

Date Mailed: March 9, 2026

Docket No.: 25-045124

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 March 3, 2026. Attorney Noel J. Ravenscroft appeared on Petitioner's behalf. [REDACTED], Petitioner, appeared but did not testify. [REDACTED] Petitioner's son and caregiver, appeared as a witness for Petitioner.

Attorney Mark Kopson appeared on behalf of Respondent Aetna Better Health of Michigan, the Medicaid Health Plan (MHP) Timothy List, RN, Nurse Case Manager and Emily Nguyen, Clinical Manager, appeared as witnesses for Respondent.

ISSUE

Whether Respondent's reduction of Petitioner's personal care services authorization from 34 to 20 hours per week; based on an in-person Personal Care Assessment and application of Reasonable Time Schedules (RTS), required proration rules, and clinical judgment; was proper.

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 enrolled in MI Health Link and receives State Plan Personal Care Services for assistance with ADLs (eating, toileting, bathing, grooming, dressing, mobility, transferring) and IADLs (personal laundry, light housekeeping, shopping, meal preparation/cleanup, medication administration). (Exhibit 2; Testimony)
2. MI Health Link requires a face-to-face comprehensive assessment to determine and authorize the amount, scope, and duration of services, using RTS for task-based minute values, with proration rules for IADLs in shared living and documentation when exceeding RTS. (Exhibit 1; Testimony).
 - In particular, the Manual specifies: (a) eligibility requires ADL and IADL rankings per a 1–5 scale; (b) RTS are case maximums and may be exceeded with documented rationale; and (c) assessed IADL hours, except medication administration, must be prorated by one-half in

shared living arrangements unless clearly documented that IADLs are completed separately for the enrolled individual. (Exhibit 1, MI Health Link Medicaid Provider Manual, Section 5.1.B, 5.1.D, 5.1.F; Testimony).

3. On August 11, 2025, Respondent's RN Care Manager conducted an in-person Personal Care Assessment of Petitioner using the Michigan HCBS Needs Tool/Personal Care Assessment (HCBS Needs Tool). Based on the assessment, Respondent determined that Petitioner required 20 hours/week (1,196 minutes/week) of personal care services. (Exhibit 2; Testimony).
 - The HCBS Needs Tool reflects detailed weekly minute allocations across tasks, including: Light Housekeeping (42), Laundry (49), Medication Administration (105), Shopping (55), Meal Preparation (approx. 174.9), Bathing (126), Dressing (112), Grooming (70), Toileting (182), Mobility (175), Transferring (105). Total minutes: 1,196 (19.93 hours). (Exhibit 2, pp. 12–17; Testimony).
 - Several IADLs were prorated for shared living as documented in the comments (Laundry, Shopping, Meal Preparation). (Exhibit 2, pp. 13–14; Testimony).
4. On October 16, 2025, Respondent issued a Notice of Denial of Medical Coverage advising Petitioner that her services would be reduced to 20 hours/week beginning October 24, 2025, explaining that the assessment supported only 20 hours/week and advising of appeal rights. (Exhibit 3).
5. On October 21, 2025, Petitioner filed a Level-One Appeal. (Exhibit 4). After review by Aetna's Medical Director (Board Certified in Preventive Medicine), the plan upheld the reduction on November 17, 2025. (Exhibit 5; Testimony).
6. In the Level-One Appeal, Petitioner contended: (a) the assessment was abbreviated (20–30 minutes) and not comprehensive; (b) no translator was present; (c) her medical needs had not improved; (d) her physician documented lifetime need for assistance with all ADLs/IADLs; and (e) she therefore required reinstatement of 34 hours/week. (Exhibit 4; Medical Needs form dated Oct. 20, 2025, by Dr. Ahmed Zaki; Testimony).
7. The record reflects an August 2024 HCBS Needs Tool (Exhibit 7) that yielded approximately 33.12 hours/week, which Respondent asserts contained numerous errors that resulted in "erroneously approved" 34 hours/week. (Exhibit 7; Testimony).
8. On December 8, 2025, Petitioner's request for hearing was received by the Michigan Office of Administrative Hearings and Rules (MOAHR).

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. 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*

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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. 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*

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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.

Respondents RN Care Manager testified he routinely conducts 3–5 personal care assessments per week, relied on member/caregiver statements, personal observation, RTS, and company guidelines, and documented proration for shared living where applicable. He also explained RTS are not hard ceilings and he exceeded RTS where justified (e.g., Mobility and Transferring allocations), underscoring individualized clinical judgment.

Respondent's Manager, Paid Caregiver Services, affirmed the consistency of the Caregiver's work with Aetna's procedures and his satisfactory performance.

Petitioner's son and caregiver testified he shops and cooks separately for his mother and estimated greater time than allocated for certain tasks (e.g., laundry at 98 minutes), and that Petitioner requires assistance during eating/feeding. He stated that he often obtains his own food from fast-food restaurants and not from the same grocery stores used for his mother.

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 1).

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 1).

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 1).

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 1).

Here, Respondent conducted an in-person assessment on August 11, 2025, captured the Petitioner's ADL/IADL rankings, and produced a granular time-and-task allocation totaling 1,196 minutes/week (19.93 hours).

The HCBS Needs Tool's comments demonstrate that Respondent's Case Manager considered member and caregiver reports, his clinical observations, RTS, and policy rules (including proration). He documented proration for Laundry, Shopping, and Meal Preparation, reflecting shared living. He also exceeded RTS where clinically justified, in particular, awarding 25 minutes/day (175/week) for Mobility (RTS Level 4 maximum is 16 minutes/day) and 15 minutes/day (105/week) for Transferring (RTS Level 4 maximum is 8 minutes/day), showing that the tool was not applied as a rigid cap. (Exhibit 2, pp. 14–16; Hearing Summary at p. 3).

Petitioner's principal challenge is that the assessment was too brief and understated her needs given a physician Medical Needs form that checks assistance across virtually all ADLs/IADLs. The burden in this administrative forum, however, rests on Petitioner to show by a preponderance of the evidence that Respondent's determination was erroneous. While the Medical Needs form is probative that Petitioner has ongoing chronic limitations and requires assistance, it is largely conclusory, consists of checkbox indications of need for "lifetime," and does not provide task-specific time estimates or document that IADLs are conducted exclusively and separately for Petitioner so as to avoid proration. (Exhibit 4, pp. 4–5).

The hearing record further shows that the caregiver's estimates (e.g., laundry at 98 minutes/week) included some time when clothing is in the washer/dryer rather than hands-on caregiver labor time, and that the caregiver often does not purchase his own food at the same grocery stores, undermining the claim that shopping and meal preparation are not shared or are entirely separate in a manner defeating proration. Generally, the caregiver's testimony regarding the time it takes to care for Petitioner, and the topic of labor in a shared household was not very clear or convincing.

Further, Petitioner did not establish that Respondent improperly treated RTS as inflexible caps; to the contrary, the record demonstrates upward departures where justified, precisely as the Manual allows. (Exhibit 2).

Finally, while Petitioner relies on the 2024 assessment (Exhibit 7) to argue for 34 hours/week, Respondent credibly explained and documented differences and errors in the prior tool. The Manual requires current determinations based on present needs, RTS application, and proration rules; past authorizations do not guarantee continuation when a new assessment supports fewer hours. Petitioner did not carry her burden to demonstrate that the 2025 assessment misapplied the Manual or that additional, medically necessary minutes, beyond those already authorized, are required to meet her needs.

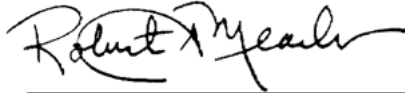
Accordingly, the preponderance of the evidence supports Respondent's reduction to 20 hours/week as compliant with Section 5 of the Michigan Medicaid Manual and grounded in the HCBS Needs Tool, clinical judgment, RTS, and required proration.

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 20 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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