



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
DIRECTOR



Date Mailed: August 29, 2024
MOAHR Docket No.: 24-007867
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Petitioner's request for a hearing.

After due notice, a telephone hearing was held on August 20, 2024. Petitioner appeared and testified on her own behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Dwayne Slappy, Adult Services Worker (ASW), testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-28. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly decide to terminate Petitioner's Home Help Services (HHS)?

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 [REDACTED] year-old Medicaid beneficiary who was approved for HHS through the Department in May of 2003. (Exhibit A, page 9).

2. Effective May 20, 2024, Petitioner's Medicaid scope of coverage changed from "1F" to "20". (Exhibit A, page 10).
3. As of that date, she also had a Medicaid deductible/spend-down of \$2,081.00 per month. (Exhibit A, page 10).
4. Petitioner has never met that deductible in any month since it was established. (Testimony of Petitioner; Testimony of ASW).
5. On July 1, 2024, the Department sent Petitioner written notice that her HHS would be terminated on September 15, 2024 because she now had a spend-down that must be met before receiving HHS. (Exhibit A, page 11).
6. On July 15, 2024, MOAHR) received the request for hearing filed in this matter with respect to that decision. (Exhibit A, pages 7-8).

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 statutes, 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.

Regarding the eligibility criteria for HHS, Adult Services Manual (ASM) 105 (6-1-2020) states in part:

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.

ASM 105, page 4

As described in the above policy, HHS are only available if a client meets all eligibility requirements, including having a listed scope of coverage.

In this case, the Department decided to terminate Petitioner's HHS on the basis that she no longer has a scope of Medicaid coverage that meets the eligibility requirements for HHS.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of evidence that the Department erred in deciding to terminate her HHS. Moreover, the

undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information it had at the time it made the decision.

Given the available information and applicable policies in this case, Petitioner has failed to meet that burden of proof; and the Department's decision must be affirmed.

As provided above, an individual is only eligible to receive HHS if he or she has one of the scopes of coverage listed in policy; and it is undisputed in this case that Petitioner no longer had such a scope of coverage once her coverage changed to "20" beginning in May of 2024. Moreover, while Petitioner could receive HHS if she met her Medicaid deductible obligation each month, it is also undisputed that Petitioner has never done so since the deductible was put into place.

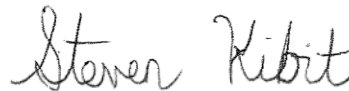
As discussed during the hearing to the extent Petitioner disputes the change in her scope of coverage or the amount of her Medicaid deductible, then she must request a hearing with respect to that action. In this case however, the undersigned Administrative Law Judge is limited to reviewing the decision to terminate her HHS and; based on the information the Department had, its decision was proper.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly decided to terminate Petitioner's HHS.

IT IS, THEREFORE, ORDERED that:

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



SK/pe

Steven Kibit
Administrative Law Judge

NOTICE OF APPEAL: Petitioner 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:

Agency Representative

Florence Scott-Emuakpor
MDHHS Appeals Review Officer
Lansing, MI 48909
ScottF@michigan.gov

DHHS Department Contact

Michelle Martin
MDHHS
Lansing, MI 48933
MDHHS-Home-Help-Policy@michigan.gov

DHHS Location Contact

Sherry Reid
MDHHS-Greenview Adult Services District
Detroit, MI 48219
MDHHS-WC-MAHShearing@michigan.gov

DHHS Department Representative

Mary Carrier
MDHHS Appeals Section
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]
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