



Date Mailed: March 24, 2025

Docket No.: 25-005879

Case No.:

Petitioner:

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 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 March 20, 2025. [REDACTED], Petitioner, appeared on her own behalf. Emily Piggott, Appeals Review Officer, appeared on behalf of the Respondent, Michigan Department of Health and Human Services (Department). Charles Steckel, Adult Services Worker, appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly terminate Petitioner's Home Help Services (HHS) case?

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 around February 11, 2021, the Petitioner applied for and was approved for HHS. (Exhibit A.)

-
-
2. As of October 1, 2024, Petitioner had a Medicaid scope of coverage of 1Y and a spenddown of \$1,255. (Exhibit A; Testimony.)
 3. From October 1, 2024, through March 20, 2025, Petitioner's spenddown went unmet; and their Medicaid scope of coverage remained 1Y. (Exhibit A; Testimony.)
 4. On February 6, 2025, the Department sent Petitioner a Negative Action notice. The notice indicated Petitioner's Medicaid scope of coverage has been 1-Y since 11-2024. There is no eligibility for ILS with 1-Y scope of coverage and Petitioner's case would be terminated effective February 20, 2025. (Exhibit A; Testimony.)
 5. On February 12, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Exhibit A.)

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) addresses eligibility for Home Help Services:

GENERAL

Home help services are available if the client meets all eligibility requirements. An independent living services case may be opened for supportive services to assist the client in applying for Medicaid (MA).

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** of the following:

- Medicaid eligibility.
- 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).
- Appropriate Program Enrollment Type (PET) codes.

Medicaid/ Medical Aid (MA)

The client may be eligible for MA under one of the following:

- All requirements for Medicaid have been met.
- MA 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 (MiChild)
- 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 Michigan Adult Integrated Management System (MiAIMS) for active services cases.

Medicaid Personal Care Option

Clients in need of home help personal care services may become eligible for MA under the Medicaid personal care option.

Discuss this option with the client and coordinate implementation with the eligibility specialist.

Conditions of eligibility:

- The client meets all Medicaid eligibility factors except income.
- An independent living services case is open.
- The client is eligible for home help services.
- The cost of personal care services is **more** than the MA excess income amount.

If **all** the above conditions have been satisfied, the client has met MA deductible requirements. The adult services specialist can apply the personal care option in ASCAP. The deductible amount is entered on the **MA History** tab of the Bridges **Eligibility** module in MiAIMS. When processing a payment for a client using the personal care option, it is important to remember to enter the deductible amount on the Payment Detail screen when authorizing the payment in MiAIMS so that the deductible amount is subtracted from the Home Help payment.

Use the DHS-1210, Services Approval Notice, to notify the client of home help services approval when MA eligibility is met through this option. The notice must inform the client that the home help payment will be reduced by the deductible amount, and that the client is responsible for paying the provider the MA deductible amount each month.

Do **not** close a case eligible for MA based on this policy option if the client does not pay the provider. It has already been ensured that MA funds will not be used to pay the client's deductible liability. The payment for these expenses is the responsibility of the client.

Changes in the client's deductible amount will generate a system tickler from Bridges.

MA eligibility under this option **cannot** continue if the cost of personal care becomes **equal to or less than** the MA excess income amount.

Note: See Bridges Eligibility Manual (BEM) 545, Exhibit II, regarding the Medicaid Personal Care Option.⁴

Department policy requires a HHS participant to have full coverage Medicaid or have met the monthly Medicaid spend-down in order to be eligible for the HHS program. Here, the Department's witness testified that at the time of Petitioner's case closure, the Petitioner did not have Medicaid with the necessary scope of coverage.

Petitioner argued that she doesn't know how she isn't making her spenddown and that every month it seems like something different.

Based on the policy provided, there is no dispute that Petitioner did not have the appropriate Medicaid scope of coverage to be eligible for HHS; and thus, the Department acted appropriately in sending Petitioner the negative action notice in question.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department acted appropriately in terminating Petitioner's HHS case.

IT IS THEREFORE ORDERED that:

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



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

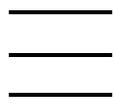
⁴ Adult Services Manual (ASM) 105, June 1, 2020, pp 1-3.

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.



Via Electronic Mail:

Agency/Depart Representative
EMILY PIGGOTT
MDHHS APPEALS
P.O. BOX 30807
LANSING, MI 48909
PIGGOTTE2@MICHIGAN.GOV

Agency/Depart Representative
MARY CARRIER
MDHHS APPEALS SECTION
PO BOX 30807
LANSING, MI 48909
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/Depart Representative
SHERRY REID
MDHHS GREENVIEW ADULT SERVICES
19340 GREENVIEW AVE STE 200
DETROIT, MI 48219
MDHHS-WC-MAHSHEARING@MICHIGAN.GOV

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]