

ISSUE

Did the Department properly suspend Petitioner's Home Help Services (HHS) and later terminate HHS due to a change in scope of coverage?

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 June 2, 2023, Petitioner's HHS case was opened. (Exhibit A.)
2. At all times relevant to this proceeding, Petitioner's mailing address was REDACTED REDACTED, MI REDACTED. (Exhibit A.)
3. On August 11, 2023, Petitioner participated in an assessment. (Exhibit A.)
4. On March 6, 2025, Petitioner called Respondent to reschedule a six-month review. (Exhibit A.)
5. On August 13, 2025, Respondent completed a six-month review. The notes from the review indicated Petitioner was looking for a new provider as Petitioner's provider could no longer assist. (Exhibit A.)
6. On January 13, 2026, Respondent sent Petitioner an Advance Negative Action Notice. The notice indicated Petitioner's HHS would be suspended effective January 27, 2026, as a result of Petitioner's provider being unable or unavailable to participate in a required interview. (Exhibit A; Testimony.)
7. The January 13, 2026, notice was sent to Petitioner's REDACTED address. (Exhibit A.)
8. On February 3, 2026, Petitioner submitted a request for hearing. (Exhibit A.)
9. On February 6, 2026, Respondent sent Petitioner a home visit letter scheduling a visit for February 27, 2026. (Exhibit A.)
10. On February 23, 2026, Respondent issued a Hearing Summary addressing the case on appeal. The summary indicated Petitioner's scope Medicaid scope of coverage would change to 1Y effective March 1, 2026, rendering Petitioner ineligible for HHS. (Exhibit A; 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.

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:

- 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.¹

ASM 105 ELIGIBILITY CRITERIA

GENERAL

Requirements

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

- Medicaid eligibility.
- Appropriate Program Enrollment Type (PET) status.
- 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:

¹ ASM, Available Services, April 1, 2018, pp 1-2, 5.

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

The DHS-54A or veterans administration medical form 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.²

ASM 115 ADULT SERVICES REQUIREMENTS

COMPREHENSIVE ASSESSMENT (MDHHS-5534)

The ASW must conduct a 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.

² Adult Services Manual, Eligibility Criteria, June 1, 2020, pp 1, 4.

CONTACTS 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 a face-to-face interview with the client, prior to case opening, and then every six months in the client's home for the review.

The ASW must complete an initial face-to-face interview with the Home Help caregiver in the client's home or local Michigan Department of Health and Human Services (MDHHS) office. The caregiver is the person providing direct care to the client. **The ASW must make a face-to-face or phone contact with all caregivers at the next review to verify services are being furnished.**

Note: If the ASW makes contact by phone, the caregiver must offer identifying information such as date of birth and the last four digits of their Social Security number. The ASW must complete a face-to-face interview in the client's home or local MDHHS office at the next review.³

ASM 120 ADULT SERVICES COMPREHENSIVE ASSESSMENT

INTRODUCTION

The MDDHS-5534, Adult Services Comprehensive Assessment, is the primary tool for determining need for services. The comprehensive assessment must be completed on all open home help services cases. Michigan Adult

³ ASM, Adult Services Requirements, September 1, 2021, pp 3-6.

Integrated Management System (MiAIMS), provides the format for the comprehensive assessment and all information must be entered on the computer program.

Functional Tab

The **Functional** Tab under **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 abilities 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.⁴

ASM 170 CASE CLOSURE

Termination of Home Help Payments

Home Help payments may be terminated and closing procedures initiated, in any of the following circumstances:

- The client fails to meet any of the eligibility requirements.
 - Not Medicaid eligible.
 - Medical professional does not certify a need for services on the DHS-54A, Medical Needs, form.

⁴ ASM 120, April 1, 2021, pp 1-3.

- Assessment determines client no longer requires Home Help services.
- The client no longer wishes to receive Home Help services.
- The client is receiving services from another program which would result in a duplication of services.⁵

* * * *

The Adult Services Manual (ASM), located on pages 19 through 66 of Exhibit A, provides the exclusive policy framework governing Home Help eligibility and the Department's authority to suspend or continue services. Under ASM 105, a client must satisfy several mandatory criteria to receive Home Help Services, including maintaining Medicaid eligibility with an appropriate scope of coverage, possessing a qualifying program enrollment type (PET) code, having a valid medical needs certification, and demonstrating at least one functional limitation at level 3 or greater for an activity of daily living (ADL). These requirements appear at Exhibit A, page 24 (ASM 105 p. 1). The permitted Medicaid scopes for Home Help include only 1F, 2F, 1D, 1K, 1T, 3G, 7W, and 8L, and the ASM does not list scope 1Y as eligible. The policy further requires that Home Help payments cannot be authorized before verifying Medicaid eligibility and completing an in-person assessment.

In addition to eligibility requirements, the ASM sets forth caregiver contact obligations that must be met to verify continued service. ASM 115 requires the Adult Services Worker (ASW) to complete an in-person, face-to-face interview with the client at case opening and every six months thereafter, while also mandating an initial in-person caregiver interview. At subsequent six-month reviews, the ASW must either meet in person or conduct a phone contact with the caregiver to verify services, and if the prior contact was by phone, the next must be conducted in person. These requirements appear on Exhibit A, page 32 (ASM 115 p. 5) and are reinforced in Exhibit A, page 45 (ASM 135 p. 3). Suspension of Home Help Services requires issuance of a DHS-1212-C Advance Negative Action Notice, as detailed in ASM 150 on Exhibit A pages 63–64 (ASM 150 pp. 2–3).

The hearing request was submitted on February 3, 2026. Under normal circumstances, the ALJ would confine the scope of review to issues arising in the 90 days immediately preceding that date, specifically November 5, 2025, through February 3, 2026. However, because both parties fully litigated the Medicaid eligibility question at hearing, and for the

⁵ ASM 170, July 1, 2022, p 2.

sake of judicial economy, the ALJ will address the scope-of-coverage issue even though it arose outside the presumptive 90-day window.

Turning to the first issue, ASM 115 and ASM 135 required the Department to conduct a caregiver interview or contact at the six-month review. The record demonstrates that at the August 13, 2025 review visit, no caregiver was present and Petitioner reported she was seeking a new provider.⁶ The ASW later issued a DHS-1212-C suspension notice on January 13, 2026, stating the Department could not verify receipt of services because Petitioner's caregiver was unable or unavailable to complete the required interview.⁷ The ASW also testified that no caregiver interview had occurred since at least 2024, which constitutes noncompliance with ASM 115's and ASM 135's mandatory requirements for verification. Although Petitioner disputes the accuracy of portions of the August 2025 note and indicates she did not receive prior notices, the record shows that the notice was mailed to the REDACTED address listed as her mailing address.⁸ ASM 150 requires only issuance of the notice, not evidence of actual receipt. Because the ASM demands periodic caregiver verification and such verification could not be completed, the Department acted consistently with ASM 115, ASM 135, and ASM 150 in suspending Home Help Services.

The second issue concerns Petitioner's ongoing Home Help eligibility in light of her Medicaid scope of coverage changing to 1Y, effective March 1, 2026. The Hearing Summary issued February 23, 2026, notes this change; and Petitioner's Medicaid eligibility record also reflects 1Y as of that date. ASM 105 plainly lists the only allowed Medicaid scopes for Home Help and does not include 1Y.⁹ Therefore, regardless of whether Petitioner subsequently identified a caregiver or completed a medical needs form, her Medicaid scope alone rendered her ineligible for Home Help Services. The ASM provides no exception authorizing Home Help for individuals with scope 1Y, and medical need cannot substitute for a qualifying Medicaid scope. Although Petitioner testified, she maintained full Medicaid through February 2026, the scope did not change until March 1, which the Department and the ALJ acknowledge; however, eligibility for reinstatement after March 1 rests solely on Petitioner's Medicaid scope and not factual disputes regarding February coverage.

For these reasons, the Department's suspension of Home Help Services due to the lack of caregiver contact was consistent with ASM policy and supported by the record; and the Department correctly determined that Petitioner could not be reinstated after March 1,

⁶ (Exhibit A, p. 12).

⁷ (Exhibit A, pp. 14–15).

⁸ (Exhibit A, p. 14).

⁹ (Exhibit A, p. 24; ASM 105 p. 1).

2026, due to her ineligible Medicaid scope of coverage. Accordingly, both actions must be upheld under the applicable provisions of the Adult Services Manual.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, finds that the Department properly closed Petitioner's HHS case based on the available information.

IT IS THEREFORE ORDERED that:

The Department's decisions are **AFFIRMED**.