



Date Mailed: October 14, 2025

Docket No.: 25-032373

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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Docket No.: 25-032373

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On September 12, 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 October 9, 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 himself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Leigha Klaver appear as its representative. Respondent had two witnesses: Adult Services Worker Fonda Jones and Registered Nurse Kristina Cope. There were no other participants.

Both parties provided sworn testimony, and two exhibits were admitted into evidence. A 100-page packet of documents provided by the Department was admitted into evidence as Exhibit A, and a 17-page addendum provided by the Department was admitted into evidence as Exhibit B.

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 August 14, 2025, Petitioner requested HHS from the Department.
2. On August 25, 2025, an adult services worker met with Petitioner in his home to complete a comprehensive assessment. The adult services worker observed Petitioner and asked Petitioner about his need for assistance. The adult services worker documented the following information:
 - a. Petitioner is legally blind, Petitioner has multiple sclerosis, Petitioner is obese, and Petitioner is recovering from a broken hip and femur.

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- b. Petitioner lives in his apartment with his fiancé and her child.
 - c. Petitioner has lived in his current apartment for two months.
 - d. Petitioner was in a skilled nursing facility for two months prior to living in his current apartment.
 - e. Petitioner was living at [REDACTED] for three years prior to being admitted to a skilled nursing facility. Petitioner was mostly independent while he was living at [REDACTED]. Petitioner fell and broke his right hip and femur, which caused Petitioner to be admitted to a skilled nursing facility.
 - f. Petitioner uses a wheelchair in his home.
 - g. Petitioner has a Hoyer lift, a shower chair, and a hospital bed.
 - h. Petitioner has wounds on his body that require special care.
 - i. Petitioner needs assistance with all his personal care activities.
3. On August 26, 2025, Petitioner provided the Department with a medical needs form completed by his medical provider, Dr. Koby Buth. Petitioner's medical provider certified that Petitioner had a need for assistance with personal care activities, and Petitioner's medical provider certified that he had a need for complex care services.
 4. The adult services worker determined that Petitioner had a need for hands-on assistance with activities of daily living, and the adult services worker determined that Petitioner had a need for complex care services.
 5. The adult services worker determined that Petitioner should be approved for 69 hours and 35 minutes of HHS per month.
 6. On August 26, 2025, the Department mailed a services approval notice to Petitioner to notify him that he was approved for 69 hours and 35 minutes of HHS per month.
 7. Petitioner contacted the adult services worker to dispute the HHS time that the adult services worker approved.
 8. On September 24, 2025, the adult services worker spoke with Petitioner, revised the time and task, and referred Petitioner's case to a registered nurse for a nursing assessment.

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9. Based on the adult services worker's revised time and task, the adult services worker determined that Petitioner should be approved for 113 hours and 13 minutes of HHS per month.
 10. On September 24, 2025, the Department mailed a services approval notice to Petitioner to notify him that he was approved for 113 hours and 13 minutes of HHS per month.
 11. On September 30, 2025, a registered nurse completed a nursing assessment. The registered nurse spoke with Petitioner and the adult services worker to gather information to complete the nursing assessment. The registered nurse documented the following information in a home help worksheet:
 - a. Eating. Petitioner does not require hands-on assistance with eating. Petitioner is able to independently eat food with hands and utensils.
 - b. Toileting. Petitioner requires hands-on assistance with toileting. Petitioner is incontinent, Petitioner wears briefs, and Petitioner requires assistance with changing his briefs. Petitioner reported that he requires assistance with toileting five times daily, three times for urination and two times for bowel movements. The registered nurse determined that Petitioner should be approved for 48 minutes per day for toileting.
 - c. Bathing. Petitioner requires hands-on assistance with bathing. Petitioner is bathed with bed baths. Petitioner has a full wash four times per week and a partial wash three times per week. The registered nurse determined that Petitioner should be approved for 37 minutes per day for bathing.
 - d. Grooming. Petitioner requires hands-on assistance with grooming. Petitioner is able to independently brush his teeth and brush his hair, but Petitioner requires assistance with shaving, lotion, and nail care. The registered nurse determined that Petitioner should be approved for 10 minutes per day for grooming.
 - e. Dressing. Petitioner requires hands-on assistance with dressing. Petitioner requires assistance with dressing in the morning and the evening. Petitioner is able to use his upper body and hands to assist. The registered nurse determined that Petitioner should be approved for 18 minutes per day for dressing.
 - f. Transferring. Petitioner requires hands-on assistance with transferring. Petitioner is transferred in and out of his wheelchair 8 times per day for toileting and getting in and out of bed. Petitioner is transferred with a Hoyer lift, and it takes 10 minutes each time to complete a transfer. The registered

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- nurse determined that Petitioner should be approved for 1 hour and 20 minutes per day for transferring.
- g. Mobility. Petitioner does not require hands-on assistance with mobility. Petitioner uses a power wheelchair to navigate his home.
 - h. Range of motion exercises. Petitioner requires assistance with range of motion exercises. Petitioner does range of motion exercises on his hips and legs daily, and it takes 30 minutes each time. The registered nurse determined that Petitioner should be approved for 30 minutes per day for range of motion exercises.
 - i. Specialized skin care. Petitioner requires assistance with specialized skin care. Petitioner has someone put Vaseline on his body and cream on his feet. The registered nurse determined that Petitioner should be approved for 10 minutes per day for specialized skin care.
 - j. Wound care. Petitioner requires assistance with wound care. Petitioner has wounds on his body that require daily care. Petitioner has someone remove his soiled dressings, clean his wounds, apply creams, and apply new bandages. The registered nurse determined that Petitioner should be approved for 50 minutes per day for wound care.
 - k. Medications. Petitioner requires assistance with medications. Petitioner is able to independently take his medications, but Petitioner has someone set up his medications for him once per week. The registered nurse determined that Petitioner should be approved for 2 minutes per day for medications.
 - l. Meal preparation. Petitioner requires hands-on assistance with meal preparation. The registered nurse determined that Petitioner lives in a shared household, so his approved time for meal preparation must be prorated. The registered nurse determined that Petitioner should be approved for 25 minutes per day for meal preparation.
 - m. Shopping. Petitioner requires hands-on assistance with shopping. The registered nurse determined that Petitioner lives in a shared household, so his approved time for shopping must be prorated. The registered nurse determined that Petitioner should be approved for 35 minutes per week for shopping.
 - n. Laundry. Petitioner requires hands-on assistance with laundry. The registered nurse determined that Petitioner lives in a shared household, so his approved time for laundry must be prorated. The registered nurse determined that Petitioner should be approved for 24 minutes twice per week for laundry.

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- l. Travel for shopping: 19 minutes per day at 1 day per week for a total of 1 hour and 22 minutes per month.
 - m. Range of motion exercises: 30 minutes per day at 7 days per week for a total of 15 hours and 3 minutes per month.
 - n. Specialized skin care: 10 minutes per day at 7 days per week for a total of 5 hours and 1 minute per month.
 - o. Wound care: 50 minutes per day at 7 days per week for a total of 25 hours and 5 minutes per month.
14. On October 1, 2025, the Department mailed a services approval notice to Petitioner to notify him that he was approved for 165 hours and 54 minutes of HHS per month, effective August 26, 2025.
 15. Petitioner disagrees with the amount of time that the Department approved.

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 after Petitioner applied for HHS. Initially, an adult services worker completed a comprehensive assessment. However, Petitioner disputed the HHS time that the adult services worker approved, so the adult services worker referred Petitioner's case to a registered nurse for a nursing assessment. After the Department completed its nursing assessment, the Department determined that Petitioner should be approved for 165 hours and 54 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 his home to complete a comprehensive assessment. The Department interviewed Petitioner, and the Department observed Petitioner in his home. Additionally, the Department had a registered nurse meet with Petitioner and the adult services worker to complete a nursing assessment. 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 165 hours and 54 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 165 hours and 54 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://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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