



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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Date Mailed: October 7, 2022
MOAHR Docket No.: 22-003872
Agency No.: [REDACTED]
Petitioner: [REDACTED]

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 October 5, 2022. [REDACTED] Petitioner's Authorized Hearing Representative (AHR) appeared and testified on Petitioner's behalf. Allison Pool, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Respondent, Department or MDHHS). Rebecca Fockler, Adult Services Worker (ASW), 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 applied for HHS on August 11, 2022. (Exhibit A, p 10; Testimony).
2. Department policy requires Medicaid eligibility to receive HHS, including the payment of any deductible. (Adult Services Manual (ASM) 105, June 1, 2020, pages 1-2 of 4)
3. When the Department went to process Petitioner's HHS application, it found that Petitioner had an unmet deductible of \$1,059.00. Petitioner's representative was referred to the local Area Agency on Aging (AAA) and the local PACE agency. (Exhibit A, pp 10-11; Testimony)
4. On September 2, 2022, 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 7-8; Testimony).

5. On September 6, 2022, Petitioner's Request for Hearing was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 4)
6. Upon receipt of Petitioner's Request for Hearing, the Department's ASW contacted the local AAA to make a referral for Petitioner. At the hearing, the ASW indicated that she spoke to AAA prior to the hearing, and they have processed Petitioner's intake and are looking to provide him with services. (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) 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 deductible 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. Specifically, the Department's witness indicated that when Petitioner's HHS application was processed in September 2022, Petitioner had an unmet deductible of \$1,059.00.

Petitioner's AHR testified that she needs further assistance with Petitioner's care. Petitioner's AHR explained that she is not a family member, just a concerned citizen, and Petitioner used to rent an apartment from her. Petitioner's AHR indicated that Petitioner's social security is not enough to cover his care and when she has to go out,

she has to pay for a caregiver for Petitioner out of her own pocket. Petitioner's AHR testified that she just wants to keep Petitioner's life going in a good healthy situation.

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 August 2022, Petitioner did not have active Medicaid as Petitioner had an unmet deductible of \$1,059.00. Petitioner, who has the burden of proof in this matter, offered no proof to rebut the Department's findings. As indicated above, "Home Help services payments cannot be authorized prior to establishing Medicaid eligibility and completing a face-to-face assessment with the client." Here, Medicaid eligibility has not been established. As such, the Department properly denied Petitioner's HHS application.

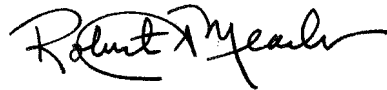
Petitioner's AHR should follow up with the local AAA in order to obtain services for Petitioner.

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/slr

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

Via Electronic Delivery:

DHHS Department Contact

Michelle Martin
Capitol Commons
6th Floor
Lansing, MI 48909
**MDHHS-Home-Help
Policy@michigan.gov**

DHHS

Kael Meyer
Lake County DHHS
5653 South M-37
Baldwin, MI 49304
**MDHHS-Lake-
Hearings@michigan.gov**

DHHS Department Representative

M. Carrier
Department Community Health
MDHHS
Appeals Section
PO Box 30807
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Agency Representative

Allison Pool
MDHHS Appeals Section
PO Box P.O. Box 30807
Lansing, MI 48909
PoolA@michigan.gov

Via First Class Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED] MI [REDACTED]

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]