Date Mailed: March 2, 2026
Docket No.: 25-045351
Case No.: [redacted]
Petitioner: [redacted]

DECISION AND ORDER

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

After due notice, a hearing was held on February 25, 2026. [redacted], Petitioner, appeared on her own behalf. Katie Feher, Senior Manager, appeared on behalf of the Respondent Meridian (Department). Paige Hawley, Supervisor Care Manager, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly reduce Petitioner's monthly allocation of personal care 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 personal care services through the Department. (Exhibit A; Testimony).

2. On October 16, 2025, Petitioner participated in a personal care assessment. The assessment indicated Petitioner had limited assistance with eating, transferring, mobility, medications, and extensive assistance with toileting, bathing, grooming, dressing, meal preparation, shopping, laundry, and housecleaning. The assessment revealed Petitioner required 12.24 weekly hours of personal care assistance to assist with her activities of daily living and instrumental activities of daily living. (Exhibit A.)

3. On October 20, 2025, Department sent Petitioner a notice of denial, reducing Petitioner's personal care services. The notice indicated

Petitioner's personal care hours were being reduced from 22 hours a week to 12.25 hours a week based on the assessment and MI Health Link Minimum Operating Standards. (Exhibit A; Testimony.)

4. On October 24, 2025, Department received an internal appeal from Petitioner. (Exhibit A; Testimony.)

5. On November 19, 2025, Department sent Petitioner a local level appeal upholding the October 20, 2025, decision. (Exhibit A; Testimony.)

6. On December 10, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Exhibit A.)

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 statutes, 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 MDHHS 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.

1.1 SERVICES COVERED BY MEDICAID HEALTH PLANS (MHPs)

The following services must be covered by MHPs:

- Ambulance and other emergency medical transportation
- Blood lead services for individuals under age 21
- Breast pumps; personal use, double-electric
- …
- Home health services[1]

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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

[1] Medicaid Provider Manual, Medicaid Health Plans, July 1, 2025, pp 1-2.

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 individuals choice, if the provider meets MDHHS qualification requirements, to provide personal care services…

5.1B. ASSESSMENT REQUIREMENTS

During the Level I Assessment, ICO Care Coordinators (or designee who meets the qualifications for an ICO Care Coordinator) must consider if the individual may need personal care services. If the ICO Care Coordinator believes the individual may be eligible for MI Health Link personal care services, the ICO Care Coordinator will conduct the Personal Care Assessment. The in-person, comprehensive assessment is the basis for determining and authorizing the amount, scope and duration, and payment of services. The individual needs to be reassessed at least quarterly or with a change of functional and/or health status to determine and authorize the amount, scope and duration, and payment services. The reassessment must be in-person.

ADLs and IADLs are ranked by the ICO Care Coordinator during the Personal Care Assessment. Through the assessment, ADLs and IADLs are assessed according to the following five point scale, where 1 is totally independent and 5 requires total assistance.

Independent	The individual performs the activity with no human assistance.
Verbal assistance	The individual performs the activity with verbal assistance such as reminding, guiding or encouraging.
Minimal human assistance	The individual performs the activity with some direct physical assistance and/or assistance technology.

Moderate human assistance	The individual performs the activity with a great deal of human assistance and/or assistive technology.
Dependent	The individual does not perform the activity even with human assistance and/or assistance technology.

An individual must be assessed with need for assistance with at least one ADL to be eligible to receive personal care services. Payment for personal care services may only be authorized for needs assessed at the level three (3) ranking or greater. In addition, the individual must have an ADL functional ranking of three (3) or greater to be eligible for IADL services. Once an individual is determined eligible for personal care services, their authorized ADL and IADL services and the amount, scope and duration must be included in the Individual Integrated Care and Supports Plan (IICSP).

5.1.C. PERSONAL CARE SERVICES AND THE MI HEALTH LINK HCBS WAIVER

If an individual ranks at a level 1 or 2, they will not be eligible for State Plan Personal Care Services through MI Health Link. If an individual ranks at a level 2, they may be eligible for ADL assistance through the MI Health Link HCBS waiver Expanded Community Living Supports (ECLS) benefit if the individual requires prompting, cueing, guiding, teaching, observing, or reminding to complete ADLs. Through the MI Health Link HCBS waiver, an individual may receive IADL assistance if they receive prompting, cueing, guiding, etc., to complete the ADLs…

5.1.D. REASONABLE TIME AND TASK

When a task (activity) is assigned to a specific provider, the rank of the activity is used against a Reasonable Time Schedule (RTS) table to determine the recommended time that activity should be assigned. Providers should use the RTS table provided by MDHHS to record and report minutes spent delivering services. The maximum amount is across all assigned providers for an individual, so these are case

> maximums. When an individual's needs exceed the hours recommended by the RTS, a rationale must be provided and maintained in the individual's record.[2]
>
> Personal care is a Medicaid State Plan service provided in the MI Health Link program to address physical assistance needs and enable individuals to remain in their homes by avoiding or delaying the need for long term care in an institutional setting. These services are furnished to enrollees who are not currently residing in a hospital, nursing facility, intermediate care facility for persons with developmental disabilities or institution for mental illness and are provided in accordance with 42 CFR 440.167.
>
> Personal care services are available to persons who require hands-on assistance in activities of daily living (ADLs): eating, toileting, bathing, grooming, dressing, mobility, and transferring, as well as direct assistance in instrumental activities of daily living (IADL), including personal laundry, light housekeeping, shopping, meal preparation and cleanup, and medication administration.
>
> ****

Pursuant to the above policy and its contract with the Department of Health and Human Services, the Department has developed prior authorization requirements and utilization management and review criteria.

Pursuant to the above policies, the MHP reduced Petitioner's personal care services based on the answers provided during the most recent assessment which led to a total decrease in overall hours.

Petitioner in this matter has the burden of proof to show they are entitled to a greater number of hours than what was allocated or to show that the Department's calculations are wrong.

Based on the evidence presented, Petitioner has not met that burden; and the Department's actions should be affirmed. There is nothing in the record to indicate that Petitioner needs additional hours beyond the allocations provided by the Department. And while Petitioner did indicate at some future health issues such as a pending back surgery, Petitioner should reach out to the Department for a new assessment following the surgery.

Consequently, the Department's decision to reduce the Petitioner's personal care services should be affirmed.

[2] Medicaid Provider Manual, MI Health Link, July 1, 2025, pp 5-7.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly reduced Petitioner's personal care services.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

COREY A. ARENDT
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://lrs.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 MOAHR-BSD-Support@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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