

Date Mailed: January 16, 2026

Docket No.: 25-043646

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On December 8, 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 14, 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 his authorized hearing representative, [REDACTED]. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Allison Pool appear as its representative. Respondent had one witness, Adult Services Supervisor Leslie Sims. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 26-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

Did the Department properly deny 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 has been diagnosed with hypersomnia, PTSD, bipolar disorder, major depressive disorder, narcolepsy, and general anxiety disorder.
2. Petitioner's chief complaint is his narcolepsy. Petitioner asserted that he needs assistance with personal care activities because he experiences sleep attacks daily. Petitioner's sleep attacks usually occur gradually and cause Petitioner to lose most of his functional ability. Petitioner's sleep attacks last anywhere from 15 minutes to the entire day. Petitioner asserted that he needs supervision when completing activities of daily living in case he has a sleep attack while completing an activity, and Petitioner asserted that he needs supervision and hands-on assistance when he has a sleep attack so that he does not hurt himself.
3. Petitioner requested HHS from the Department.

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4. Petitioner submitted a medical needs form (54A) completed by his medical provider that certified that Petitioner had a need for personal care activities. Petitioner marked the personal care activities on the form to indicate which activities he needed assistance with.
 5. On October 21, 2025, an adult services worker visited Petitioner in his home to complete an assessment. Petitioner and [REDACTED] were present. The adult services worker observed Petitioner and asked Petitioner about his need for assistance. The adult services worker did not give Petitioner an opportunity to explain why he needed assistance. The adult services worker determined that Petitioner did not need hands-on assistance with any activities of daily living.
 6. On September 2, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that his request for HHS was denied because he did not need hands-on assistance with at least one activity of daily living.
 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 ADLs 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.

In this case, the Department completed an assessment, but the Department did not complete Petitioner's assessment in accordance with ASM 120. Petitioner testified that the adult services worker did not give Petitioner an opportunity to explain why he needed assistance, and the adult services worker who completed the assessment did not rebut Petitioner's testimony as the adult services worker was not present at the hearing. Additionally, the Department presented the adult services worker's notes from the assessment, and the adult services worker did not properly document Petitioner's abilities and needs as required by ASM 120. The adult services worker should have documented Petitioner's abilities and needs to determine his functional ability to perform each activity of daily living and each instrumental activity of daily living. ASM 120 at 2-4. The adult services worker merely documented her conclusion that Petitioner did not need hands-on assistance with any activities of daily living.

Although Petitioner altered the medical needs form that he provided to the Department, that does not mean that Petitioner is ineligible for HHS. Petitioner altered the medical needs form by marking the activities that he needed assistance with. However, that did not change the fact that a medical provider certified that Petitioner had a medical need for services. Since Petitioner had a medical need for services, the Department still needed to complete a comprehensive assessment to determine whether Petitioner had a need for services as the comprehensive assessment is the Department's primary tool for determining a client's need for services.

Since the Department did not complete Petitioner's comprehensive assessment in accordance with ASM 120, the Department did not properly determine that Petitioner did not meet the eligibility criteria for HHS in accordance with ASM 105. Therefore, the Department's decision is reversed. However, this does not mean that Petitioner is eligible to receive HHS. Rather, it means that the Department must complete a new comprehensive assessment in accordance with ASM 120 to determine Petitioner's eligibility in accordance with ASM 105.

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 deny Petitioner's request for HHS.

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

