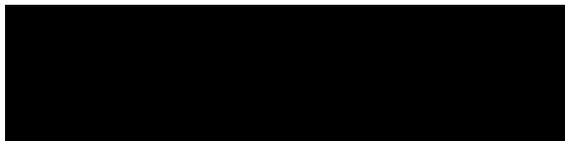




GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR



Date Mailed: December 6, 2024  
MOAHR Docket No.: 24-011625  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

[REDACTED] MI [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Jeffrey Kemm**

**DECISION AND ORDER**

On October 23, 2024, Petitioner [REDACTED] requested a hearing to dispute Medicaid services. As a result, a hearing was scheduled to be held on December 4, 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. Home Help Services Worker Shawwna Moore appeared as the Department's witness. Neither party had any additional witnesses.

Sworn testimony was taken from both parties, and two exhibits were admitted into evidence. A 22-page packet of documents provided by the Department was admitted into evidence as Exhibit A, and a 1-page document provided by Petitioner was admitted into evidence as Exhibit 1.

**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. On or about June 14, 2024, Petitioner updated her mailing address with the Department to [REDACTED] Michigan [REDACTED]

2. On or about September 11, 2024, Petitioner requested HHS from the Department.
3. The Department processed Petitioner's referral for HHS and entered Petitioner's "physical address" as [REDACTED] Michigan [REDACTED].
4. On September 11, 2024, the Department mailed an introduction letter and a DHS-54A medical needs form to Petitioner. It is unknown what address the Department mailed these documents to.
5. Petitioner did not receive the DHS-54A medical needs form, so Petitioner did not provide the Department with a completed DHS-54A medical needs form.
6. On October 11, 2024, the Department mailed an advance negative action notice to Petitioner to notify her that her request for HHS was denied because she did not return the DHS-54A medical needs form. The address listed for Petitioner on the advance negative action notice was [REDACTED] Michigan [REDACTED].
7. 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.

When the Department receives a referral for HHS, the Department must enter the client's information in the Department's system, MiAIMS. ASM 110 (May 1, 2023), p. 1. Once the Department has entered the client's information in MiAIMS, the Department then assigns the client's case to an adult services worker, and the adult services worker sends the client an introduction letter and DHS-54A medical needs form. *Id.* at 2. The introduction letter allows the client 21 calendar days to return information (including the DHS-54A medical needs form) to the Department. *Id.*

In this case, Petitioner presented sufficient evidence to establish that the Department did not process Petitioner's referral in accordance with ASM 110. Petitioner updated her mailing address with the Department in June 2024, and the Department did not use Petitioner's updated mailing address when it entered her information in MiAIMS, so the Department did not properly enter Petitioner's information in MiAIMS. Thus, the

Department did not enter Petitioner's information in MiAIMS in accordance with ASM 110. Therefore, the Department's decision is reversed.

Although the Department's decision to deny Petitioner's request for HHS is reversed, this does not mean that Petitioner is eligible for HHS. Rather, this means that the Department did not properly process Petitioner's referral for HHS in accordance with ASM 110, so the Department must process it again. The Department shall ensure that Petitioner's mailing address is updated in MiAIMS. The Department shall then mail the introduction letter and the DHS-54A medical needs form to Petitioner at her updated mailing address. Petitioner is still required to obtain a completed 54A medical needs form and return it to the Department.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department did not properly deny Petitioner's request for HHS.

**IT IS ORDERED THAT** the Department's decision is **REVERSED**. The Department shall reprocess Petitioner's referral for HHS. The Department shall mail the introduction letter and the DHS-54A medical needs form to Petitioner at her updated mailing address. The Department shall begin to implement this decision within 10 days from the date of mailing of this decision and order.

JK/pe



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**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**

Trista Waishkey  
Washtenaw County DHHS  
22 Center St.  
Ypsilanti, MI 48198  
**MDHHS-Washtenaw-Hearings@michigan.gov**

**DHHS Department Contact**

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

**DHHS Department Representative**

Mary Carrier  
MDHHS Appeals Section  
P.O. Box 30807  
Lansing, MI 48909  
**MDHHS-Appeals@michigan.gov**

**Via First Class and  
Electronic Mail:**

**Petitioner**

[REDACTED]  
MI [REDACTED]  
[REDACTED]