



GRETCHEN WHITMER  
GOVERNOR

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

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
MI [REDACTED]

Date Mailed: 11/30/2022  
MOAHR Docket No.: 22-004835  
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 November 23, 2022. Petitioner appeared and testified on his own behalf. [REDACTED] Petitioner's caretaker, also testified as a witness for Petitioner. Allison Pool, Appeals Review Officer, appeared on behalf of the Respondent Department of Health and Human Services (DHHS or Department). Elaina Brown-Mingo, Home Help Supervisor, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record as Exhibit A, pages 1-18. 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 September 21, 2022. (Exhibit A, pages 9, 11).
2. Since July 1, 2020, Petitioner's Medicaid scope of coverage has been 2B. (Exhibit A, page 11).
3. On September 27, 2022, the Department sent Petitioner written notice that his request for HHS was denied because his current scope of Medicaid coverage did not cover HHS. (Exhibit A, page 7).

4. On October 12, 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 he only recently learned that he had Medicaid, but that he has not been able to utilize it yet because he was told he had a spend-down/deductible. He further testified that he has no money coming in.

Petitioner and his caretaker also both testified that they are confused by Petitioner's coverage, which also includes Medicare, and they just want everything straightened out.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying his 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 disputes his scope of coverage or the existence or amount of the Medicaid deductible that obligation that must be met before he can receive HHS, he should pursue that issue with his eligibility worker.<sup>1</sup>

Moreover, to the extent his circumstances change, or he has additional or updated information to provide regarding his Medicaid coverage, then he can always request services again in the future.

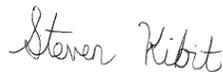
With respect to the decision at issue in this case however, the Department's decision must be affirmed given the available information and applicable polices.

### **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/sj

---

**Steven Kibit**  
Administrative Law Judge

---

<sup>1</sup> As noted by the Department, the contact information for Petitioner's eligibility worker can be found on page 13 of Exhibit A.

**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  
MDHHS  
Lansing, MI 48909  
**MDHHS-Appeals@michigan.gov**

**DHHS Department Representative**

Allison Pool  
Department of Community Health  
MDHHS Appeals Section  
PO Box P.O. Box 30807  
Lansing, MI 48909  
**PoolA@michigan.gov**

**Via First Class Mail:**

**Petitioner**

[REDACTED]  
MI [REDACTED]