



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: August 15, 2024
MOAHR Docket No.: 24-007837 & 24-007838
Agency No.: [REDACTED]
Petitioners: [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 August 14, 2024. [REDACTED] and [REDACTED] [REDACTED] Petitioners, appeared and testified on their own behalf. Emily Piggott, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Jaime Lucente, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly suspend Petitioners' 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. Petitioners are Medicaid beneficiaries, who have been receiving HHS since approximately November 2021. (Exhibit A, p 7; Testimony)
2. Beginning May 1, 2024, Petitioners have a Medicaid scope of coverage of 1Y. (Exhibit A, p 8; Testimony)
3. On June 6, 2024, the Department's ASW sent Petitioners an Advance Negative Action Notice, informing Petitioners that they were no longer eligible for HHS because their Medicaid scope of coverage was 1Y. (Exhibit A, p 10; Testimony)
4. On July 11, 2024, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 4)

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 Petitioners have a Medicaid scope of coverage of 1Y, which makes them currently ineligible for HHS. As such, the ASW indicated that on June 6, 2024, she sent Petitioners an Advance Negative Action Notice informing Petitioners that they were no longer eligible for HHS because their Medicaid scope of coverage was 1Y.

Petitioners testified that they have reapplied for Medicaid to straighten out the scope of coverage issue. The Department's representative checked Petitioners' Medicaid eligibility on the date of the hearing and it still showed 1Y.

Based on the evidence presented, Petitioners have failed to prove, by a preponderance of the evidence, that the Department erred in suspending their HHS. As indicated above, Petitioners have a Medicaid scope of coverage of 1Y, which makes them 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), or 8L (Flint). And, while this ALJ is sympathetic to Petitioners' position, they must straighten out the eligibility issue before HHS can be reinstated. This ALJ has no equitable authority and no authority to ignore clear policy. As indicated at the hearing, Petitioners should call MDHHS Client Connection at 844-464-3447 to straighten out their Medicaid eligibility. Petitioners can also request a hearing through their local MDHHS office regarding their Medicaid eligibility.

However, given the evidence here, the termination of Petitioners' HHS 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 terminated Petitioners' HHS 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 15th day of August 2024.

S. James

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

Via Electronic Mail:

Agency Representative
Emily Piggott
DCH Appeals Section
222 N Washington Square
Lansing, MI 48909
PiggottE2@michigan.gov

DHHS
Dawn Tromontine
Macomb County DHHS
Sterling Heights Dist.
41227 Mound Rd.
Sterling Heights, MI 48314
MDHHS-Macomb-36-Hearings@michigan.gov

DHHS Department Contact
Michelle Martin
MDHHS
Lansing, MI 48933
MDHHS-Home-Help-Policy@michigan.gov

DHHS Department Representative
Mary Carrier
MDHHS Appeals Section
Lansing, MI 48909
MDHHS-Appeals@michigan.gov

Via First Class Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED] MI [REDACTED]

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]