NOTICE
This Order was filed under Supreme Court Rule 23 and is not precedent except in the limited circumstances allowed under Rule 23(e)(1).

2026 IL App (4th) 250737-U

NO. 4-25-0737

IN THE APPELLATE COURT

OF ILLINOIS

FOURTH DISTRICT

FILED
November 13, 2026
Carla Bender
4th District Appellate
Court, IL

ARETHA L. THOMPSON,	)	Appeal from the
Plaintiff-Appellant,	)	Circuit Court of
v.	)	Stephenson County
THE ILLINOIS DEPARTMENT OF HUMAN	)	No. 25MR5
SERVICES, DIVISION OF REHABILITATIVE	)	
SERVICES, FREEPORT OFFICE, and THE ILLINOIS	)	
DEPARTMENT OF HEALTHCARE AND FAMILY	)	Honorable
SERVICES,	)	David M. Olson,
Defendants-Appellees.	)	Judge Presiding.

JUSTICE GRISCHOW delivered the judgment of the court.
Justices Vancil and Harris concurred in the judgment.

ORDER

¶ 1 *Held*: The appellate court affirmed the determination of the Illinois Department of Human Services, Division of Rehabilitative Services, Freeport Office (Department), and the judgment of the circuit court on administrative review that plaintiff was no longer qualified for benefits under the Department's home services program.

¶ 2 Plaintiff, Aretha L. Thompson, appeals the determination of the Illinois Department of Human Services, Division of Rehabilitative Services, Freeport Office (Department), that she no longer qualified for benefits under the Department's home services program (HSP). In 2024, a determination of need assessment (need assessment) produced a score showing plaintiff was no longer eligible for benefits. Plaintiff requested an administrative appeal, and a hearing was held before an administrative law judge (ALJ). The ALJ upheld the determination that plaintiff no longer qualified for benefits. The secretary of the Department (Secretary) adopted the ALJ's determination as the final administrative decision. Plaintiff then sought judicial review in the

circuit court. The court affirmed.

¶ 3 On appeal, plaintiff contends the determination that she was no longer eligible for HSP benefits was in error. We conclude the Department's factual determinations were not against the manifest weight of the evidence and there was no clear error in the ultimate determination plaintiff was no longer eligible for benefits. Accordingly, we affirm.

¶ 4 I. BACKGROUND

¶ 5 A. The HSP

¶ 6 The Rehabilitation of Persons with Disabilities Act (20 ILCS 2405/0.01 *et seq.* (West 2024)), establishes programs and services designed to prevent the unnecessary institutionalization of persons in need of long-term care, enabling them to remain in their own homes. *Id.* § 3(f). One such program is the HSP, administered by the Department, which is based on an individual's need for care that is not met by existing family and other resources. See 89 Ill. Admin. Code § 676.10 (1999). To qualify for HSP benefits, an individual must have a disability that requires long-term care and receive a score of at least 29 points on a need assessment. 89 Ill. Admin. Code § 682.100(f) (2024). An individual who qualifies for HSP benefits must have his or her eligibility redetermined every 12 months. 89 Ill. Admin. Code § 682.410 (2019).

¶ 7 The need assessment assesses an individual's need for care in the completion of activities of daily living. The need assessment scores are based on (1) the individual's need for care in completing activities of daily living and (2) the unmet needs for care. 89 Ill. Admin. Code § 679.20 (2000). Those items are each rated with scores between 0 to 3 points for each activity of daily living. 89 Ill. Admin. Code § 679.30(b) (2019).

¶ 8 Regarding the individual's need for care, a score of 0 is given when the individual can perform all the essential components of the activities of daily living with or without an existing

assistive device. *Id.* § 679.30(b)(1)(A). A score of 1 is given for a minimal need when the individual can perform most of the activity of daily living, with or without an existing assistive device, but requires some supervision and/or assistance to ensure the task is fully complete. *Id.* § 679.30(b)(1)(B). A score of 2 is given for a moderate need when the individual requires a great deal of supervision and/or assistance, with or without existing assistive devices, in the completion of the essential components of the task. See *id.* § 679.30(b)(1)(C). A score of 3 is given for a severe need. See *id.* § 679.30(b)(1)(D).

¶ 9 Regarding unmet needs, a similar rating system applies, with a score of 1 for a minimal unmet need when the individual's need for assistance in the completion of the task is met at least 50% of the time, and, without periodic assistance, there is a risk to the individual's health and safety. *Id.* § 679.30(b)(2)(B). A score of 2 applies when the unmet need is frequent, meaning the individual's need for assistance in the completion of the task is met less than 50% of the time and, without assistance, there is moderate risk to the individual's health and safety. *Id.* § 679.30(b)(2)(C).

¶ 10 B. Plaintiff's Need Assessment

¶ 11 Plaintiff had received HSP benefits since 2018 after being diagnosed with a number of medical conditions, such as mental health conditions, asthma, cardiomyopathy, and chronic back issues, that affected her breathing and mobility. In April 2024, Department official Jamie Countryman conducted an annual need assessment of plaintiff's continued eligibility for HSP benefits. The need assessment scored plaintiff at 20 points, meaning she was no longer eligible for HSP benefits. Of particular relevance here were determinations regarding plaintiff's need for care and level of unmet needs in completion of activities of daily living concerning bathing, dressing, laundry, and housework.

¶ 12 Countryman found minimal, with a rating of 1 point, plaintiff's bathing, laundry, and dressing impairments and found her unmet needs were also minimal, rated at 1 point each. Countryman found plaintiff's housework impairment was moderate, with frequent unmet needs, giving those 2 points.

¶ 13 C. Administrative Appeal

¶ 14 Plaintiff administratively appealed her need assessment. The Department assigned an ALJ, who held a hearing.

¶ 15 1. *Evidence Concerning the Need Assessment*

¶ 16 At the hearing, Countryman testified she rated plaintiff's needs concerning bathing based on plaintiff's report that she was able to get in and out of the bathtub without assistance, could wash her upper body while seated, could reach and regulate the shower pressure and temperatures herself, had a shower chair and grab bar installed, and needed assistance to dry her back. Plaintiff reported taking daily showers of 20 to 30 minutes, but she experienced dizziness and shortness of breath from the heat of the water. Countryman noted the medical records plaintiff provided did not support a finding of difficulty with bending or a limited range of movement related to bathing.

¶ 17 Regarding dressing, Countryman noted plaintiff reported she could put on her undergarments, get a shirt over her head, and pull the shirt down without assistance, but she needed her mother's help to put on pants. She also needed help putting on socks because of dizziness from bending over. Countryman testified plaintiff reported that she did not need reminders to change her clothes or to dress appropriately for the weather.

¶ 18 As to laundry, Countryman testified plaintiff reported needing assistance carrying heavy laundry baskets due to tiredness and dizziness, back pain, and a 10-pound lifting restriction.

Although plaintiff reported being able to load the washing machine, she was unsure if she would be able to unload it or the dryer due to reported bending issues. Plaintiff could fold laundry while seated and taking breaks. Typically, she completed laundry a couple of times per week.

¶ 19 Regarding housework, Countryman noted plaintiff reported difficulty breathing while standing to wash dishes because of the hot water. Plaintiff told Countryman she could complete basic tasks, such as picking up messes and wiping off sinks and counters but could not do additional cleaning because of the chemicals and bending required. Plaintiff could not lift garbage bags or take them outside due to her lifting restriction.

¶ 20 Countryman's need assessment noted plaintiff stated there were no changes to her health or medications from her previous assessment. Countryman included information from an October 2023 medical report provided by plaintiff, which noted no plaque around plaintiff's heart and that plaintiff exercised regularly. Countryman also noted, from the same report, that plaintiff reported shortness of breath that sometimes made it difficult for her to get to the bathroom, which was located upstairs, and plaintiff had considered getting a bedside commode.

¶ 21 Plaintiff had also reported being in a motor vehicle accident in April 2023, which caused neck and back injuries, resulting in functional limitations to sleep, turning, looking behind or up, walking, or raising her arms over her head. Medical records showed plaintiff received treatment for back and neck pain following the accident. The records noted plaintiff had limitations related to cooking, cleaning, making the bed, and related activities of daily living due to pain, decreased range of motion, and altered sensation. However, plaintiff later reported improvement of her symptoms.

¶ 22 Plaintiff provided a residual capacity examination report completed by a doctor in April 2024. The doctor opined that plaintiff had functional impairments of fatigue, shortness of

breath, a 10-pound lifting restriction, dizziness, and lack of energy. However, the doctor determined plaintiff did not have problems with weakness, poor trunk control, fine motor control, the ability to bend or stoop, abnormality of gait, balance, or range of motion. The doctor reported plaintiff did not currently require any adaptive equipment, including ambulatory aids. The doctor was unsure whether plaintiff had the capacity to increase her ability to perform any of her activities of daily living.

¶ 23 Countryman also testified regarding the reasons the previous year's need assessment was rated differently, with a score sufficient to make plaintiff eligible for services. In particular, Countryman testified that assessment had been performed without medical records. Countryman testified the 2024 residual capacity examination report supported the current scores. Countryman did not believe plaintiff said anything about numbness, loss of feeling, or inability to lift her arms above her head. When asked if she had copied and pasted information from a previous need assessment, Countryman denied doing so.

¶ 24 2. *Plaintiff's Testimony*

¶ 25 Plaintiff testified that, at the time of the 2024 need assessment, she could not lift her arms, had shortness of breath, and had numbness and loss of feeling in her extremities. She stated she told Countryman that nothing had improved since the previous reassessment and several things had worsened, particularly the numbness in her extremities following the April 2023 motor vehicle accident. Plaintiff stated that her bathroom was on the second floor of her home, she used a cane for walking, and she had a shower chair. She testified that her mother, who lived nearby, and who was also her personal assistant, assisted her a few times per week, and her mother would at times assist her outside of paid hours. Plaintiff had two children who lived with her, and she was able to drive.

¶ 26 Plaintiff testified quotes attributed to her in the need assessment were made during her 2023 assessment, and she opined that Countryman must have copied and pasted them. She also stated that Countryman's assessment lasted only 21 minutes, and Countryman never asked her about the relevant activities of daily living. In challenging the need assessment scoring on bathing, plaintiff noted that, in the residual capacity examination, the doctor was unsure about plaintiff's capacity to increase her ability to perform any activities of daily living. Plaintiff also challenged her scores because she had the same medical conditions as in previous years and now had additional numbness in her extremities. She stated that, contrary to the need assessment, she needed help getting her bra on and that, even with help, she still got very dizzy. Plaintiff testified that any time she raised her hands above her head, she had difficulty breathing, which made fastening, zipping, and buttoning clothing difficult. Additionally, plaintiff testified that, due to her mental health, she needed reminders to change her clothes every day and dress appropriately for the weather.

¶ 27 Plaintiff testified the scores underrated her impairment and unmet needs. She maintained that higher scores were warranted based on her 10-pound lifting restriction, difficulties with bending due to chronic back pain, shortness of breath, and the location of the laundry in the basement. Plaintiff further testified her medical records supported her medical diagnoses, especially asthma and cardiomyopathy, which prevented her from using chemicals to do housework or perform much physical work.

¶ 28 3. *The ALJ's Determination*

¶ 29 The ALJ upheld the determination that plaintiff was ineligible for HSP benefits. The ALJ described plaintiff's medical conditions and noted plaintiff had the burden to prove by a preponderance of the evidence that the determination was not in accordance with federal or state

laws or regulations. The ALJ agreed with the need assessment that plaintiff was able to perform various activities of daily living and found her need for assistance was being met at least 50% of the time by her mother and extended family. Overall, the ALJ concluded the need assessment score of 20 was supported by a preponderance of the evidence. The Secretary adopted the ALJ's recommendation as the final administrative decision.

¶ 30 D. Appeal to the Circuit Court

¶ 31 Plaintiff filed a complaint in the circuit court for administrative review of the final administrative decision. Plaintiff argued her need assessment scores should have remained unchanged from previous years because most of her medical issues remained unchanged and she was also experiencing worse shortness of breath, increased fatigue, loss of feeling in her hands, difficulty holding things, and memory loss. She also argued the ALJ did not adequately consider her mental health and incorrectly found that her family provided support. Plaintiff also contended Countryman's assessment was inadequate.

¶ 32 The Department argued that, even accepting plaintiff's assertions that Countryman's assessment was of short duration, plaintiff had the opportunity to present all of her evidence, explain all of her limitations and unmet needs, and argue for higher scores on each activity of daily living during the administrative review proceedings. The Department argued the ALJ's findings were supported by the evidence and thus not against the manifest weight of the evidence. The circuit court affirmed the final administrative decision.

¶ 33 This appeal followed.

¶ 34 II. ANALYSIS

¶ 35 On appeal, plaintiff contends the determination that she was no longer eligible for HSP benefits was in error.

¶ 36 A. Deficiencies in Plaintiff's Appellant's Brief

¶ 37 At the outset, we note that, although plaintiff used a standardized form approved by the Illinois Supreme Court, plaintiff's appellant's brief nevertheless fails to comply with multiple paragraphs of Illinois Supreme Court Rule 341 (eff. Oct. 1, 2020), which governs the form of appellate briefs. In particular, plaintiff's appellant brief lacks a statement of facts containing the facts necessary to an understanding of the case, cohesive legal arguments, and reasoned bases for those arguments, in violation of Rule 341(h)(6)-(7). See Ill. S. Ct. R. 341(h)(6)-(7) (eff. Oct. 1, 2020). No citation to legal authority or cogent legal argument is provided in the argument section of the brief. "Arguments that do not comply with Rule 341(h)(7) do not merit consideration on appeal and may be rejected by this court for that reason alone." *Wells Fargo Bank, N.A. v. Sanders*, 2015 IL App (1st) 141272, ¶ 43.

¶ 38 This court has the discretion to strike an appellant's brief and dismiss an appeal when the appellant's brief does not comply with the requirements of Rule 341. *Litwin v. County of La Salle*, 2021 IL App (3d) 200410, ¶ 11. Thus, to the extent that plaintiff's brief fails to comply with Rule 341(h), it would be within our discretion to dismiss this appeal on that basis. *Zale v. Moraine Valley Community College*, 2019 IL App (1st) 190197, ¶ 32. However, striking an appellant's brief "is a harsh sanction and is appropriate only when the violations hinder our review." *Burrell v. Village of Sauk Village*, 2017 IL App (1st) 163392, ¶ 14.

¶ 39 Here, it is clear that plaintiff wishes to challenge the determination she is no longer eligible for HSP benefits. We also have the benefit of a cogent appellee's brief. Accordingly, our review is not hindered by the deficiencies in plaintiff's brief. Thus, we address the merits. See *Carter v. Carter*, 2012 IL App (1st) 110855, ¶ 12; *Twardowski v. Holiday Hospitality Franchising, Inc.*, 321 Ill. App. 3d 509, 511 (2001).

¶ 40 B. Review of the Department's Order

¶ 41 Judicial review of the Department's final decision is through a common law writ of *certiorari* in the circuit court. 89 Ill. Admin. Code § 510.120(c) (2003); *Williams v. Department of Human Services*, 2019 IL App (1st) 181517, ¶ 18. Under *certiorari* review, this court reviews the final administrative decision of the Department, not the circuit court's judgment. *Id.* ¶ 20.

¶ 42 "The applicable standard of review depends upon the issue presented." *Id.* ¶ 21. The Department's factual findings are *prima facie* true and correct and will not be disturbed on appeal unless they are against the manifest weight of the evidence *Id.* "When the issue is one of law, the *de novo* standard applies." *Id.* "Whether a given set of facts satisfies the applicable legal standard is a mixed question of law and fact that is reviewed under the largely deferential clear error standard." *Id.* We will find a decision clearly erroneous only when we are left with the definite and firm conviction that a mistake has been committed. *American Federation of State, County, & Municipal Employees (AFSCME), Council 31 v. State*, 2014 IL App (1st) 130655, ¶ 22.

¶ 43 Here, the Department's factual findings are primarily at issue. Thus, the question is whether those findings were against the manifest weight of the evidence. "A finding is against the manifest weight of the evidence only if the opposite conclusion is clearly evident or if the finding itself is unreasonable, arbitrary, or not based on the evidence presented." *Best v. Best*, 223 Ill. 2d 342, 350, (2006).

¶ 44 We note plaintiff has not taken issue with the Department's specific findings regarding her ability to perform activities of daily living and her level of unmet needs in her brief on appeal. Instead, she merely states that the circuit court erred in finding her ineligible for HSP benefits without providing further details or legal argument. By failing to provide cogent legal argument supported by relevant legal authority, plaintiff has forfeited the matter. See Illinois

Supreme Court Rule 341(h)(7) (eff. Oct. 1, 2020) ("Points not argued are forfeited.").

¶ 45 Forfeiture aside, we hold the Department's factual determinations were not against the manifest weight of the evidence. The Department presented evidence supporting its findings concerning plaintiff's ability to perform activities of daily living and her level of unmet needs. Those facts also supported the scores on plaintiff's need assessment showing she was no longer eligible for benefits. While plaintiff disagreed with and challenged the Department's findings in various ways, the Department's factual findings were nevertheless supported by evidence in the record. Countryman explained that a previous need assessment had higher scores because the assessment did not include the medical records that were available for the 2024 assessment. Those records supported the Department's factual findings and the scores Countryman gave to the activities of daily living and level of unmet needs at issue. An opposite conclusion is not clearly evident, and the factual findings were not unreasonable, arbitrary, or not based on the evidence presented. Thus, the Department's factual findings were not against the manifest weight of the evidence. Likewise, we conclude there was no clear error in determinations that the facts found by the Department satisfied the applicable legal standards for the scores given on the need assessment, as we have no definite and firm conviction that a mistake has been committed. Accordingly, we affirm.

¶ 46 III. CONCLUSION

¶ 47 For the foregoing reasons, the determination of the Department and the judgment of the circuit court are affirmed.

¶ 48 Affirmed.