

**Date Mailed:** January 21, 2026

**Docket No.:** 25-045358

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

## **DECISION AND ORDER**

On December 15, 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 15, 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 and represented himself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer John Lambert appear as its representative. Respondent had one witness, Adult Services Supervisor Tessa Laaksonen. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 63-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 requested HHS from the Department.
2. Petitioner submitted a medical needs form (54A) completed by his medical provider, Dr. Lloyd Sloan. The medical needs form certified that Petitioner had a need for personal care activities, and the following personal care activities were marked: meal preparation, shopping, laundry, and housework. The medical needs form did not certify that Petitioner had a need for assistance with any complex care services.
3. On November 14, 2025, an adult services worker visited Petitioner in his home to complete an assessment. The adult services worker observed Petitioner and asked Petitioner about his need for assistance. The adult services worker did not observe any adaptive equipment, and Petitioner reported that he had a cane that he did not use. The adult services worker observed Petitioner walk without any

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assistance or adaptive equipment. Petitioner reported that he needed assistance with housework, laundry, meal preparation, and shopping. Petitioner did not report that he needed hands-on assistance with eating, toileting, bathing, grooming, dressing, transferring, or mobility. Petitioner did not report that he needed assistance with any complex care services.

4. The adult services worker concluded that Petitioner did not have a need for hands-on assistance with at least one activity of daily living, and the adult services worker concluded that Petitioner did not need any complex care.
5. On November 17, 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.
6. 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.

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In this case, the Department completed a comprehensive assessment, and the Department determined that Petitioner did not have a need for hands-on assistance with at least one ADL or a need for complex care, so the Department denied Petitioner's request for HHS. Petitioner is disputing the Department's decision to deny his request for HHS.

The Department met with Petitioner in his home to complete an assessment. The Department observed Petitioner and asked Petitioner about his need for assistance. The Department did not observe any adaptive equipment, and Petitioner reported that he had a cane that he did not use. The Department observed Petitioner walk without any assistance or adaptive equipment. Petitioner reported that he needed assistance with housework, laundry, meal preparation, and shopping. Petitioner did not report that he needed hands-on assistance with eating, toileting, bathing, grooming, dressing, transferring, or mobility. Petitioner did not report that he needed assistance with any complex care services. Based on all the information the Department gathered, the Department determined that Petitioner did not have a need for hands-on assistance with at least one ADL or a need for complex care. The Department's conclusion was consistent with Petitioner's medical needs form because Petitioner's medical needs form indicated that Petitioner only needed assistance with instrumental activities of daily living.

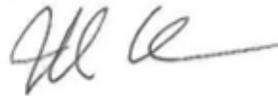
The Department completed Petitioner's comprehensive assessment in accordance with ASM 120, the Department determined that Petitioner did not meet the eligibility criteria for HHS in accordance with ASM 105, and the Department properly notified Petitioner that his request for HHS was denied in accordance with ASM 150. Petitioner did not present sufficient evidence to establish that the Department's decision should be reversed. Therefore, the Department's decision to deny Petitioner's request for HHS is affirmed.

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**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Petitioner's request for HHS.

**IT IS ORDERED** that the Department's decision is **AFFIRMED**.



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**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](https://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](mailto: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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