

Date Mailed: February 17, 2026

Docket No.: 26-000320

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for a hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on February 3, 2026. [REDACTED], Petitioner's sister-in-law, appeared and testified on Petitioner's behalf. John Lambert, Appeals Review Officer, represented the Respondent Michigan Department of Health and Human Services (MDHHS or Department). Kelli Williams, Home Help Supervisor, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-63. No other proposed exhibits were submitted by either party.

ISSUE

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

FINDINGS OF FACT

The ALJ, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. On April 24, 2025, Petitioner was referred for HHS through the Department. (Exhibit A, page 9).
2. Following an initial assessment, Petitioner was approved for 37 hours and 50 minutes per month of HHS. (Exhibit A, page 13).
3. On December 11, 2025, an Adult Services Worker (ASW) completed a routine six-month review with Petitioner and Petitioner's provider in Petitioner's home. (Exhibit A, page 19).
4. Following that review, Petitioner's HHS were increased to 51 hours and 18 minutes per month of HHS. (Exhibit A, pages 24-27).

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5. Specifically, Petitioner was approved for assistance with bathing 15 minutes per day, 7 days per week (7:31 per month); assistance with dressing 12 minutes per day, 7 days per week (6:01 per month); assistance with grooming 8 minutes per day, 7 days per week (4:01 per month); assistance with toileting 10 minutes per day, 7 days per week (2:30 per month); assistance with housework 35 minutes per day, 1 day per week (2:30 per month); assistance with laundry 30 minutes per day, 1 day per week (2:09 per month); assistance with medications 2 minutes per day, 7 days per week (1:00 per month); assistance with meal preparation 40 minutes per day, 7 days per week (20:04 per month); assistance with shopping for food and medications 21 minutes per day, 1 day per week (1:30 per month); and assistance with travel for shopping 21 minutes per day, 1 day per week (1:30 per month). (Exhibit A, page 26).
 6. On January 5, 2026, MOAHR received a request for hearing filed by Petitioner regarding the amount of HHS that were approved. (Exhibit A, pages 7-8).
 7. In that request, Petitioner and her representative stated that Petitioner needs 51 hours per week of HHS or more. (Exhibit A, page 7).

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.

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.

Adult Services Manual (ASM) 101 (4-1-2018) and ASM 120 (10-1-2025) addressed the issue of what services were included in HHS and how such services are assessed. For example, ASM 101 provides in part:

Home help services are non-specialized personal care service activities provided under the independent living 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 specialist.

Personal care 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) 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.

Example: Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance. Ms. Smith would be eligible to receive assistance with IADL's [sic] if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the functional assessment. This individual would be eligible to receive home help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub which allows him to bathe himself without the hands-on assistance of another. The adult services specialist must rank Mr. Jones a 3 or greater under the functional assessment. Mr. Jones would be eligible to receive home help services.

Assistive technology would include such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and handheld showers. The list is not all inclusive.

Expanded Home Help Services (EHHS)

Expanded home help services can be authorized for individuals who have severe functional limitations which require such extensive care that the service cost must be approved by the adult services supervisor/local office designee and/or the MDHHS Home Help Policy Section. See ASM 120 (Adult Services Comprehensive Assessment) [sic].

Complex Care

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on clients whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating or feeding assistance.
- Catheters or leg bags.
- Colostomy care.
- Bowel program.
- Suctioning.

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- Specialized skin care.
 - Range of motion exercises.
 - Dialysis (In-home).
 - Wound care.
 - Respiratory treatment.
 - Ventilators.
 - Injections.

When assessing a client with complex care needs refer to the Complex Care Assessment MDHHS-5535 from MiAIMS.

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Services not Covered by Home Help

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

- 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.

ASM 101, pages 1-5

Moreover, ASM 120 states in part:

Functional Tab

The *Functional* Tab under *Assessment* module in MiAIMS is the basis for service planning and for 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)

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

Instrumental Activities of Daily Living (IADL)

- Housework
- Laundry
- Taking Medication
- Meal Preparation and Cleanup.
- Shopping for Food and Medication

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 3 level or greater.

An individual must be assessed with at least one activity of daily living ranked 3 or higher or a complex care need 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.

Example: Ms. Smith is assessed at a level 4 for bathing however she refuses to receive assistance, or her daughter agrees to assist her at no charge. Ms. Smith would be eligible to receive assistance with IADLs if the assessment determines a need at a level 3 or greater.

Note: If an individual uses adaptive equipment to assist with an ADL, and without the use of this equipment the person would require hands-on care, the individual must be ranked a level 3 or greater on the *Functional* tab in MiAIMS. This individual would be eligible to receive Home Help services.

Example: Mr. Jones utilizes a transfer bench to get in and out of the bathtub, which allows him to bathe himself without the hands-on assistance of another. The adult services worker (ASW) must rank Mr. Jones a 3 or greater under the *Functional* tab. Mr. Jones would be eligible to receive Home Help services.

Assistive technology includes such items as walkers, wheelchairs, canes, reachers, lift chairs, bath benches, grab bars and hand-held showers.

See ASM 121, Functional Assessment Definitions and Ranks for a description of the rankings for activities of daily living and instrumental activities of daily living.

Complex Care Needs

Complex care refers to conditions requiring intervention with special techniques and/or knowledge. These complex care tasks are performed on client's whose diagnoses or conditions require more management. The conditions may also require special treatment and equipment for which specific instructions by a health professional or client may be required in order to perform.

- Eating and feeding.
- Catheters or legs bags.
- Colostomy care.
- Bowel program.
- Suctioning.
- Specialized skin care.
- Range of motion exercises.
- Peritoneal dialysis.
- Wound care.
- Respiratory treatment.
- Ventilators.
- Injections.

When assessing a client with complex care needs, refer to the MDHHS-5535, Complex Care Assessment, from MiAIMS forms for assistance with activity ranking, frequency, and length of time needed per occurrence/

Time and Task

In the Functional Assessment, the ASW will allocate time for each task assessed at a rank of 3 or greater, based on interviews with the client and caregiver, observation of the client's abilities, and use of the reasonable time schedule (RTS) as a guide. The RTS is built into the Functional tab within MiAIMS for each task. ASW's should modify how much time is needed based on the client's documented need.

The client's functional assessment summary is printed on the MDHHS-6064-C, Client Time and Task Management form and indicates the maximum time approved per month. The client decides their provider's approved hours, approved tasks, and how often they should be completed. The approved information is printed on the MDHHS-6064-P, Provider Time and Task Management form and may not exceed the client's functional assessment summary.

Note: This allows flexibility for client choice while also assuring the basic needs of the client are being met. The caregiver must correctly document which tasks they are performing.

Example: Miss Smith has been assessed to need bathing assistance. However, she does not want her caregiver or agency provider to assist her with bathing. Miss Smith continues to bathe on her own with difficulty. Miss Smith's functional assessment summary will have bathing allocated, but bathing will not be included in her MDHHS-6064-P, Provider Time and Task Management form.

An assessment of need, at a ranking of 3 or greater, does not automatically guarantee the suggested allotted time allowed by the RTS. **The ASW must assess each task according to the average time and frequency required for its completion.**

Example: A client needs assistance with cutting up food. The ASW would only pay for the average time required to cut the food.

Example: On a good day, it takes the caregiver or agency provider 10 minutes to dress Miss Jones. On a bad day, when Miss Jones is in a lot of pain, it can take the caregiver or agency provider 20 minutes to assist Miss Jones with dressing. The average daily time needed is 15 minutes. Therefore 15 minutes is entered in the dressing task of the functional assessment.

Example: Sally is assessed needing an average of 20 minutes a day for bathing and reports frequency of 4 days a week. However, one day during the week, Sally was not feeling well and decided to skip her bath.

The next day the caregiver assisted Sally with bathing in the morning and in the evening, due to illness. Both bathing activities totaled 20 minutes each. The frequency shows the caregiver only completed three days of bathing due to documentation restrictions. However, the caregiver assisted in four bathing occurrences during that week with one day having completed two baths.

Note: It is important to understand that each day a client may have different needs due to their health restrictions. Therefore, the average time and frequency may vary due to changes in the client's needs.

IADL Maximum Allowable Hours

There are monthly maximum hour limits on all instrumental activities of daily living (IADL), except medication. The limits are as follows:

- Five hours/month for shopping.
- Six hours/month for light housework.
- Seven hours/month for laundry.
- 25 hours/month for meal preparation.

Proration of IADLs

If the client does not require the maximum allowable hours for IADLs, authorize only the amount of time needed for each task. Assessed hours for IADLs (except medications) must be prorated by **one half** in shared living arrangements where other adults reside in the home, as Home Help services are only for the benefit of the client.

Note: This does not include situations where others live in adjoining apartments/flats or in a separate home on shared property and there is no shared, common living area.

In shared living arrangements, where it can be clearly documented that IADLs for the eligible client are completed separately from others in the home, hours for IADLs do not need to be prorated.

Example:

- The client has special dietary needs and meals are prepared separately.

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- Client is incontinent of bowel and/or bladder and laundry is completed separately.
 - Shopping is completed separately for the client due to special dietary needs and food is purchased from specialty stores, etc.
 - Caregiver does not live with the client and completes the client's laundry, shopping, and meal preparation separately from the client's roommate. The client's roommate does their own laundry, shopping, and meal preparation, therefore, these IADLs are not prorated because the client is the only person benefiting from the service. However, housework is prorated as it is a common living area.

ASM 120, pages 2-7

Regarding the Functional Assessment Definitions and Ranks discussed above, ASM 121 (8-1-2018) further states in part:

ACTIVITIES OF DAILY LIVING

Use the following information as guidance when completing a comprehensive assessment.

Eating - helping with the use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, swallowing foods and liquids, cleaning face and hands after a meal.

1. No assistance required.
2. Verbal assistance or prompting required. Client must be prompted or reminded to eat.
3. Minimal hands-on assistance or assistive technology needed. Help with cutting up food or pushing food within reach; help with applying assistive devices. The constant presence of another person is not required.
4. Moderate hands-on assistance required. Client has some ability to feed self but is unable to hold utensils, cup, or glass.
5. Totally dependent on others in all areas of eating.

Toileting - helping on/off the toilet, commode or bedpan; emptying commode, bed pan or urinal, managing clothing, wiping and cleaning body after toileting, cleaning ostomy and/or catheter tubes/receptacles, applying diapers and disposable pads. May also include catheter, ostomy or bowel programs.

1. No assistance required.
2. Verbal direction, prompting or reminding is required.
3. Minimal hands-on assistance or assistive technology needed with some activities. The constant presence of another person while toileting is not necessary.
4. The client does not carry out most activities without human assistance.
5. Totally dependent on others in all areas of toileting.

Bathing - helping with cleaning the body or parts of the body using a tub, shower or sponge bath; including getting a basin of water, managing faucets, soaping, rinsing and drying. helping shampoo hair.

1. No assistance required.
2. Bathes self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.
3. Minimal hands-on assistance or assistive technology required to carry out task. Generally, bathes self but needs some assistance with cleaning hard to reach areas; getting in/out of tub/shower. Client can sponge bath, but another person must bring water, soap, towel. Client relies on a bath or transfer bench when bathing. The constant presence of another is not required.
4. Requires direct hand- on assistance with most aspects of bathing. Could be at risk if unassisted.
5. Totally dependent on others in all areas of grooming.

Grooming - Maintaining personal hygiene and a neat appearance; including the combing/brushing of hair; brushing/cleaning teeth, shaving, fingernail and toenail care.

1. No assistance required.

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2. Bathes self with direction or intermittent monitoring. May need reminding to maintain personal hygiene.
 3. Minimal hands-on assistance required. Grooms self but needs some assistance with activities of personal hygiene.
 4. Requires direct hands-on assistance with most aspects of grooming. Could be at risk if unassisted.
 5. Totally dependent on others in all areas of grooming.

Dressing - Putting on and taking off garments; fastening and unfastening garments/undergarments, assisting with special devices such as back or leg braces, elastic stockings/garments and artificial limbs or splints.

1. No assistance required.
2. Client can dress self but requires reminding or direction in clothing selection.
3. Minimal hands-on assistance or assistive technology required. Client unable to dress self completely (for example, tying shoes, zipping, buttoning) without the help of another person or assistive device.
4. Requires direct hands on assistance with most aspects of dressing. Without assistance would be inappropriately or inadequately dressed.
5. Totally dependent on others in all areas of dressing.

Transferring - Moving from one sitting or lying position to another. Assistance from the bed or wheelchair to the sofa, coming to a standing position and/or repositioning to prevent skin breakdown.

1. No assistance required.
2. Client can transfer but requires encouragement or direction.
3. Minimal hands-on assistance needed from another person for routine boosts or positioning. Client unable to routinely transfer without the help of another or assistive technology such as a lift chair.

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4. Requires direct hands-on assistance with most aspects of transferring. Could be at risk if unassisted.
 5. Totally dependent on others for all transfers. Must be lifted or mechanically transferred.

Mobility - Walking or moving around inside the living area, changing locations in a room, assistance with stairs or maneuvering around pets, or obstacles including uneven floors.

1. No assistance required even though the client may experience some difficulty or discomfort. Completion of the task poses no risk to safety.
2. Client can move independently with only reminding or encouragement. For example, needs reminding to lock a brace, unlock a wheelchair or to use a cane.
3. Minimal hands-on assistance required for specific maneuvers with a wheelchair, negotiating stairs or moving on certain surfaces. Without the use of a walker or pronged cane, client would need physical assistance.
4. Requires hands-on assistance from another person with most aspects of mobility. Could be at risk if unassisted.
5. Totally dependent on other for all mobility. Must be carried, lifted or pushed in a wheelchair or gurney always.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Taking Medication - Taking prescribed and/or over the counter medications.

1. No assistance required.
2. Client can take all medications but needs reminding or direction.
3. Client can take all medication if someone assists in measuring dosages or prepares administration schedule.
4. Client can take some medication if another person assists in preparation but needs someone to assist in administering other medications.

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5. Totally dependent on another. Does not take medication unless someone assists in administering.

Meal Preparation - Planning menus. Washing, peeling, slicing, opening packages/cans, mixing ingredients, lifting pots/pans, reheating food, cooking, safely operating stove, setting the table, serving the meal. Washing/drying dishes and putting them away.

1. No assistance required.
2. Verbal direction, prompting or reminding is required for menu planning, meal preparation or clean up.
3. Minimal hands-on assistance required for some meals. Client can reheat food prepared by another and/or prepare simple meals/snacks.
4. Requires another person to prepare most meals and do clean-up.
5. Totally dependent on another for meal preparation.

Shopping - Compiling a list, managing cart or basket, identifying items needed, transferring items to home and putting them away, phoning in and picking up prescriptions. Limited to brief, occasional trips in the local area to shop for food, medical necessities and household items required specifically for the health and maintenance of client.

1. No assistance required.
2. Verbal direction, prompting or reminding is required for shopping.
3. Minimal hands-on assistance required for some task (grocery shopping) but client can compile a list and go to nearby store for small items.
4. Requires hands-on assistance from another person with most aspects of shopping but client can accompany and select needed items.
5. Totally dependent on another for shopping.

Laundry - Gaining access to machines, sorting, manipulating soap containers, reaching into the machine for wet/dry clothing, operating the machine controls, hanging laundry to dry, folding and putting away.

1. No assistance required.
2. Performs all tasks but needs reminding or direction to do laundry on a regular basis or to do it properly.
3. Minimal hand-on assistance required with some task but can do most laundry without assistance.
4. Requires hands-on assistance from another person with most aspects of laundry. Can perform some laundry tasks such as folding small clothing items or putting clothes away.
5. Totally dependent on another for laundry.

Light Housecleaning - Sweeping, vacuuming and washing floors; washing kitchen counters and sinks; cleaning the bathroom; changing bed linens; taking out garbage; dusting; cleaning stove top; cleaning refrigerator.

1. No assistance required.
2. Performs all tasks but needs reminding or direction from another.
3. Requires minimal assistance from another for some tasks due to limited endurance or limitations in bending, stooping or reaching.
4. Requires assistance for most tasks although client can perform a few simple tasks alone such as dusting and wiping counters.
5. Totally dependent on another for housecleaning

ASM 121, pages 1-6

Here, as discussed above, Petitioner requested a hearing regarding the amount of her HHS after the Department most recently approved her for 51 hours and 18 minutes per month of HHS.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred. Moreover, the undersigned ALJ is limited to reviewing the Department's decision in light of the information that was available at the time the decision was made.

Given the available information and applicable policies in this case, Petitioner has failed to meet her burden of proof, and the Department's decision must therefore be affirmed.

The ASW conducted a face-to-face assessment in this case and determined Petitioner's needs based on the applicable documentation; the reports of Petitioner and her provider; Petitioner's rankings for various tasks given the reports; and a reasonable time schedule the Department uses as a guide.

In response to those credible findings, Petitioner's representative disputed the authorized times for HHS, but she also only offered unpersuasive testimony and argument.

For example, while the representative testified that Petitioner was approved for more HHS in the past when previously enrolled in the home help program, that testimony is unsupported by any details regarding that past approval and, regardless, each assessment stands on its own and routine reassessments are required by policy.

Moreover, with respect to the current assessment and authorization at issue, Petitioner's representative primarily complained about the times authorized in general, without any basis for exceeding the times identified by reasonable time schedule or found by the ASW. She also offered what the ALJ would view to be excessive times under policy for assistance with one person, such as 35 minutes every day, in addition to another single day per week of 2 hours of assistance, for light housecleaning alone when the maximum assistance for such assistance per policy is 6 hours per month

Furthermore, when Petitioner's representative did get into specifics, some of the assistance she identified included non-covered services, such as general supervision or the time waiting for laundry to finish (which is not hands-on assistance and during which the provider can be performing other tasks).

To the extent Petitioner's needs change or she has additional information to report, she can always request more HHS in the future along with that information. With respect to the decision at issue in this case, however, the Department's decision must be affirmed given the available information and applicable policies.

DECISION AND ORDER

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

IT IS, THEREFORE, ORDERED that:

- The Department's action is **AFFIRMED**.

Steven Kibit

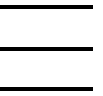
**STEVEN KIBIT
ADMINISTRATIVE LAW JUDGE**

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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