

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: February 25, 2022
MOAHR Docket No.: 22-000254
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Steven Kibit

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge 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 February 23, 2022. Petitioner appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, appeared and testified on behalf of the Respondent Michigan Department of Health and Human Services (DHHS or Department).

During the hearing, the Department submitted an evidence packet that was admitted into the record as Exhibit A, pages 1-19.¹ Petitioner did not submit any exhibits.

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. Petitioner is a Medicaid beneficiary who was referred for HHS through the Department on November 15, 2021. (Exhibit A, page 7).
2. At that time, Petitioner's Medicaid scope of coverage was 2B. (Exhibit A, pages 9-10).

¹ Petitioner stated on the record that she has issues with receiving her mail and had not received the Department's evidence packet. She also did not object to the Department's exhibit being admitted or the hearing preceding without her having it. She further stated on the record that she did not want the record left open so she could respond to the exhibit.

3. On December 6, 2021, the Department sent Petitioner written notice that her request for HHS was denied because her current scope of Medicaid coverage did not cover HHS. (Exhibit A, page 8).
4. On January 20, 2022, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter with respect to that decision. (Exhibit A, page 6).

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.

Adult Services Manual (ASM) 105 (6-1-2020) addresses eligibility criteria for HHS and states in part:

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 1

As described in the above policy, an individual is only eligible to receive HHS if his or her Medicaid scope of coverage is 1F, 2F, 1D, 1K, 1T, 3G, 7W, or 8L.

In this case, the Department decided to deny Petitioner's request for HHS on the basis that Petitioner's Medicaid scope of coverage was 2B.

In response, Petitioner testified that she did not know anything about scopes of coverage, but that she needs assistance and qualifies for both Medicare and Medicaid.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying her request for 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. The applicable eligibility criteria for HHS expressly requires that a beneficiary have one of

eight scopes of coverage to be approved for services and it is undisputed in this case that Petitioner's scope of coverage does not meet those eligibility requirements.

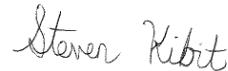
To the extent Petitioner's circumstances have changed or she has additional or updated information to provide regarding her Medicaid coverage, then she can always request services again in the future. With respect to the decision at issue in this case however, the Department's decision must be affirmed given the available information and applicable policies.

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, THEREFORE, ORDERED that:

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



SK/tem

Steven Kibit
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

DHHS -Dept Contact

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

DHHS-Location Contact

Sherry Reid
Oakman Adult Services
3040 W. Grand Blvd., Suite L450
Detroit, MI 48202
MDHHS-WC-MAHSHearings@michigan.gov

DHHS Department Rep.

M. Carrier
Appeals Section
PO Box 30807
Lansing, MI 48933
MDHHS-Appeals@michigan.gov

Petitioner

[REDACTED]
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