



Date Mailed: January 26, 2026
Docket No.: 25-048239
Case No.: [REDACTED]
Petitioner: [REDACTED]

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

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

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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 26, 2026

Docket No.: 25-048239

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 hearing was held on January 21, 2026. [REDACTED], Petitioner appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Andrea Williams, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's Home Help Services (HHS) application?

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 applied for HHS on July [REDACTED], 2025 (Exhibit A, p ; Testimony).
2. On August 20, 2025, a Home Visit Letter was sent to Petitioner scheduling the assessment for September 11, 2025, between 10:00 a.m. and 1:00 p.m. (Exhibit A, p 11; Testimony).
3. The ASW arrived at 11:05 a.m. on the scheduled date but Petitioner was not home. The ASW was greeted at the door by a woman who called Petitioner and the ASW spoke with Petitioner. The parties disagree as to what was said during this conversation, but following the conversation, the ASW documented that she told Petitioner, "The home visit will have to be rescheduled to a later date and a new appointment letter will be mailed" (Exhibit A, p 10).
4. On September 23, 2025, MDHHS issued an Adequate Negative Action Notice, denying Home Help Services because Petitioner was not home for the scheduled assessment (Exhibit A, pp 2, 11; Testimony).

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5. The ASW testified at the hearing that in addition to advising Petitioner the visit could be rescheduled and a new appointment letter would be mailed, she also informed Petitioner that the current referral for HHS would be denied and Petitioner would need a new referral (Testimony).
 6. Petitioner testified she was assured of rescheduling and expected a new appointment letter but was never told she would need a new referral (Testimony).
 7. On December 25, 2025, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules (Exhibit A, pp 7-8).

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.

The Adult Services Manual (ASM) address issues of what services are included in Home Help Services and how such services are assessed:

ASM 101 AVAILABLE SERVICES

Payment Services Home Help

Home help services are non-specialized personal care service activities provided under the home help services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

Home help services are defined as those tasks which the department is paying for through Title XIX (Medicaid) funds.

These services are furnished to individuals who are **not** currently residing in a hospital, nursing facility, licensed foster care home/home for the aged, intermediate care facility (ICF) for persons with developmental disabilities or institution for mental illness.

These activities **must** be certified by a Medicaid enrolled medical professional and may be provided by individuals or by private or public agencies. **The medical professional does not prescribe or authorize personal care services.** Needed services are determined by the comprehensive assessment conducted by the adult services worker.

Home help services which are eligible for Title XIX funding are limited to:

Activities of Daily Living (ADL)

- Eating.
- Toileting.
- Bathing.
- Grooming.
- Dressing.
- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking medication.
- Meal preparation/cleanup.
- Shopping for food and other necessities of daily living.
- Laundry.
- Light housecleaning.

An individual must be assessed with at least one activity of daily living (ADL) ranked 3 or higher or complex care need in order to be eligible to receive home help services.

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services if assessed at a level 3 or greater.

Services not Covered by Home Help

Home help services must **not** be approved for the following:

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- Supervising, monitoring, reminding, guiding, teaching or encouraging (functional assessment rank 2).
 - Services provided for the benefit of others.
 - Services for which a responsible relative is **able** and **available** to provide (such as house cleaning, laundry or shopping). A responsible relative is defined as an individual's spouse or a parent of an unmarried child under age 18.
 - Services provided by another resource at the same time (for example, hospitalization, MI-Choice Waiver).
 - Transportation - See Bridges Administrative Manual (BAM) 825 for medical transportation policy and procedures.
 - Money management such as power of attorney or representative payee.
 - Home delivered meals.
 - Adult or child day care.
 - Recreational activities. (For example, accompanying and/or transporting to the movies, sporting events etc.)

Note: The above list is not all inclusive.

*Adult Services Manual 101
April 1, 2018, pp 1-2, 5
Emphasis added*

ASM 105 ELIGIBILITY CRITERIA

GENERAL

Requirements

Home help eligibility requirements include **all** of the following:

- Medicaid eligibility.
- Appropriate program enrollment type (PET) code.

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- 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).

Certification of Medical Need

Medical needs are certified utilizing the DHS-54A, Medical Needs form and must be completed by a Medicaid enrolled medical professional. The medical professional must hold one of the following professional licenses:

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

The DHS-54A or veterans administration medical form 10-10M are acceptable for individuals treated by a VA physician; see ASM 115, Adult Services Requirements.

Need For Service

The adult services worker (ASW) is responsible for determining the necessity and level of need for home help services based on all of the following:

- Client choice.
- A completed MDHHS-5534, Adult Services Comprehensive Assessment. An individual must be assessed with at least one activity of daily living (ADL) in order to be eligible to receive Home Help services.

*Adult Services Manual 105
June 1, 2020, pp 1, 3
Emphasis added*

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ASM 115 ADULT SERVICES REQUIREMENTS

MDHHS-5534, ADULT SERVICES COMPREHENSIVE ASSESSMENT

The ASW must conduct an in-person face-to-face interview with the client in their home to assess the personal care needs. During the assessment, complete the MDHHS-5534, Adult Services Comprehensive Assessment, generated from MiAIMS; see ASM 120, Adult Services Comprehensive Assessment.

CLIENT AND PROVIDER CONTACTS

Within the Contacts module of MiAIMS, the following contact types are available:

- Face-to-face.
- Telephone.
- Miscellaneous.
- Email.
- Text.
- Case conference with supervisor.
- Narrative entry only.

The ASW must document all contacts between the ASW, client, provider, and collateral contacts in MiAIMS.

The ASW must, at a minimum, have an in-home face-to-face interview with the client, prior to case opening, and then every six months in the client's home for the review.

*Adult Services Manual 115
October 1, 2025, pp 4-5*

ASM 120 ADULT SERVICES COMPREHENSIVE ASSESSMENT

OVERVIEW

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The MDDHS-5534, Adult Services Comprehensive Assessment, is the primary tool for determining a client's need for services.

The comprehensive assessment must be completed on **all open Home Help services cases**. The Michigan Adult Integrated Management System (MiAIMS), provides the format for the comprehensive assessment and all information must be entered on the computer program.

Requirements

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.
- A face-to-face contact is required with the client in their place of residence.

Functional Tab

The *Functional* Tab under the *Assessment* module of MiAIMS is the basis for service planning and for the home help services payment. Document the client's abilities and needs in the *Functional* tab to determine the client's ability to perform the following activities:

Activities of Daily Living (ADL)

- Eating.
- Toileting.
- Bathing.
- Grooming.
- Dressing.
- Transferring.
- Mobility.

Instrumental Activities of Daily Living (IADL)

- Taking Medication.
- Meal preparation and cleanup.
- Shopping.
- Laundry.
- Light housework.

Functional Scale

ADLs and IADLs are assessed according to the following five point scale:

1. Independent.

Performs the activity safely with no human assistance.

2. Verbal assistance.

Performs the activity with verbal assistance such as reminding, guiding or encouraging.

3. Some human assistance.

Performs the activity with some direct physical assistance and/or assistive technology.

4. Much human assistance.

Performs the activity with a great deal of human assistance and/or assistive technology.

5. Dependent.

Does not perform the activity even with human assistance and/or assistive technology.

Home help payments may only be authorized for needs assessed at the level 3 ranking or greater.

An individual must be assessed with at least one activity of daily living ranked 3 or higher or a complex care need in order to be eligible to receive home help services.

Note: If the assessment determines a need for an ADL at a level 3 or greater but these services are not paid for by the department, the individual would be eligible to receive IADL services if assessed at a level 3 or greater.

*Adult Services Manual 120
April 1, 2021, pp 1-3
Emphasis added*

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This matter comes down to whether the record supports the ASW's assertion that she informed Petitioner during their phone conversation on September 11, 2025 that Petitioner's current referral for HHS would be denied and that Petitioner would need a new referral before another home visit could be scheduled.

Here, the ASW only documented that she told Petitioner that a new appointment would be scheduled and Petitioner would receive notice of the appointment in the mail. The ASW did not document that she also told Petitioner that her current referral for HHS would be denied and that Petitioner would need a new referral before another home visit could be scheduled. Petitioner testified in a credible manner that the ASW never informed her she would need a new referral and relied on the ASW's assurance that a new appointment letter would be coming.

As such, based on the evidence presented, Petitioner has proven, by a preponderance of the evidence, that the Department erred in denying the HHS application. While it is true that an HHS case cannot be opened until an in-home, face-to-face assessment is completed, the undersigned is unaware of any policy indicating that an HHS referral must be denied if a beneficiary misses one scheduled appointment. As Petitioner indicated at the hearing, if she had known a new referral was needed, she would not have waited until January 2026 for a hearing – she would have just gotten the referral. It also bears pointing out that if Petitioner did need a new referral, the ASW could have simply put a new referral on the system without any other information needed from Petitioner.

Therefore, based on the above findings of fact and conclusions of law, the Department's decision was improper and should be reversed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department improperly denied Petitioner's HHS application based on the available information.

The Department shall schedule another assessment with Petitioner as soon as possible (and put a new referral on the system if necessary).

Within 10 days of receipt of this Decision and Order, the Department shall certify to MOAHR that it has taken steps to comply with this decision.

IT IS THEREFORE ORDERED that:

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



ROBERT J. MEADE

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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://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, **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:

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