



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Date Mailed: October 31, 2024
MOAHR Docket No.: 24-010767
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm

DECISION AND ORDER

On September 30, 2024, Petitioner [REDACTED] requested a hearing to dispute Medicaid services. As a result, a hearing was scheduled to be held on October 30, 2024. Medicaid services hearings are held pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner appeared and represented herself. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Allison Pool appear as its representative. Adult Services Specialist Christine Mabey and Adult Services Program Manager Margo Peterson appeared as the Department's witnesses. Neither party had any additional witnesses.

Sworn testimony was taken from both parties, and one exhibit was admitted into evidence. An 18-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

Did the Department properly deny Petitioner's request for 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. Effective August 1, 2024, Petitioner was ineligible for full-coverage Medicaid; Petitioner was only eligible for Medicaid with a scope of coverage code of 1Y.

2. On September 9, 2024, Petitioner requested HHS from the Department.
3. Petitioner did not have full-coverage Medicaid when she requested HHS from the Department; Petitioner still had Medicaid with a scope of coverage code of 1Y.
4. On September 10, 2024, the Department mailed a negative action notice to Petitioner to notify her that her request for HHS was denied because she did not have full-coverage Medicaid.
5. Petitioner requested a hearing to dispute the Department's decision.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 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 health professional and may be provided by individuals or by private or public agencies.

HHS are available if a client meets all eligibility requirements. ASM 105 (June 1, 2020), p. 1. One of the eligibility requirements is that a client must be Medicaid eligible. *Id.* at 1. A client is Medicaid eligible if the client has Medicaid with one of the following scope of coverage codes: 1F, 2F, 1D, 1K, 1T, 3G, 7W, or 8L. *Id.* Petitioner had Medicaid with a scope of coverage code of 1Y. Thus, Petitioner was not Medicaid eligible. Therefore, Petitioner did not meet the eligibility requirements for HHS. Accordingly, the Department properly denied Petitioner's request for HHS.

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 request for HHS.

IT IS ORDERED THAT the Department's decision is **AFFIRMED**.

JK/pe



Jeffrey Kemm
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

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

DHHS Department Contact

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

DHHS Location Contact

Sherry Reid
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Wayne County, BSC-4
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DHHS Department Representative

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Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]