

Date Mailed: January 14, 2026

Docket No.: 25-043394

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On December 5, 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 January 8, 2026. 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 with her authorized hearing representative, [REDACTED]. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Leigha Klaver appear as its representative. Respondent had four witnesses: Adult Services Specialist Darlisha Vincent, Adult Services Specialist George Goodman, Adult Services Supervisor Kathryn Dennis, and Home Help Policy Analyst Angela Clymer. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 95-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 is an HHS recipient.
2. On November 4, 2025, an adult services worker met with Petitioner in her home to complete an assessment. The adult services worker determined that Petitioner had a need for services based on the adult services worker's assessment.
3. On November 7, 2025, the Department mailed a services approval notice to Petitioner to notify Petitioner that she was approved to receive 93 hours and 4 minutes of HHS per month.

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4. On November 19, 2025, the Department received a report from the Office of Inspector General (OIG) regarding Petitioner's HHS case. The report recommended that the Department close Petitioner's HHS case.
 5. The Department did not reassess Petitioner's needs after it received the report from the OIG, and the Department decided to close Petitioner's HHS case based on the OIG's recommendation.
 6. On November 26, 2025, the Department mailed a negative action notice to Petitioner to notify Petitioner that her HHS was going to be terminated, effective December 10, 2025.
 7. 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 (October 1, 2025), 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 (October 1, 2025), 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, Petitioner was receiving HHS pursuant to an assessment that determined that she needed assistance. While Petitioner was receiving HHS, the OIG opened an investigation. The OIG completes both intentional program violation (IPV) and front-end eligibility (FEE) investigations. A FEE investigation is an investigation to gather information to assist in an eligibility determination. ASM 166 (August 1, 2025), pp. 7-8. OIG regulators complete FEE investigations and respond to staff with their findings. *Id.* The staff then use the OIG's findings to make an eligibility determination before opening or recertifying a case. *Id.* at 7-9.

In this case, the OIG completed a FEE investigation of Petitioner's case. Based on the OIG's investigation findings, the OIG recommended that the Department close Petitioner's HHS. Petitioner had an open HHS case at the time, and the Department closed Petitioner's case pursuant to the OIG's recommendation. The Department did not complete a new assessment before it closed Petitioner's HHS case.

An HHS case may be closed when the client is no longer eligible for Medicaid, a medical professional does not certify that the client has a need for services, an assessment determines that the client no longer requires HHS, the client no longer wishes to receive HHS, or the client receives services from another program that would result in a duplication of services. ASM 170 (October 1, 2025), p. 2. None of these circumstances occurred in this case. The Department closed Petitioner's HHS case based on the OIG's recommendation without completing a new assessment. Since none of the circumstances that would permit the Department to close Petitioner's HHS case occurred, the Department did not properly close Petitioner's HHS.

The Department should not have relied exclusively on the OIG's recommendation to close Petitioner's HHS case because an OIG recommendation is not a circumstance that permits the Department to close a client's HHS case in ASM 170. Additionally, the OIG does not determine whether a client has a need for services; the Department determines whether a client has a need for services through a comprehensive assessment. ASM 120 at 1. The Department should have used the information from the OIG's investigation together with information obtained during an updated comprehensive assessment to determine whether Petitioner still had a need for services. The Department did not obtain information through an updated comprehensive assessment before it closed Petitioner's HHS case, so the Department did not close Petitioner's HHS in accordance with ASM 170. Therefore, the Department's decision is reversed.

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 reinstate Petitioner's HHS. The Department must update Petitioner's comprehensive assessment 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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