

## **ISSUE**

Whether MDHHS properly denied and closed Petitioner's Home Help Services on and after February 23, 2026, because Petitioner was not assessed with at least one Activity of Daily Living (ADL) at a functional rank of 3 or greater, as required by policy. (Exhibit A, pp 19, 26, 28-29, 38)

## **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's Home Help Services case was originally opened in 2018 and reflected a functional assessment totaling 21 hours and 47 minutes per month, comprised of the Activities of Daily Living (ADLs) of dressing and grooming and the Instrumental Activities of Daily Living (IADLs) of meal preparation, housework, laundry, shopping. (Exhibit A, pp 10, 13-14)
2. On February 23, 2026, Respondent conducted an in-person review at Petitioner's residence. The Adult Services Worker (ASW) documented that Petitioner opened the door, stood, and walked independently without adaptive equipment, and reported that he did not need assistance with bathing, eating, grooming, toileting, or dressing; Petitioner reported needing assistance only with laundry and housework due to back pain. (Exhibit A, p 16)
3. On the same date, the ASW documented a separate phone contact with the caregiver, who verified identity and stated that Petitioner "has never needed assistance with bathing, grooming, toileting, eating, transferring or dressing," confirming assistance is provided with IADLs. (Exhibit A, p 16)
4. Respondent issued an Adequate Negative Action Notice denying Home Help Services effective February 23, 2026, citing that Petitioner did not require hands-on assistance with any ADL, and referenced applicable policy authorities. (Exhibit A, pp 8, 19-20)
5. The Adult Services Manual requires, among other criteria, that an individual be assessed with at least one ADL at level 3 or greater (or have a complex care need) to be eligible for Home Help Services; medical need must be certified but needed services are determined by the comprehensive assessment conducted by the ASW. (Exhibit A, pp 21-23, 26, 28-29, 31, 36-39)
6. At hearing, Respondent's witness reiterated the in-person assessment findings and the policy requirement for at least one ADL need at rank 3 or higher, and testified that neither Petitioner nor the caregiver reported any ADL assistance need. (Tr, pp 12-17)

7. Petitioner's caregiver testified that Petitioner has health conditions from a prior auto accident, including a closed head injury and right-sided injuries affecting his vision and right arm, and asserted that assistance is provided with grooming, dressing, housework, laundry, shopping, meals, and that the ASW arrived earlier than scheduled and relied on observation rather than unseen pain or limitations. (Tr, pp 19-22)
8. On March 3, 2026, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 4)

### **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**

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#### **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.

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***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.
- 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.

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

## **ASM 105 ELIGIBILITY CRITERIA**

### **GENERAL**

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#### **Requirements**

Home help eligibility requirements include **all** of 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).

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#### **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.

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*Adult Services Manual 105  
October 1, 2025, pp 1, 3  
Emphasis added*

### **ASM 115 ADULT SERVICES REQUIREMENTS**

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### **MDHHS-5534, ADULT SERVICES COMPREHENSIVE ASSESSMENT**

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.

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### **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 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.

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*Adult Services Manual 115  
October 1, 2025, p 4*

## **ASM 120 ADULT SERVICES COMPREHENSIVE ASSESSMENT**

### **OVERVIEW**

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.

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### **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.

Home Help payments may only be authorized for needs assessed at the ranking of level 3 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 handheld showers.

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*Adult Services Manual 120  
October 1, 2025, pp 1-3  
Emphasis added*

Authority to conduct this hearing arises under MCL 400.9, applicable federal Medicaid regulations, and MOAHR rules.

This matter concerns eligibility for Home Help Services under Michigan Medicaid policy, including policy in the Michigan Adult Services Manual. The governing criteria require that, to qualify for Home Help Services, a client must meet several conditions, including Medicaid eligibility, appropriate enrollment type, certification of medical need, and a demonstrated need for service based on a comprehensive assessment showing a functional limitation of level 3 or greater in at least one ADL, or the presence of a complex care need. (Exhibit A, p 26). The policy further clarifies that while a Medicaid-enrolled medical professional may certify medical need, the determination of needed services is made by the Adult Services Worker through an in-person comprehensive assessment. (Exhibit A, pp 22, 28, 31, 36).

In this record, the comprehensive assessment conducted on February 23, 2026 reflects that Petitioner reported no ADL assistance needs in bathing, eating, grooming, toileting, or dressing. The ASW observed Petitioner standing and walking independently without adaptive equipment and verified identity by enhanced/state identification. (Exhibit A, p 16). The caregiver's phone verification on the same date corroborated that Petitioner "has never needed assistance" with ADLs and continues to receive assistance with IADLs only. (Exhibit A, p 16). The functional abilities section lists IADLs at rank 3 with associated monthly time allocations (e.g., meal preparation, housework, laundry, shopping), but it does not document any ADL at rank 3 or greater, nor any complex care task. (Exhibit A, pp 13-14).

Respondent's witness credibly testified that policy requires at least one ADL at rank 3 or greater (or a complex care need) for eligibility, and that neither Petitioner nor caregiver indicated such a need during the assessment. (Tr, pp 12-17). The Adequate Negative Action Notices issued on February 23, 2026 are consistent with this assessment outcome and with notification policy in ASM 150. (Exhibit A, pp 19-20, 47-51).

Petitioner's argument focuses on several points: (1) Petitioner's documented medical history and injuries, including pain and right-sided limitations; (2) the contention that assistance with grooming, dressing, housework, laundry, shopping, and meals is provided regularly; (3) procedural concerns that the ASW arrived earlier than scheduled, and (4) the assertion that observation cannot capture pain or unseen limitations. (Tr, pp 19-22). Responding to these points within the policy framework:

- First, the Adult Services Manual recognizes that a medical provider may certify medical need; however, it expressly states that needed services are determined by the ASW through the comprehensive assessment. (Exhibit A, pp 22, 31, 36). Thus, even where medical conditions exist, eligibility for Home Help requires that at least one ADL be assessed at rank 3 or greater, or a complex care need be present. (Exhibit A, pp 26, 28-29, 38-39, 41-46). On this record, there is no ADL documented at rank 3+ and no complex care task identified. (Exhibit A, pp 13-14, 16).
- Second, assistance with grooming and dressing can qualify as ADLs only when the assessment establishes a rank 3 or higher consistent with the functional definitions (for example, minimal hands-on assistance or assistive technology for

dressing or grooming). (Exhibit A, pp 42-43). Here, the caregiver's own statement to the ASW was that Petitioner "has never needed assistance" with those ADLs, and Petitioner reported no ADL assistance during the face-to-face assessment. (Exhibit A, p 16). The functional record in Exhibit A shows grooming and dressing time only in the IADL section for client tasks previously tracked, not as ADLs at rank 3+, and the total time is exclusively IADL-based. (Exhibit A, pp 13-14).

- Third, while Petitioner argues the ASW arrived early, the record contains both a face-to-face client assessment and a separate phone verification with the caregiver on the same day, documenting consistent, contemporaneous statements from Petitioner and caregiver regarding the absence of ADL needs. (Exhibit A, p 16; Tr, pp 12-15, 19-22). Even assuming arrival time deviated from expectation, the procedures used captured Petitioner's self-report and caregiver verification.
- Fourth, the Manual provides that if adaptive equipment is required such that, without it, the person would need hands-on care for an ADL, then the ADL must be ranked at least 3 and eligibility can be established based on that ADL. (Exhibit A, pp 22-23, 29, 39). The assessment documents no adaptive equipment use and observations of independent mobility, undermining the premise that an ADL would qualify via assistive technology. (Exhibit A, p 16; Tr, pp 12-15).

In sum, while the caregiver's testimony about injuries, pain, and assistance with household tasks is understandable, the record does not demonstrate that Petitioner meets the specific eligibility threshold of at least one ADL at rank 3 or greater, nor does it establish a complex care need. (Exhibit A, pp 13-16, 26, 28-29, 38-39). The policy structure draws a necessary distinction between ADLs (personal care tasks) and IADLs (household tasks), and Home Help eligibility hinges on ADL need at rank 3+ or complex care. (Exhibit A, pp 21-23, 38-46). Because Petitioner bears the burden of proof in this type of case and the evidence does not establish the requisite ADL rank or complex care need, Respondent's denial is supported by the comprehensive assessment and applicable policy. (Tr, p 3; Exhibit A, pp 16, 19, 26, 28-29).

Accordingly, the denial and closure of Home Help Services effective February 23, 2026 were in accordance with policy and law. (Exhibit A, pp 19-20, 47-51)

### **DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

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