

**Date Mailed:** January 30, 2026

**Docket No.:** 25-048138

**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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on January 28, 2026. [REDACTED], Petitioner, appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, represented Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Gene Coulter, Adult Services Worker (ASW) and Judith Gilbert, Adult Services Supervisor, appeared as witnesses for the Department.

As a preliminary matter, the Department asked that the matter be dismissed because it seemed to involve a question of payments to Petitioner's provider, not a negative action against Petitioner herself. The Department argued that the request was likely untimely as well. The undersigned took those matters under advisement at the hearing but now determines that Petitioner did have the right to request a hearing because she was technically not receiving HHS between June 2, 2025, and August 27, 2025, because the Department was not paying any provider during that period. Furthermore, because there was no negative action issued in this case, it cannot be said that Petitioner's request for hearing is untimely.

### **ISSUE**

Did the Department properly determine the start date for Petitioner's Home Help Services (HHS) when she switched providers?

### **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 who was referred for HHS on July 2, 2018. (Exhibit A, p 13; Testimony.)
2. In the summer of 2025, Petitioner decided to switch providers, from her son to her daughter. (Exhibit A, pp 17-18; Testimony.)
3. While Petitioner's daughter had been a registered HHS provider in the past, she missed a revalidation and was end dated to July 2023. (Exhibit A, p 17; Testimony.)

- 
- 
4. On August 27, 2025, Petitioner's daughter completed the registration process to again be an HHS provider and the Department started paying her on that date. (Exhibit A, pp 18, 20-22; Testimony.)
  5. On December 30, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 7-12; Testimony.)

### **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.

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 physician and may be provided by individuals or by private or public agencies.

Applicable policies regarding HHS can be located in various parts of the Adult Services Manual (ASM) and the Bridges Administrative Manual (BAM). For example, with respect to the 54A Medical Needs form, ASM 015 states in part:

\* \* \*

The DHS-54A, Medical Needs, form is required for all clients receiving Medicaid personal care services. The DHS-54A must be signed and dated by a medical professional certifying a medical need for personal care services. The medical professional must be an existing enrolled Medicaid provider and hold one of the following professional licenses:

- Physical (M.D. or D.O).
- Nurse practitioner.
- Occupational therapist
- Physical therapist.
- Physician assistant (PA).

The client or their representative is responsible for obtaining the medical certification of need, but the form must be completed by the medical professional and not the client.

The National Provider Identifier (NPI) number must be entered on the form by the medical provider and the medical professional must indicate whether they are a Medicaid enrolled provider.

*ASM 015  
January 1, 2018, p 1*

Moreover, regarding eligibility for HHS, ASM 105 states in part:

## **OVERVIEW**

Home Help services are available if the client meets all eligibility requirements. The Adult Services Worker (ASW) may open a Home Help case with supportive services methodology to assist the client in applying for Medicaid (MA), if necessary.

Home Help services payments cannot be authorized prior to establishing Medicaid eligibility and completing a face-to-face assessment with the client. Once MA eligibility has been established, the case service methodology must be changed to case management.

## **Requirements**

Home Help eligibility requirements include all the following:

- Medicaid eligibility.
- Appropriate program enrollment type (PET) code.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment indicating a functional limitation of level 3 or greater for at least one activity of daily living (ADL).

## **Medicaid Eligibility**

The client may be eligible for Medicaid (MA) when either all requirements for Medicaid eligibility have been met, or the Medicaid deductible obligation has been met.

The client must have a scope of coverage of either:

- 1F or 2F.
- 1D or 1K (Freedom to Work).
- 1T (Healthy Kids Expansion).

- 3G (Healthy Michigan Plan).
- 7W (MI Child).
- 8L (Flint).

Clients with a scope of coverage 20, 2C, or 2B are not eligible for Medicaid until they have met their MA deductible obligation.

**Note:** A change in the scope of coverage in Bridges will generate a system tickler in the Michigan Adult Integrated Management System (MiAIMS) for active services cases

ASM 105  
June 1, 2020, page 1

With respect to Home Help Caregivers, ASM 135 states in part:

### **Criminal History Screen**

All Home Help individual caregivers must undergo a criminal history screen prior to providing personal care services.

**Note:** The MDHHS Provider Enrollment unit, **not** local office staff, conducts criminal history screens for Home Help individual caregivers. Adult services workers **must only** use Law Enforcement Information Network (LEIN) information during an APS investigation. Use of LEIN in any other adult services program is **prohibited**; see SRM 700 and SRM 701.

### **CAREGIVER INTERVIEW**

The ASW must complete an initial face-to-face interview with all Home Help caregiver(s). The ASW must make a face-to-face or phone contact with the caregiver(s) at the six-month review to verify receipt of services. If the last review was a phone contact, a face-to-face contact with the caregiver is mandatory for the next review. The ASW must document the contact in MiAIMS by selecting 'face-to-face-provider' as the contact type and indicating that the contact is an SOP contact, under the *Contacts* module.

The caregiver must present a picture identification (ID) card that includes their name for verification. The picture ID may include driver's license/state ID, passport, or employee ID. Expired IDs are acceptable if the adult services worker can verify identity.

Explain the following points to the client and the caregiver(s) during the initial interview:

- 
- 
- Home Help services are a benefit to the client and earnings to the caregiver.
  - The client employs the individual caregiver, not the State of Michigan.
  - As the employer, the client has the right to hire and fire the caregiver.
  - The caregiver must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) and undergo a criminal history screen. The screening must be completed and passed before a provider can be paid to provide Home Help services.
  - The caregiver must keep their contact information up to date in CHAMPS; see caregiver address changes in this item.

*ASM 135  
May 1, 2023, pp 79-80  
Emphasis added*

Regarding HHS Payment Authorizations, ASM 140 provides:

#### Payment Authorizations

No payment can be authorized unless the individual caregiver has been enrolled and screened for criminal history in the Community Health Automated Medicaid Processing System (CHAMPS).

*ASM 140  
February 1, 2023*

Petitioner argued that her daughter should be paid back to June 1, 2025, because that is when she started caring for Petitioner.

Based on the evidence presented, Petitioner has failed to prove by a preponderance of the evidence that the Department erred in determining the start-date for Petitioner's HHS services when she switched providers. Here, Petitioner's daughter and provider was not registered as a provider until August 27, 2025, and the Department started paying her on that date. Per policy, the Department could not begin paying Petitioner's daughter and provider until she was fully registered as a provider. Given these facts, it cannot be said that the ASW erred in determining when HHS payments began for Petitioner's daughter and provider.

As such, the Department's decision was proper and should be upheld.

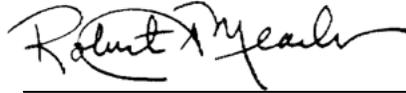
\_\_\_\_\_  
\_\_\_\_\_

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined Petitioner's HHS start-date after she switched providers.

**IT IS THEREFORE ORDERED THAT:**

The Department'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](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.



**Via Electronic Mail:**

**Agency/Department Representative**  
ALLISON POOL  
MDHHS APPEALS SECTION  
PO BOX 30807  
LANSING, MI 48933  
**POOLA@MICHIGAN.GOV**

**Agency/Department Representative**  
KALAMAZOO COUNTY DHHS  
427 E ALCOTT ST  
KALAMAZOO, MI 49001  
**MDHHS-KALAMAZOO-  
HEARINGS@MICHIGAN.GOV**

**Respondent**  
MICHIGAN DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
ATTN: 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**

**Via First Class Mail:**

