



**Date Mailed:** January 22, 2026  
**Docket No.:** 25-045993  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

**Date Mailed:** January 22, 2026

**Docket No.:** 25-045993

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

## **DECISION AND ORDER**

On December 16, 2025, Petitioner Michelle Colon-Coles requested a hearing to dispute a Home Help Services (HHS) determination. As a result, a hearing was scheduled to be held on January 21, 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 herself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Florence Scott-Emuakpor appear as its representative. Respondent had two witnesses: Adult Services Worker Dawn Wilkins and Adult Services Supervisor Anthony Clark. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 28-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 her medical provider, Dr. Kirti Jain. The medical needs form certified that Petitioner had a need for personal care activities, and the following personal care activities were marked: bathing, dressing, eating, grooming, mobility, toileting, housework, laundry, medications, meal preparation, and shopping. The medical needs form did not certify that Petitioner had a need for assistance with any complex care services.

- 
- 
3. On December █, 2025, an adult services worker visited Petitioner in her home to complete an assessment. The adult services worker observed Petitioner and asked Petitioner about her need for assistance. Petitioner reported that she lived with her spouse, and Petitioner reported that her spouse recently became unemployed. Petitioner reported that she used a cane, and the adult services worker observed a cane next to Petitioner. Petitioner reported that she needed assistance with medications, housework, meal preparation, bathing, and shopping. For bathing, Petitioner reported that she needed someone to standby to assist her with her balance as needed. Petitioner did not report that she needed assistance with any complex care services.
  4. The adult services worker concluded that Petitioner's spouse was available and able to care for Petitioner because he was living with Petitioner and he was unemployed.
  5. On December 9, 2025, the Department mailed a negative action notice to Petitioner to inform Petitioner that her request for HHS was denied because Petitioner had a responsible relative who was available and able to care for Petitioner.
  6. Petitioner requested a hearing to dispute the Department's decision.
  7. Petitioner asserted that her spouse moved out of her home shortly after the assessment.

### **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 this case, the Department denied Petitioner's request for HHS because the Department determined that Petitioner had a responsible relative (Petitioner's spouse) who was available and able to provide care for Petitioner. When an HHS recipient has a responsible relative, HHS may only be authorized for the services or times when the responsible relative is unavailable or unable to provide care. ASM 130 (August 1, 2025), p. 2.

A responsible relative includes an HHS recipient's spouse. *Id.* Unavailable means the responsible relative is absent from the home for an extended period of time due to employment, school, or other legitimate reasons. ASM 120 (October 1, 2025), pp. 7-8. Unable means the responsible relative has disabilities that are documented and verified by a medical professional that prevent him from providing care. *Id.*

Petitioner had a responsible relative because Petitioner had a spouse who lived with her. Petitioner's spouse was available to care for Petitioner because Petitioner's spouse was unemployed and present in the home. Petitioner's spouse was able to care for Petitioner because he was not disabled. Although Petitioner asserted that her spouse was disabled, Petitioner did not provide sufficient evidence to establish that her spouse had a disability documented by a medical professional that would have prevented him from being able to provide care for Petitioner. Since Petitioner's spouse was available and able to provide care for Petitioner, the Department could not authorize Petitioner's request for HHS.

The Department properly determined that Petitioner had a responsible relative who was available and able to care for Petitioner, and the Department properly notified Petitioner that her 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.

Petitioner asserted that her spouse moved out of her home shortly after the assessment. Although this may impact Petitioner's eligibility for HHS in the future, the Department properly determined Petitioner's HHS eligibility at the time of the assessment. The Department does not determine HHS eligibility prospectively. Petitioner may reapply for HHS. If Petitioner reapplies for HHS, a new assessment will be completed, and the Department will determine Petitioner's HHS eligibility based on Petitioner's circumstances at the time of a new assessment.

### **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**.



---

**JEFFREY KEMM**  
**ADMINISTRATIVE LAW JUDGE**

25-045993

**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://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](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.

**Via First Class & Electronic Mail:**

**Petitioner**

[REDACTED]  
[REDACTED]  
MI  
[REDACTED]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Via Electronic Mail:**

**Respondent**

MDHHS APPEALS  
PO BOX 30807  
LANSING, MI 48909  
**MDHHS-APPEALS@MICHIGAN.GOV**

**Department Contact**

MICHELLE MARTIN  
MDHHS  
400 S PINE ST 5TH  
LANSING, MI 48933  
**MDHHS-HOME-HELP-  
POLICY@MICHIGAN.GOV**

**Agency/Department Representative**

SHERRY REID  
MDHHS GREENVIEW ADULT SERVICES  
19340 GREENVIEW AVE STE 200  
DETROIT, MI 48219  
**MDHHS-WC-  
MAHSHEARING@MICHIGAN.GOV**