

Date Mailed: December 15, 2025

Docket No.: 25-037959

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On October 29, 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 December 10, 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 Florence Scott-Emuakpor appear as its representative. Respondent had one witness, Adult Services Worker Patricia Carmona-Nieves. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 46-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

Did the Department properly terminate 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 was an HHS recipient. Petitioner was approved to receive HHS for bathing, dressing, grooming, housework, laundry, medications, meal preparation, shopping for food/meds, and travel for shopping. Petitioner was not approved to receive HHS for any complex care services.
2. On September 9, 2025, an adult services worker visited Petitioner in her home to complete an assessment. The adult services worker observed Petitioner and asked Petitioner about her need for assistance. The adult services worker observed that Petitioner did not appear to have any physical limitations that would prevent her from completing activities of daily living. Petitioner reported that her needs had not changed. The adult services worker did not ask Petitioner additional questions about each activity of daily living.

The adult services worker observed that Petitioner was dressed and that Petitioner's floor was recently cleaned. The adult services worker concluded that Petitioner must have dressed herself and cleaned her floor because Petitioner's provider was not present. However, the adult services worker did not ask Petitioner who cleaned her floor, and the adult services worker did not ask Petitioner who dressed her. The adult services worker instructed Petitioner to provide an updated medical needs form.

3. On October 10, 2025, the Department received Petitioner's updated medical needs form, which was completed by Petitioner's medical provider, Nurse Practitioner Quiana Scott-Ruffin. The medical needs form noted diagnoses of neuropathy and chronic back pain. The medical needs form certified that Petitioner had a need for assistance with personal care activities. The following personal care activities were circled: grooming, meal preparation, and housework. The medical needs form did not certify that Petitioner had a need for complex care services.
4. The adult services worker reviewed the information in Petitioner's file, the information the adult services worker gathered during the assessment, and the medical needs form. The adult services worker concluded that Petitioner did not need hands-on assistance with any activities of daily living or any complex care services.
5. On October 15, 2025, the Department mailed a negative action notice to Petitioner to notify Petitioner that her HHS was going to be terminated, effective November 3, 2025, because she no longer needed hands-on assistance with any activities of daily living.
6. 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.

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 completed a periodic review of Petitioner's comprehensive assessment, and the Department terminated Petitioner's HHS as a result. Petitioner is disputing the Department's decision to terminate her HHS.

The Department met with Petitioner in her home on September 9, 2025. The Department observed Petitioner and asked Petitioner about her need for assistance. The Department observed that Petitioner did not appear to have any physical limitations that would prevent her from completing activities of daily living. Petitioner reported that her needs had not changed. The Department did not ask Petitioner additional questions about each activity of daily living. The Department observed that Petitioner was dressed and that Petitioner's floor was recently cleaned. The Department concluded that Petitioner must have dressed herself and cleaned her floor because Petitioner's provider was not present. However, the Department did not ask Petitioner who cleaned her floor, and the Department did not ask Petitioner who dressed her. The Department instructed Petitioner to provide an updated medical needs form.

Following the Department's home visit, the Department received Petitioner's updated medical needs form. The medical needs form noted diagnoses of neuropathy and chronic back pain. The medical needs form certified that Petitioner had a need for assistance with personal care activities. The following personal care activities were circled: grooming, meal preparation, and housework. The medical needs form did not certify that Petitioner had a need for complex care services.

The Department reviewed the information in Petitioner's file, the information the Department gathered during the assessment, and the medical needs form. The Department concluded that Petitioner did not need hands-on assistance with any activities of daily living or any complex care services.

Based on the evidence presented, the Department did not properly document Petitioner's abilities and needs when the Department updated Petitioner's comprehensive assessment. During the Department's assessment, the Department asked Petitioner about her abilities and needs, and Petitioner reported no changes. The Department documented its conclusion that Petitioner did not appear to have any physical limitations that would prevent her from completing activities of daily living, but

the Department did not document what the Department observed that made the Department reach this conclusion. The Department did not document sufficient observations or statements to substantiate that Petitioner's abilities and needs had changed. However, the Department concluded that Petitioner's abilities and needs had changed, and the Department determined that Petitioner did not need hands-on assistance with any activities of daily living or any complex care services. The Department did not update Petitioner's comprehensive assessment in accordance with ASM 120 because the Department did not document sufficient observations or statements to substantiate its conclusion that Petitioner's abilities and needs had changed.

The Department's decision is reversed. However, this does not mean that Petitioner will still be eligible to receive HHS in the future. This means that the Department must complete a new assessment to document Petitioner's abilities and needs in accordance with ASM 120. The Department's assessment will determine whether Petitioner still needs HHS.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department did not properly terminate Petitioner's HHS.

IT IS ORDERED that the Department's decision is **REVERSED**. The Department must complete a new assessment to document Petitioner's abilities and needs in accordance with ASM 120. The Department must begin to implement this order within 10 days of the mailing date of this hearing decision.



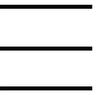
JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

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 LARA-MOAHR-DCH@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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