



GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

Date Mailed: 12/5/2022
MOAHR Docket No.: 22-004965
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 December 1, 2022. Petitioner appeared and testified on her own behalf. Theresa Root, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Respondent, Department or MDHHS). Anthony Clark, 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 full 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 [REDACTED] (Exhibit A, p 7; 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 Qualified Medicaid Only and a deductible of \$337.00. (Exhibit A, p 7; Testimony)
4. On September 22, 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, p 5;

Testimony).

5. On October 28, 2022, Petitioner's Request for Hearing was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 4)
6. At the hearing, the Department's witness informed Petitioner that her Medicaid eligibility had been corrected, retroactive to November 1, 2021, and that he would put on a new referral for HHS for Petitioner. (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 Qualified Medicaid Only and an unmet deductible of \$337.00.

Petitioner testified that she has been trying to get HHS since 2017, and this was her fifth time applying for the program. Petitioner indicated that when she talked to her worker in September 2021, she was informed that the original worker messed up her eligibility. Petitioner testified that the new worker corrected her eligibility retroactive to February 2021 and she had no idea why it stopped again in November 2021. Petitioner indicated

that she has been speaking to her local office and was told that as of the night before the instant hearing, her eligibility was corrected.

The Department's witness checked Petitioner's Medicaid eligibility during the hearing and confirmed that Petitioner's Medicaid eligibility had been updated, retroactive to November 1, 2021. The Department's witness also indicated that he would put on a new referral for HHS today for Petitioner.

Petitioner questioned whether the payments could be retroactive given that she has been paying out-of-pocket for care. The Department's witness indicated that it would depend on several factors, including whether Petitioner was found eligible for HHS after an assessment and whether the person who has been providing Petitioner's care was an enrolled provider with the Department.

Based on the evidence presented, Petitioner failed to prove by a preponderance of evidence that the Department erred in denying her HHS application due to lack of active Medicaid. At the time the ASW checked Petitioner's records in September 2022, Petitioner did not have active Medicaid as Petitioner had Qualified Medicaid Only and an unmet deductible of \$337.00. 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 had not been established in September 2022. As such, the Department properly denied Petitioner's HHS application.

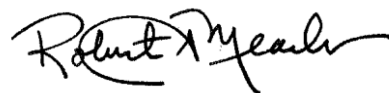
As indicated above, Petitioner's Medicaid eligibility has now been updated and the Department will put in a new referral for HHS for Petitioner on the date of the hearing.

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/sj

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 Mail:

DHHS Department Contact

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

DHHS Location Contact

Sherry Reid
MDHHS
MDHHS-Greenview Adult Services
District Wayne County, BSC-4
Detroit, MI 48219
**MDHHS-WC-
MAHSHearing@michigan.gov**

DHHS Department Representative

M. Carrier
Department Community Health
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DHHS Department Representative

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Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]