

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**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.

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



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**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](http://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](mailto: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:**

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**Authorized Hearing Representative**

[REDACTED] MI [REDACTED]

**Petitioner**

[REDACTED] MI [REDACTED]