



Date Mailed: April 2, 2025

Docket No.: 25-007015

Case No.: [REDACTED]

Petitioner: [REDACTED]

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

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

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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 April 1, 2025. [REDACTED] Petitioner, appeared and testified on his own behalf. John Lambert, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Adam Plater, 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. Petitioner is a Medicaid beneficiary, who has been receiving HHS since approximately July 2016. (Exhibit A, p 10; Testimony)
2. Beginning December 1, 2024, Petitioner's Medicaid scope of coverage changed from 1F to 1Y. (Exhibit A, p 12; Testimony)

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3. On February 10, 2025, the Department's ASW sent Petitioner an Advance Negative Action Notice, informing Petitioner that he was no longer eligible for HHS because his Medicaid scope of coverage changed to 1Y. (Exhibit A, pp 8-9; Testimony)
 4. On February 24, 2025, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, pp 7-9)

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 Petitioner's Medicaid scope of coverage changed from 1F to 1Y on December 1, 2024, which makes him currently ineligible for HHS. As such, the ASW indicated that on February 10, 2025, he sent Petitioner an Advance Negative Action Notice informing Petitioner that he was no longer eligible for HHS because his Medicaid scope of coverage changed to 1Y. The ASW indicated that eligibility decisions are made by eligibility specialists, not HHS ASW's like himself. The ASW testified that if the system indicates someone is ineligible for HHS, he could not force through a payment even if he wanted to. The ASW noted that while the Notice he sent Petitioner indicated that his case would be closed, he has left Petitioner's case open and HHS can resume if Petitioner's eligibility changes. The ASW indicated that payments could be retroactive if the eligibility is made retroactive.

Petitioner testified that he spoke to Medicaid yesterday and was told that he never should have been changed to Plan First (1Y). Petitioner indicated that Medicaid told him to send in his card and they will fix it. Petitioner noted that he first he heard about his eligibility changing was in February when he received the Advance Action Notice in this case about his HHS.

Petitioner testified that because he was not notified that his coverage was changed to Plan First on December 1, 2024, he was never given a chance to appeal the change in his eligibility.

Petitioner noted that the second page of the Advance Negative Action Notice sent to him indicates that services will be continued if an appeal is filed before the effective date. Petitioner indicated that page one of the Notice indicates the effective date is February 24, 2025, and Petitioner's appeal was received on February 22, 2025, so his benefits should have been continued.

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in terminating his HHS. As indicated above, as of December 1, 2024, Petitioner has a Medicaid scope of coverage of 1Y, which makes him 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, he must straighten out the eligibility issue before HHS can be reinstated. This ALJ has no equitable authority and no authority to ignore clear policy. Petitioner can call Medicaid at 844-464-3447 regarding his Medicaid eligibility.

Finally, while the language on page 2 of the Advance Negative Action Notice indicates that benefits will continue during the appeal if an appeal is received before the effective date of action, the pertinent effective date of action here was December 1, 2024, when Petitioner's eligibility changed. And, while Petitioner asserts that no one informed him when his Medicaid eligibility changed on December 1, 2024, he was certainly aware that something was wrong prior to receiving the Advance Negative Action Notice in this case on February 10, 2025, because he indicated that he already had to pay his worker directly for December, January and February HHS.

Therefore, given the evidence here, the termination 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 terminated Petitioner's HHS based on the available information.

IT IS THEREFORE ORDERED that:

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



ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

RM/sj

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://lrs.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 LARA-MOAHR-DCH@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.

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 2nd day of April 2025.

S. James

S. James

**Michigan Office of Administrative
Hearings and Rules**

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