



**Date Mailed:** May 16, 2025

**Docket No.:** 25-012707

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]

[REDACTED]  
MI [REDACTED]

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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.

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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 May 14, 2025. [REDACTED] Petitioner, appeared and testified on her own behalf. Emily Piggott, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (MDHHS or Department). Shameka Mims, Adult Services Worker (ASW), and Kelly Williams, Supervisor, appeared as witnesses for the Department.

### **ISSUE**

Did the Department properly terminate 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 2022. (Exhibit A, p 9; Testimony)
2. Beginning March 1, 2025, Petitioner's Medicaid scope of coverage changed from 1F to 1Y, with a spend down of \$1,164.00. (Exhibit A, p 9; Testimony). On April 1, 2025, Petitioner's Medicaid scope of coverage remained 1Y and her spend down increased to \$1,208.00. (*Id.*)
3. On March 26, 2025, the Department's ASW sent Petitioner an Advance Negative Action Notice, informing Petitioner that she was no longer eligible for HHS because her Medicaid scope of coverage changed to 1Y. (Exhibit A, pp 13-14; Testimony)
4. On April 14, 2025, Petitioner's hearing request was received by the Michigan Office of Administrative Hearings and Rules. (Exhibit A, pp 4-7)

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## **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:

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- 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 on March 1, 2025, from 1F to 1Y, with a spend down of \$1,164.00, and then on April 1, 2025, the scope of coverage remained 1Y and her spend down increased to \$1,208.00. As such, the ASW indicated that on March 26, 2025, she sent Petitioner an Advance Negative Action Notice informing Petitioner that she was no longer eligible for HHS because her Medicaid scope of coverage changed to 1Y with a spend down.

Petitioner testified that she was confused and could not understand why her spend down became so high. Petitioner indicated that it's difficult to meet such a high spend down because it's difficult to get in to see a doctor every month. Petitioner indicated that this affected her bridge card too. Petitioner did indicate that she requested an eligibility hearing on April 23, 2025, but had not heard anything yet.

Based on the evidence presented, Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in terminating her HHS. As indicated above, as of March 1, 2025, Petitioner's Medicaid scope of coverage changed from 1F to 1Y, with a spend down of \$1,164.00 and on April 1, 2025, Petitioner's Medicaid scope of coverage remained 1Y and her spend down increased to \$1,208.00. This change makes Petitioner 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,

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she 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 her Medicaid eligibility if the hearing does not resolve her concerns.

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**.



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

**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](http://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 [LARA-MOAHR-DCH@michigan.gov](mailto: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.



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