



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

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██████████, MI ██████████

Date Mailed: December 9, 2021  
MOAHR Docket No.: 21-004957  
Agency No.: ██████████  
Petitioner: ██████████

**ADMINISTRATIVE LAW JUDGE: Robert J. Meade**

**DECISION AND ORDER**

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

After due notice, a hearing was held on December 8, 2021. Petitioner appeared and testified on his own behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent, Michigan Department of Health and Human Services (Department of MDHHS). Lashandra Blackmon, Adult Services Supervisor, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny Petitioner's Home Help Services (HHS) application because Petitioner did not have active Medicaid?

**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 is a ██████-year-old male, born ██████████, who applied for HHS on September 8, 2021. (Exhibit A, pp 2, 10; Testimony).
2. Department policy requires Medicaid eligibility in order to receive HHS. (Adult Services Manual (ASM) 105, June 1, 2020, pages 1-2 of 4)
3. The Department found no evidence that Petitioner had Medicaid on the date of application. (Exhibit A, pp 12-13; Testimony)
4. On September 8, 2021, the Department sent Petitioner an Advance Negative Action Notice informing Petitioner that the HHS application was denied because Petitioner did not have active Medicaid. (Exhibit A, pp 6-7; Testimony).

5. On October 25, 2021, Petitioner's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)

## **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) 105 addresses eligibility for Home Help Services:

### **OVERVIEW**

Home Help services are available if the client meets all eligibility requirements. The Adult Services Worker (ASW) may open a Home Help case with supportive services methodology to assist the client in applying for Medicaid (MA), if necessary.

Home Help services payments cannot be authorized prior to establishing Medicaid eligibility and completing a face-to-face assessment with the client. Once MA eligibility has been established, the case service methodology must be changed to case management.

### **Requirements**

Home Help eligibility requirements include all 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).

Medicaid Eligibility

The client may be eligible for Medicaid (MA) when either all requirements for Medicaid eligibility have been met, or the Medicaid deductible obligation has been met.

The client must have a scope of coverage of either:

- 1F or 2F.
- 1D or 1K (Freedom to Work).
- 1T (Healthy Kids Expansion).
- 3G (Healthy Michigan Plan).
- 7W (MI Child).
- 8L (Flint).

Clients with a scope of coverage 20, 2C, or 2B are not eligible for Medicaid until they have met their MA deductible obligation.

**Note:** A change in the scope of coverage in Bridges will generate a system tickler in the Michigan Adult Integrated Management System (MiAIMS) for active services cases.

*Adult Services Manual (ASM) 105,  
June 1, 2020, p 1 of 4  
Emphasis added*

Department policy requires an HHS participant to have full coverage Medicaid or have met the monthly Medicaid spend-down to be eligible for the HHS program. Here, the Department's witness testified that there was no evidence that Petitioner had active Medicaid coverage at the time of the application. The Department's witness also indicated that she checked right before the hearing and Petitioner still does not have Medicaid coverage. The Department's witness indicated that Petitioner last had Medicaid in Michigan in 2019, which ended on February 28, 2019, at which time Petitioner had an \$[REDACTED] monthly spend down. The Department's witness also checked during the hearing and confirmed that there were no recently submitted Medicaid applications in Petitioner's name.

Petitioner testified that he has Medicaid and has met his spend down every month because he is totally disabled and has thousands of dollars in medical bills each month. Petitioner indicated that he has provided this information to the Department repeatedly. Petitioner also repeatedly mentioned his Medicare premium being taken out of his Social Security disability checks each month and how the "Department" has refused to grant him a waiver of this premium. Petitioner also insisted that he has Part A of Medicare, which he believes is Medicaid.

Based on the evidence presented, Petitioner failed to prove by a preponderance of evidence that the Department erred in denying his HHS application due to lack of active Medicaid. At the time the ASW checked Petitioner's records in September 2021, Petitioner did not have active Medicaid. And, according to the Department, Petitioner does not have active Medicaid today. Petitioner, who has the burden of proof in this matter, offered no proof to rebut the Department's findings. It appears that Petitioner is confusing his Medicare coverage with Medicaid. Part A of Medicare is Petitioner's hospital coverage, not Medicaid. Also, the Department has nothing to do with the portion of Petitioner's Medicare premium that is withheld from his Social Security disability payments each month. As such, the Department properly denied Petitioner's HHS application.

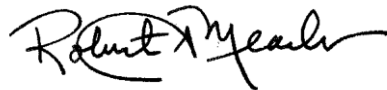
If Petitioner would like Home Help Services, he must first apply for Medicaid at [www.newmibridges.michigan.gov](http://www.newmibridges.michigan.gov).

### **DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.



RM/sb

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**Robert J. Meade**  
Administrative Law Judge

**NOTICE OF APPEAL:** A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

