



Date Mailed: March 3, 2025

Docket No.: 25-002282

Case No.: [REDACTED]

Petitioner: [REDACTED]



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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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### **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 February 25, 2025. [REDACTED] Petitioner, appeared and testified on her own behalf. Lana Karadsheh, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Theralene Howell-Daniel, Adult Services Worker (ASW), and Anthony Clark, Adult Services Supervisor, appeared as witnesses 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. Petitioner is a Medicaid beneficiary, who has been receiving HHS since approximately August 2015. (Exhibit A, p 8; Testimony)
2. Beginning October 1, 2024, Petitioner had a Medicaid scope of coverage of 2B, making her ineligible to receive HHS. (Exhibit A, p 8; Testimony)
3. On January 1, 2025, Petitioner's Medicaid scope of coverage changed to 1F, making her eligible to receive HHS again. (Exhibit A, p 8; Testimony.)

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4. On January 31, 2025, the Department's ASW sent Petitioner an Advance Negative Action Notice, informing Petitioner that her HHS was suspended between October 1, 2024, and December 31, 2024, because her Medicaid scope of coverage changed to 2B. (Exhibit A, p 13; Testimony)
  5. On January 31, 2025, the Department's ASW also sent Petitioner a Services Approval Notice informing Petitioner that HHS was again approved for 64 hours and 8 minutes per month, effective January 1, 2025, because Petitioner's Medicaid scope of coverage changed back to 1F. (Exhibit A, p 17; Testimony)
  6. On January 16, 2025, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, p 7)

### **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**

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##### **Requirements**

Home help eligibility requirements include **all** of the following:

- Medicaid eligibility.
- Appropriate program enrollment type (PET) code.
- Certification of medical need.

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- 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).

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### **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 had a Medicaid scope of coverage of 2B from October 1, 2024, through December 31, 2024, which made her ineligible for HHS.

Petitioner testified that no one made her, or her provider aware that her coverage changed on October 1, 2024, so he continued to work. Petitioner indicated that she did not understand the eligibility codes and tried to fight her ineligibility but was unable to.

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in suspending her HHS. As indicated above, Petitioner had a Medicaid scope of coverage of 2B from October 1, 2024, through December 31, 2024, which made 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), or 8L (Flint). And, while this ALJ is sympathetic to Petitioner's position, this ALJ has no equitable authority and no authority to ignore clear policy.

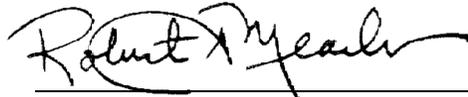
Therefore, given the evidence here, the suspension of Petitioner's HHS was proper and must be upheld.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

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



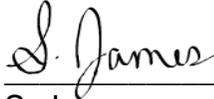
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**ROBERT J. MEADE**  
**ADMINISTRATIVE LAW JUDGE**

RM/sj

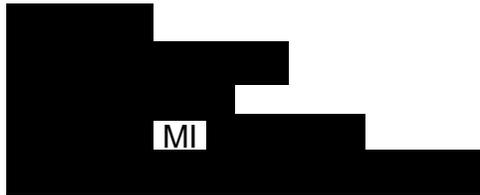
**PROOF OF SERVICE**

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 3<sup>rd</sup> day of March 2025.



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

**Via First Class & Electronic Mail:**



**Via Electronic Mail:**

**Agency/Department Representative**  
MARY CARRIER  
LANA KARADSHEH  
MDHHS APPEALS SECTION  
PO BOX 30807  
LANSING, MI 48909  
**KARADSHEHL@MICHIGAN.GOV**  
**MDHHS-APPEALS@MICHIGAN.GOV**

**Department Contact**  
MICHELLE MARTIN  
MDHHS  
400 S PINE ST 6TH FL  
LANSING, MI 48933  
**MDHHS-HOME-HELP-POLICY@MICHIGAN.GOV**

**Agency/Department Representative**  
SHERRY REID  
MDHHS GREENVIEW ADULT SERVICES  
19340 GREENVIEW AVE STE 200  
DETROIT, MI 48219  
**MDHHS-WC-MAHSHEARING@MICHIGAN.GOV**