



GRETCHEN WHITMER
GOVERNOR

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

MARLON BROWN
DIRECTOR

[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: July 19, 2024
MOAHR Docket No.: 24-006023
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

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 July 18, 2024. Petitioner, [REDACTED] appeared and testified on her own behalf. Allison Pool, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Selena Eyre, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's Home Help Services (HHS) application?

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 applied for HHS on or about [REDACTED] [REDACTED] (Exhibit A, p 13; Testimony)
2. At the time of her application, Petitioner had a Medicaid scope of coverage of 1Y. (Exhibit A, p 16; Testimony)
3. On May 17, 2024, the Department's ASW sent Petitioner a Negative Action Notice indicating that Petitioner was not eligible for HHS because her Medicaid scope of coverage was 1Y. (Exhibit A, p 14; Testimony)
4. On June 3, 2024, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, pp 7-11)

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*

The ASW testified that Petitioner has a Medicaid scope of coverage of 1Y, which makes her ineligible for HHS. The ASW indicated that on May 17, 2024 she sent Petitioner a Negative Action Notice indicating that HHS was denied because Petitioner's Medicaid scope of coverage was 1Y.

Petitioner testified that she does not understand why she was denied because nothing has changed with her coverage. Petitioner indicated that she understands what a spenddown is but that she needs assistance now.

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in denying the HHS application. As indicated above, Petitioner has a Medicaid scope of coverage of 1Y, which makes her 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 when her HHS application was received, the Department properly denied the request. If Petitioner's eligibility status changes, she can always reapply for HHS. Petitioner does have a Medicaid eligibility hearing coming up on July 31, 2024.

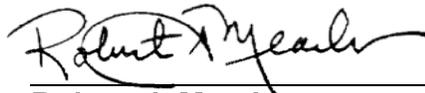
However, given the evidence here, the denial of Petitioner's HHS application was proper and must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Petitioner's HHS application based on the available information.

IT IS THEREFORE ORDERED that:

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

A handwritten signature in black ink, appearing to read "Robert J. Meade", written over a horizontal line.

Robert J. Meade
Administrative Law Judge

RM/sj

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

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties, to their last known addresses in the manner specified below, this 19th day of July 2024.

S. James

S. James
**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

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Via First Class Mail:

Petitioner

[REDACTED]
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