



Date Mailed: June 16, 2025

Docket No.: 25-014622

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.

[REDACTED]
MI [REDACTED]

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Petitioner: [REDACTED]

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 June 5, 2025. Petitioner appeared and testified on her own behalf. Florence Scott-Emuakpor, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Roshell Watley-Thomas, 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 1-26. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly deny Petitioner's request for retroactive payments for Home Help Services (HHS) in October of 2024 and November of 2024?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. In 2004, Petitioner was approved for HHS through the Department. (Exhibit A, page 10).
2. Effective October 1, 2024, Petitioner's active Medicaid coverage was terminated, with her scope of coverage changed to "20". (Exhibit A, pages 12-13).
3. Petitioner subsequently requested a hearing regarding her Medicaid eligibility. (Testimony of Petitioner; Testimony of ASW).

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4. On November 1, 2024, Petitioner's Medicaid scope of coverage changed from "20" to "1Y". (Exhibit A, page 12; Testimony of ASW).
 5. No payments were made for HHS for October of 2024 and November of 2024, but Petitioner's HHS case remained open. (Exhibit A, pages 17-19; Testimony of ASW).
 6. On December 1, 2024, Petitioner's Medicaid scope of coverage changed from "1Y" to "2F". (Exhibit A, page 12; Testimony of ASW).
 7. Payments for HHS also resumed. (Exhibit A, pages 17-18; Testimony of ASW)
 8. In February of 2025, Petitioner requested retroactive payments for HHS in October of 2024 and November of 2024. (Exhibit A, page 13; Testimony of Petitioner).
 9. That request was denied. (Exhibit A, page 13; Testimony of Petitioner).
 10. On April 25, 2025, MOAHR received the request for hearing filed in this matter regarding a lack of payments for HHS in the months of October of 2024 and November of 2024. (Exhibit A, pages 6-9).
 11. After the request for hearing was filed, but before the hearing was held, Petitioner's Medicaid scope of coverage was changed to "2F" for the period of October 21, 2024 to October 31, 2025. (Exhibit A, page 12; Testimony of ASW).

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 retroactive payments for HHS in October of 2024 and November of 2024 pursuant to the above policies and on the basis that she did not have Medicaid coverage that met the eligibility requirements for HHS during those two months.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the 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 at the time of the request demonstrate that Petitioner did not have one of the required scopes of coverage in October of 2024 and November of 2024.

Since the request for hearing was filed, Petitioner's scope of coverage was changed to 2F for the period of October 21, 2024 to October 31, 2024, and the Department's witness testified that she will now initiate payment for HHS in that period, to the extent Petitioner is otherwise eligible.

Moreover, to the extent Petitioner's coverage changes again in the future, as a result of other requests for hearing or otherwise, she can always request retroactive payments for HHS again. With respect to the decision in this case, however, the undersigned ALJ is limited to reviewing the Department's past decision to deny retroactive payments and based on the record, the Department's decision was proper because Petitioner lacked the required Medicaid scope of coverage at the time.

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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 to retroactive payments for HHS.

IT IS, THEREFORE, ORDERED that:

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

Steven Kibit

**STEVEN KIBIT
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. 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, **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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Via First Class Mail:

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