

Date Mailed: February 9, 2026

Docket No.: 25-043618

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a telephone hearing was held on February 5, 2026. Attorney Noel J. Ravenscroft appeared on Petitioner's behalf. [REDACTED], Petitioner and [REDACTED], Caregiver, appeared as witnesses for Petitioner.

Attorney Mark Kopson appeared on behalf of Respondent Aetna Better Health of Michigan, the Medicaid Health Plan (MHP) Jennifer Rhodes, RN, Senior Manager; Emily Nguyen, Clinical Manager; Melanie Cicala, RN, Case Manager; Deborah Coates, Medical Director; Laquinda Bates, Manager, Clinical Services; and Jesus Yanez, Associate Manager, Grievance and Appeals, appeared as witnesses for Respondent.

ISSUE

Did the MHP properly assess Petitioner's Personal Care (PC) services?

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 a Medicaid beneficiary receiving services through Respondent, MHP. (Exhibit 1; Testimony).
2. On June 27, 2024, Petitioner's HCBS Needs Tool recorded 1,861 minutes per week of personal care tasks (equating to 31.02 hours), reflecting increased needs relative to prior years (Exhibit 1, pp. 14–15; Testimony).
3. On July 11, 2025, Respondent's care manager conducted an in-person assessment. The HCBS Needs Tool totaled 1,570 minutes per week (26.16 hours), which Respondent rounded to 27 hours per week (Exhibit 3, pp. 32–33; Testimony).

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4. Reasons for reduction identified in the July 2025 assessment include:
 - Laundry time was reduced to 69 minutes per week because Petitioner's laundry is performed together with another household member; time was prorated consistent with Medicaid policy for IADLs in shared living (Exhibit 3, p. 27; Testimony).
 - Eating & Feeding was assessed at minimal hands-on assistance; Petitioner can feed herself once meals are cut and placed before her, with approximately five minutes of set-up per meal (Exhibit 3, p. 28; Testimony).
 - Transferring was assessed at eight minutes per day because Petitioner uses a walker to stand and requires hands-on assistance primarily for bed transfers and stabilization (Exhibit 3, p. 31; Testimony).
 5. Respondent issued notice that the assessment did not support the extra five hours weekly and the authorization would be 27 hours/week effective October 24, 2025. Petitioner filed a Level-One plan appeal on October 21, 2025. Respondent's Medical Director upheld the reduction in a November 17, 2025, Notice of Appeal Decision, explaining the plan's determination under Michigan minimum operations standards and medical necessity (Exhibit 6, p. 45; Testimony).
 6. The plan's appeal decision informed Petitioner of continuation-of-benefits rules requiring a request for a MOAHR Fair Hearing or DIFS External Review within 10 calendar days to maintain benefits during appeal; Petitioner's request for State Fair Hearing was dated December 5, 2025, outside the 10-day window (Exhibit 6, pp. 45–48; Testimony).
 7. On January 14, 2026, Respondent conducted a new face-to-face assessment. The HCBS Needs Tool totaled 1,570.80 minutes (26.18 hours), again rounding to 27 hours/week, with service-by-service minutes reported (e.g., Meal Preparation 349.80 minutes; Toileting 182.00; Mobility 112.00) (Exhibit 9, pp. 76-78; Testimony).
 8. The assessment narratives document that Petitioner lives with her adult son/caregiver and that certain IADLs (e.g., laundry and shopping) are performed for the household and were prorated; medication administration was not prorated, consistent with policy (Exhibit 3, p. 27; Exhibit 9, pp. 69–70; Testimony).
 9. Across assessments, Petitioner is documented as needing hands-on assistance for multiple ADLs (e.g., bathing with shower chair and assistance to reach extremities; dressing and grooming due to arthritis

and shoulder pain; toileting and mobility assistance due to unsteady gait and dizziness) (Exhibit 3, pp. 28–31; Exhibit 9, pp. 71–73; Testimony).

10. Respondent relied on the July 2025 and January 2026 assessments, asserted medical necessity under Section 5 of the Medicaid Provider Manual, and highlighted the Reasonable Time and Task methodology and proration rules for shared living (Exhibit 2, pp. 21–24; Exhibit 3; Exhibit 9; Testimony).

CONCLUSIONS OF LAW

The Medical Assistance Program 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 Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements.

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The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
July 1, 2025, p 1
Emphasis added*

With regard to Personal Care services, the MPM provides, in relevant part:

5.1 STATE PLAN PERSONAL CARE SERVICES

For individuals enrolled in the MI Health Link program, State Plan personal care services will be provided and paid for by the ICO and will no longer be provided through the Medicaid Home Help program. Personal care services are available to individuals who require hands-on assistance in activities of daily living (ADLs) (i.e., eating, toileting, bathing, grooming, dressing, mobility, and transferring) as well as hands-on assistance in instrumental activities of daily living (IADLs) (i.e., personal laundry, light housekeeping, shopping, meal preparation and cleanup, and medication administration).

Personal care services are available to individuals living in their own homes or the home of another. Services may also be provided outside the home for the specific purpose of enabling an individual to be employed.

Providers shall be qualified individuals who work independently, contract with, or are employed by an agency. The ICO may directly hold provider agreements or contracts with independent care providers of the individual's choice, if the provider meets MDHHS qualification requirements, to provide personal care services. Individuals who currently receive personal care services from an independent care provider may elect to continue to use that provider. The individual may also select a new provider if that provider meets State qualifications. Paid family caregivers will be permitted to serve as a personal care provider in accordance with the state's requirements for Medicaid State Plan personal care services.

5.1.F. REIMBURSEMENT AND RATES

If the individual does not require the maximum allowable hours for IADLs, only the amount of time needed for each task shall be authorized.

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Assessed hours for IADLs (except medication administration) must be **prorated by one half** in shared living arrangements where other adults reside in the home as personal care services are only for the benefit of the individual. . . .

*Medicaid Provider Manual
MI Health Link Chapter
July 1, 2025, pp 1, 8*

Pursuant to the above policy and its contract with the Department, the MHP has developed policies that are subject to the limitations and restrictions described in the MHP's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

Respondent's Senior Manager and Registered Nurse (RN), testified regarding the July 11, 2025, assessment (Exhibit 3) that led to the reduction from 32 to 27 hours per week. She explained that the assessment was conducted by case manager Daricia Hoskins, whom she supervised at the time. Respondent's Senior Manager confirmed she reviewed and signed the assessment after a detailed discussion with Hoskins. She described the rationale for reductions:

- Laundry: Reduced because laundry was done at a laundromat twice weekly, combined with caregiver's laundry, and prorated per Medicaid guidelines.
- Eating & Feeding: Authorized 5 minutes per meal for setup since Petitioner could feed herself once meals were cut and placed in front of her.
- Transferring: Allowed 8 minutes per day per Reasonable Time and Task standards; Petitioner used a walker and required minimal hands-on assistance for bed transfers.

Respondent's Senior Manager emphasized that the assessment was consistent with policy and that exceptions to time limits are made when justified, but none were warranted here. On cross-examination, she acknowledged she did not personally conduct the assessment but relied on Hoskins' documentation and verbal review.

Respondent's Medical Director testified that she reviewed the internal appeal and concurred with the reduction. She explained her review process, which involves summaries prepared by managers and justification for changes. She confirmed she did not review raw notes but relied on summaries and the HCBS tool. Respondent's Medical Director stated she has reviewed thousands of similar cases and found the reduction appropriate.

Respondent's RN Case Manager, testified about the January 14, 2026, reassessment (Exhibit 9). She conducted the assessment in Petitioner's home with the caregiver present. The assessment lasted approximately 30–40 minutes and concluded Petitioner

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required 26.18 hours per week, rounded to 27 hours—the same as the prior assessment.

Respondent's RN Case Manager noted she exceeded Reasonable Time and Task limits for shopping due to multiple trips and travel time but otherwise followed guidelines. She confirmed Petitioner could answer questions with caregiver assistance and that her findings accurately reflected Petitioner's needs.

Petitioner's caregiver, testified that the July 2025 assessment underestimated the time required for several tasks:

- Laundry: Takes about an hour per trip because he does Petitioner's laundry separately and waits for washing and drying cycles.
- Shopping: Often requires multiple trips to different stores (Kroger, Walmart Pharmacy, and an Arabic market), taking up to an hour for travel alone.
- Transferring: Estimated at 8 minutes per day in the assessment, but he spends closer to 12 minutes daily due to Petitioner's dizziness and fall risk.
- Eating & Feeding: Assessment allowed 5 minutes per meal for setup, but he often must feed Petitioner entirely, which takes 10–15 minutes per meal.

Petitioner's caregiver testified that these inaccuracies significantly understate the time needed for care. On cross-examination, he acknowledged that some tasks vary day to day and that prior assessments also allotted less time for certain tasks without appeal.

Respondent's Senior Manager was recalled and clarified that Medicaid guidelines do not include waiting time for laundry cycles; only travel and handling time. She reaffirmed that the assessment followed state standards.

Michigan Medicaid State Plan personal care services are available to individuals who require hands-on assistance with activities of daily living (ADLs)—including eating, toileting, bathing, grooming, dressing, mobility, and transferring—and with qualifying instrumental activities of daily living (IADLs) such as personal laundry, light housekeeping, shopping, meal preparation/cleanup, and medication administration (Exhibit 2, p. 20).

The governing policy requires a face-to-face, comprehensive assessment as the basis for determining and authorizing the amount, scope, and duration of services; ADLs and IADLs are ranked on a five-point scale, and payment may only be authorized for needs assessed at rank 3 or greater, with IADLs available only when the individual has at least one ADL ranked 3 or greater (Exhibit 2, pp. 21–22).

The Reasonable Time and Task (RTS) methodology guides assignment of minutes for each ranked task; when assessed hours exceed RTS recommendations, the care

coordinator must provide a rationale, and tasks are assigned minute values converted to weekly hours (Exhibit 2, p. 22).

Medicaid policy further requires proration of IADL minutes by one-half in shared living arrangements (i.e., where other adults reside in the home), except for medication administration, because State Plan personal care services may only cover the beneficiary's share of household tasks; proration is not required where it is clearly documented that the specific IADL for the enrolled individual is completed separately from others in the home (Exhibit 2, p. 24).

Applying these standards, the record establishes that Respondent performed the required face-to-face assessments on July 11, 2025, and January 14, 2026, and recorded near-identical totals of 1,570 and 1,570.80 minutes per week, respectively, which Respondent reasonably rounded to 27 hours per week (Exhibit 3, pp. 32–33; Exhibit 9, p. 76).

The July 2025 assessment's targeted adjustments—prorating laundry to 69 minutes and shopping, allocating minimal assistance for Eating & Feeding with about five minutes per meal setup, and assigning eight minutes per day to Transferring—are squarely aligned with the RTS methodology and proration rules (Exhibit 3, pp. 27–31; Exhibit 2, pp. 22, 24).

The documentary evidence does not demonstrate that the shared household tasks of laundry (and portions of shopping) were performed separately for the beneficiary such that proration would be improper; rather, the assessments expressly describe household-combined laundry with round-trip travel and proration, and shared shopping with travel time added and proration applied (Exhibit 3, p. 27; Exhibit 9, pp. 69–70).

Petitioner's caregiver argued that the July 2025 assessment underestimated the time required for laundry, shopping, transferring, and eating/feeding. He asserted that laundry takes about an hour per trip because he waits for washing and drying cycles, shopping often involves multiple stores and extended travel, transferring requires more than the allotted eight minutes per day, and eating sometimes requires full feeding assistance rather than simple setup.

While these statements reflect the caregiver's perspective, they do not establish that the July 2025 or January 2026 assessments were inaccurate under Medicaid policy. The HCBS Needs Tool and Michigan Medicaid Manual specify that authorized time for IADLs such as laundry excludes waiting time for washer/dryer cycles; only travel and handling time are counted.

Regarding shopping, Respondent's RN Case Manager testified that her January 2026 assessment accounted for multiple trips and exceeded the Reasonable Time and Task maximum for shopping to include travel time, demonstrating flexibility when justified.

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This contradicts Petitioner's claim that the assessment ignored such factors.

On transferring and eating, Rhodes explained that the July 2025 assessment authorized time based on Petitioner's ability to feed herself once meals were prepared and her ability to ambulate independently on flat surfaces using a walker.

These findings were consistent with the caregiver's own statements during the assessment and supported by documentation.

While Petitioner's caregiver testified that some days require more assistance, Medicaid policy requires authorization based on typical need, not occasional worst-case scenarios.

Finally, Petitioner's claim that the assessment was "quick and inadequate," is undermined by the Care Manager's testimony that her January 2026 reassessment lasted 30–40 minutes, involved both Petitioner and caregiver, and produced results virtually identical to the July 2025 assessment.

This consistency strongly supports the reliability of the assessments and Respondent's determination.

Petitioner's caregiver's testimony reflects subjective disagreement with time allocations but does not demonstrate that Respondent's assessments were inconsistent with Medicaid standards or medically unreasonable. The evidence shows that Respondent applied policy correctly, considered caregiver input, and adjusted time where justified, resulting in two independent assessments that corroborate the 27-hour authorization.

In Medicaid appeals, the burden rests with the Petitioner to establish, by a preponderance of the evidence, that the agency erred. Here, Petitioner did not present evidence sufficient to overcome the two consistent, face-to-face assessments and the policy-based calculations that together support authorization at 27 hours/week. The plan's internal appeal decision corroborates that Petitioner's needs are met at 27 hours based on medical necessity criteria and Michigan's minimum operations standards for State Plan personal care services (Exhibit 6, p. 45).

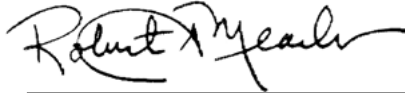
Accordingly, under Section 5 of the Michigan Medicaid Provider Manual and the evidence of record, Respondent's reduction to 27 hours per week is supported by policy and medical necessity and must be affirmed (Exhibit 2, pp. 20–24; Exhibit 3, pp. 27–33; Exhibit 9, pp. 76, 78).

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly assessed Petitioner's Personal Care services at 27 hours per week.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



ROBERT J. MEADE
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://rs.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.

Via Electronic Mail:

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