



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: October 1, 2024
MOAHR Docket No.: 24-008940
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Marya A. Nelson-Davis

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 September 19, 2024. [REDACTED] Petitioner, appeared and testified on his own behalf. John Lambert, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Chrystyna Head, Home Help Services Supervisor (HHS), appeared as a witness for the Department.

ISSUE

Did the Department properly 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 was a Medicaid beneficiary who had a Medicaid scope of coverage of 2F and was receiving HHS. (Exhibit A, p. 17)
2. Beginning August 1, 2024, Petitioner's Medicaid scope of coverage changed to 1Y, which meant he was receiving limited Medicaid coverage instead of full coverage. (Exhibit A, p 17)
3. On July 10, 2024, the Department sent Petitioner an Advance Negative Action Notice indicating that Petitioner's HHS was going to be terminated effective July 31, 2024, because of the change in his Medicaid coverage. (Exhibit A, p 13)

4. On August 12, 2024, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules.

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) address issues of what services are included in Home Help Services and how such services are assessed:

ASM 105 ELIGIBILITY CRITERIA

GENERAL

Requirements

Home help eligibility requirements include **all** of 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, pp 1-4 of 4
Emphasis added*

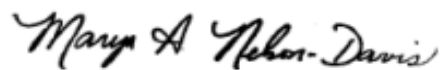
In this case, Petitioner's scope of Medicaid coverage changed to 1Y beginning August 1, 2024, which makes him ineligible for HHS. On July 10, 2024, the Department sent Petitioner an Advance Negative Action Notice indicating that HHS would be terminated because of the change in his Medicaid coverage.

The Department properly terminated Petitioner's HHS. Petitioner failed to prove, by a preponderance of the evidence, that the Department erred in terminating his HHS. As indicated above, Petitioner has a Medicaid scope of coverage of 1Y, which makes him ineligible for HHS. Pursuant to ASM 105, also outlined above, to be eligible for HHS, a Medicaid beneficiary must have a scope of coverage of 1F or 2F, 1D or 1K (Freedom to Work), 1T (Healthy Kids Expansion), 3G (Healthy Michigan Plan), 7W (MI Child), 8L (Flint). Because Petitioner did not have an eligible scope of coverage effective August 1, 2024, the Department properly terminated his HHS. If Petitioner's Medicaid eligibility status changes, he can always reapply for HHS.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly terminated Petitioner's HHS beginning August 1, 2024.

IT IS THEREFORE ORDERED that the Department's action is **AFFIRMED**.

A handwritten signature in cursive script, reading "Marya A. Nelson-Davis".

MND/pe

Marya A. Nelson-Davis
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:

Agency Representative

John Lambert
MDHHS Appeals Section
Lansing, MI 48909
LambertJ4@michigan.gov

DHHS Department Contact

Michelle Martin
MDHHS
400 S. Pine St., 6th Floor
Lansing, MI 48933
MDHHS-Home-Help-Policy@michigan.gov

DHHS Location Contact

Sherry Reid
MDHHS-Greenview Adult Services District
Wayne County, BSC-4
19340 Greenview Ave., Ste. 200
Detroit, MI 48219
MDHHS-WC-MAHSHearing@michigan.gov

DHHS Department Representative

Mary Carrier
MDHHS Appeals Section
P.O. Box 30807
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]