



Date Mailed: September 5, 2025
Docket No.: 25-027276
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.

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Docket No.: 25-027276

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On August 1, 2025, Petitioner [REDACTED] requested a hearing to dispute a Home Help Services (HHS) determination. As a result, a hearing was scheduled to be held on September 3, 2025. Medicaid services hearings are held pursuant to MCL 400.9 and 400.37; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; and Mich Admin Code, R 792.11002.

The parties appeared for the scheduled hearing. Petitioner's authorized hearing representative, [REDACTED] appeared with Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Emily Piggott appear as its representative. Respondent had one witness, Adult Services Worker Monica Webster-Ingram.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 43-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

ISSUE

Did the Department properly terminate Petitioner's 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 was an HHS recipient.
2. In May 2025, an adult services worker discovered that Petitioner was living with his spouse.
3. Both Petitioner and his spouse were actively receiving public assistance benefits on the same case as members of the same home.
4. An adult services worker contacted Petitioner's spouse, and she asserted that she was separated from Petitioner. The adult services worker instructed Petitioner's spouse to provide a notarized document to prove that she was separated from Petitioner.

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5. Petitioner's spouse provided the adult services worker with a copy of her identification showing that she changed her address to [REDACTED], Michigan, on May 13, 2025. Petitioner's spouse also provided the adult services worker with a notarized statement in which she asserted that she had been living at that address for one year and six months, and that she had been separated from Petitioner for two years.
 6. On July 8, 2025, an adult services worker visited Petitioner in this home to complete a six-month review. The adult services worker observed that Petitioner's spouse's name was listed as a resident of Petitioner's home by the doorbell for Petitioner's home. When the adult services worker entered Petitioner's home, the adult services worker discovered that Petitioner's spouse was staying in Petitioner's home. Petitioner's spouse stated that she was living with Petitioner in his home, and she stated that she was working 50 hours per week. The adult services worker informed Petitioner that his spouse was responsible for caring for him, and the adult services worker instructed Petitioner that he would have to provide proof that his spouse is unavailable to care for him in order to be eligible for HHS.
 7. On July 9, 2025, the Department mailed a negative action notice to Petitioner. The negative action notice stated, "you cannot have a responsible caregiver (spouse) and be in [the] Home Help Program unless your spouse verifies employment or they are too sick to work. Please provide adequate documentation as requested by adult services worker at the last review or your case will be denied effective July 23, 2025."
 8. The Department did not receive any proof that Petitioner's spouse was unable or unavailable to care for Petitioner.
 9. On July 23, 2025, the Department terminated Petitioner's HHS in accordance with the July 9, 2025, negative action notice.
 10. Petitioner requested a hearing to dispute the Department's decision.

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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 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 health professional and may be provided by individuals or by private or public agencies.

When an HHS recipient has a responsible relative, HHS may only be authorized for the services or times when the responsible relative is unavailable or unable to provide care. ASM 130 (September 1, 2021), p. 2. A responsible relative includes an HHS recipient's spouse. *Id.* Unavailable means the responsible relative is absent from the home for an extended period of time due to employment, school, or other legitimate reasons. *Id.* Unable means the responsible relative has disabilities that are documented and verified by a medical professional that prevent her from providing care. *Id.*

In this case, Petitioner had a responsible relative because Petitioner lived with his spouse. Although Petitioner denied that he was living with his spouse, the evidence gathered by the adult services worker assigned to Petitioner's case established that Petitioner was living with his spouse. Petitioner and his spouse were actively receiving public assistance benefits on the same case as members of the same home, Petitioner's spouse's name was listed as a resident of Petitioner's home by the doorbell to Petitioner's home, and Petitioner and his spouse were living together when the adult services worker visited Petitioner in his home on July 8, 2025.

Since Petitioner had a responsible relative, HHS could only be authorized for the services or times when his responsible relative was unavailable or unable to provide care for him. The Department properly instructed Petitioner that he would have to provide proof that his spouse was unavailable or unable to provide care for him, and Petitioner did not provide any proof to the Department to establish that his spouse was unavailable or unable to provide care for Petitioner. Thus, the Department properly determined that Petitioner's spouse was a responsible relative who was able and available to provide care for Petitioner, and the Department properly determined that Petitioner was ineligible for HHS. Accordingly, the Department properly terminated Petitioner's HHS in accordance with ASM 170, which requires the Department to terminate HHS when a client fails to meet any of the eligibility requirements. ASM 170 (May 1, 2025), p. 2.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Petitioner's HHS.

IT IS ORDERED that the Department's decision is **AFFIRMED**.



JEFFREY KEMM
ADMINISTRATIVE LAW JUDGE

25-027276

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://irs.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:

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Via First Class Mail:

Authorized Hearing Representative

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Petitioner

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