

Date Mailed: February 23, 2026

Docket No.: 26-000679

Case No.: [REDACTED]

Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a hearing was held on February 17, 2026. Noel Ravenscroft, Attorney, appeared on behalf of Petitioner. Mark Kopson, Attorney, appeared on behalf of Respondent. Vian Frikken, Interpreter, interpreted the hearing (Arabic into English and English into Arabic).

Witnesses:

Petitioner

[REDACTED]

Respondent

[REDACTED]

Exhibits:

Petitioner

- A. Narrative/Summary
- B. Medical Needs Form
- C. 1/5/26 Notice of Appeal Decision

Department

- 1. 4/11/25 Michigan HCBS Needs Tool
- 2. 11/29/23 Michigan HCBS Needs Tool
- 3. Michigan Medicaid Manual Section 5
- 4. 10/23/25 Michigan HCBS Needs Tool
- 5. 12/8/25 Notice of Denial of Medical Coverage
- 6. 12/17/25 Level 1 Appeal
- 7. 1/5/26 Notice of Appeal Decision
- 8. 1/8/26 Request for State Fair Hearing
- 9. Medicaid Provider Manual Excerpt
- 10. Medicaid Provider Manual Excerpt

ISSUE

Did Department properly reduce Petitioner's personal care services?

26-000679

FINDINGS OF FACT

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

1. On or around May 31, 2023, an assessment was completed using an HCBS Needs Tool/Personal Care Assessment. The assessment recorded Petitioner's weekly personal care time at 32.65 hours and reflecting assistance across IADLs and ADLs. (Exhibit (Ex) 2.)
2. On April 11, 2025, an HCBS Needs Tool Assessment was completed and determining Petitioner needed 29.60 hours of personal care time a week. (Ex 1.)
3. On October 23, 2025, an in-person assessment was completed and the HCBS Needs Tool assessed Petitioner as needing 29.60 hours of personal care time per week. The tool noted the following:
 - Mobility – 224 minutes per week
 - Transferring – 56 minutes per week
 - Bathing – 126 minutes per week
 - Toileting – 182 minutes per week
 - Shopping – 75 minutes a week (pro-rated)
 - Laundry/Meal Preparation were not prorated due to incontinence and separate meal preparation.¹
4. On December 8, 2025, Respondent sent Petitioner a Notice of Denial of Medical Coverage. The notice indicated Petitioner's medical records do not support an additional 12 hours of personal care services per week and thus Petitioner's personal care services would be reduced to 30 hours per week. (Ex 5; Testimony.)
5. On or around December 17, 2025, Petitioner filed a level-one appeal. (Ex 6.)
6. On January 5, 2026, Respondent sent Petitioner a Notice of Appeal Decision. The notice indicated Petitioner's appeal was denied as it was determined Petitioner's needs could be met with 30 hours per week of personal care services. (Ex 7; Testimony.)

¹ Ex 4.

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7. On January 8, 2026, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Ex 8.)
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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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual, (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements.

The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.²

² MPM, Medicaid Health Plan, July 1, 2025, p 1.

With regard to Personal Care services, the MPM provides, in relevant part:

5.1 STATE PLAN PERSONAL CARE SERVICES

For individuals enrolled in the MI Health Link program, State Plan personal care services will be provided and paid for by the ICO and will no longer be provided through the Medicaid Home Help program. Personal care services are available to individuals who require hand-on assistance in activities of daily living (ADLs) (i.e., eating, toileting, bathing, grooming, dressing, mobility, and transferring) as well as hands-on assistance in instrumental activities of daily living (IADLs) (i.e., personal laundry, light housekeeping, shopping, meal preparation and cleanup, and medication administration).

Personal care services are available to individuals living in their own homes or the home of another. Services may also be provided outside the home for the specific purpose of enabling an individual to be employed.

Providers shall be qualified individuals who work independently, contract with, or are employed by an agency. The ICO may directly hold provider agreements or contracts with independent care providers of the individual's choice, if the provider meets MDHHS qualification requirements, to provide personal care services. Individuals who currently receive personal care services from an independent care provider may elect to continue to use that provider. The individual may also select a new provider if that provider meets State qualifications. Paid family caregivers will be permitted to serve as a personal care provider in accordance with the state's requirements for Medicaid State Plan personal care services.

5.1.F. REIMBURSEMENT AND RATES

If the individual does not require the maximum allowable hours for IADLs, only the amount of time needed for each task shall be authorized.

Assessed hours for IADLs (except medication administration) must be prorated by one half in shared living arrangements where other adults reside in the home as personal care services are only for the benefit of the individual...³

³ MPM, MI Health Link, July 1, 2025, pp 1,8.

The Medicaid Provider Manual governs the authorization of personal care services under MI Health Link. It requires that services be based on a face-to-face comprehensive assessment using the five-point scale for ADLs and IADLs, with payment authorized only for tasks ranked at Level 3 or higher. The Manual also directs that the Reasonable Time Schedule (RTS) be used as a guide, not as an absolute cap, and permits exceeding RTS when a rationale is documented. Additionally, Section 5.1.F requires proration of IADL time in shared living arrangements unless clearly documented that tasks are completed separately for the enrollee.

The record shows that Respondent conducted an in-person assessment on October 23, 2025, and applied these standards. The HCBS Needs Tool documented multiple ADLs at Level 4 or higher, authorized 29.6 hours per week, and exceeded RTS for Mobility with a clear rationale. This demonstrates compliance with Sections 5.1.B and 5.1.D. The assessment also prorated shopping time due to shared living, consistent with Section 5.1.F, although testimony at hearing suggested that shopping may be performed solely for Petitioner. If that is accurate and documented, the proration would need to be removed under the Manual.

Additionally, the caregiver testified that certain tasks such as laundry, meal preparation, and mobility take longer than the time allotted. However, the Manual specifies that laundry time covers only the hands-on portions of the task (placing clothes into the machine, transferring, and folding), not the time while the machine runs. Similarly, meal preparation time is based on RTS and observed need; and the assessment allowed 25 minutes per meal for two meals daily. While the caregiver's estimates were higher, these statements were not supported by medical documentation or incorporated into the assessment process. The Manual does not guarantee maximum time for every task; rather, it requires that time be based on documented need and professional judgment.

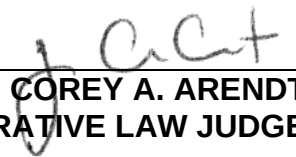
In short, the evidence supports that Respondent followed the Medicaid Provider Manual in determining the authorized hours. The testimony offered by Petitioner raises questions about practical caregiving demands but does not establish that the assessment was inconsistent with policy. The only area where the record suggests a potential adjustment under the Manual is the proration of shopping time, which should be revisited if exclusive shopping for Petitioner is confirmed and documented.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Respondent properly determined Petitioner's home care hours.

IT IS THEREFORE ORDERED that:

The Respondent's decision is **AFFIRMED**.



COREY A. ARENDT
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://lrs.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 MOAHR-BSD-Support@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:

Interested Party

AETNA BETTER HEALTH OF MI
28588 NORTHWESTERN HWY STE 380B
SOUTHFIELD, MI 48034
COEGAREGULATORYREQUESTS@AETNA.COM

Respondent

AETNA BETTER HEALTH OF MI
GRIEVANCES AND APPEALS
28588 NORTHWESTERN HWY STE 380B
SOUTHFIELD, MI 48034
MIAPPEALSANDGRIEVANCES@AETNA.COM

Respondent Representative

MARK S. KOPSON
PLUNKETT COONEY
38505 WOODWARD AVE STE 100
BLOOMFIELD HILLS, MI 48304
MKOPSON@PLUNKETTCOONEY.COM

Department Contact

MDHHS-MANAGED CARE PLAN DIVISION
400 S PINE ST 7TH FL
LANSING, MI 48933
MDHHS-MCPD@MICHIGAN.GOV

Petitioner Representative

NOEL J RAVENSCROFT
THE RAVENSCROFT LAW GROUP, PLC
37550 HEBEL RD
RICHMOND, MI 48062-4918
NOEL@RAVENSCROFTLAW.COM

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]