



Date Mailed: March 5, 2025

Docket No.: 25-003130

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on February 27, 2025. [REDACTED] Petitioner's brother, appeared and testified on Petitioner's behalf. Emily Piggott, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Joshua Vorhees, Adult Services Worker (ASW), testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-41. Petitioner did not submit any proposed 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. On December 20, 2024, Petitioner was referred for HHS through the Department. (Exhibit A, page 7).
2. At that time, Petitioner's Medicaid scope of coverage was 3G. (Exhibit A, page 8).
3. As of January 1, 2025, Petitioner's Medicaid scope of coverage changed to 3E. (Exhibit A, page 8).
4. On January 10, 2025, the Department sent Petitioner written notice that his request for HHS was denied because he did not have a qualifying Medicaid plan. (Exhibit A, page 5).
5. On January 27, 2025, MOAHR received a request for hearing filed in this matter with respect to that denial of HHS. (Exhibit A, pages 4-6).

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.

Regarding the eligibility criteria for HHS, Adult Services Manual (ASM) 105 (6-1-2020) states in part:

OVERVIEW

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 4

As described in the above policy, HHS are only available if a client meets all eligibility requirements, including having a listed scope of Medicaid coverage.

In this case, the Department denied Petitioner's request for HHS on the basis that he did have Medicaid coverage that meets the eligibility requirements for HHS.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of evidence that the Department erred. Moreover, the undersigned ALJ 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.

As provided above, an individual is only eligible to receive HHS if he or she has Medicaid coverage and one of the scopes of coverage listed in policy; and, as credibly testified to by the Department's witness and provided for in its exhibit, the Department's records provide that Petitioner did not have one of the required scopes of coverage at the time of the decision.

In response, Petitioner's representative testified that Petitioner previously had full Medicaid coverage in the state of [REDACTED] but has had issues with his Medicaid coverage in the state of Michigan. He also testified that Petitioner cannot work due to his disabilities and that he needs assistance.

However, Petitioner's disabilities are not at issue, with the denial not based on Petitioner's need for service. Moreover, Petitioner's representative's testimony regarding Petitioner's past coverage in [REDACTED] is likewise irrelevant. It is Petitioner's current coverage that matters, and Petitioner has failed to demonstrate a qualifying scope of coverage at this time.

To the extent Petitioner disputes the Department's information regarding Medicaid coverage, then Petitioner should contact the Department's local office to get any mistake corrected or, if necessary, request a hearing regarding Medicaid eligibility. With respect to the decision in this case, however, the undersigned ALJ is limited to reviewing the decision to deny HHS and, based on the information the Department had, and the lack of any evidence from Petitioner, its decision was proper.

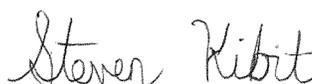
DECISION AND ORDER

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

NOTICE OF APPEAL: Petitioner 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 5th day of March 2025.

S. James

S. James

**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

Agency/Department Representative

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VIA FIRST CLASS MAIL:

Petitioner

[REDACTED]
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MI [REDACTED]