

Date Mailed: November 21, 2025  
Docket No.: 25-027614  
Case No.: [REDACTED]  
Petitioner: [REDACTED]

## **DECISION AND ORDER**

On August 4, 2025, Petitioner [REDACTED] requested a hearing to dispute a Home Help Services (HHS) determination. The Michigan Department of Health and Human Services forwarded Petitioner's hearing request to the Michigan Office of Administrative Hearings and Rules (MOAHR) to schedule a hearing, and MOAHR scheduled a hearing to be held on September 11, 2025. MOAHR initially dismissed Petitioner's hearing request after Petitioner failed to appear for the hearing on September 11, 2025. However, MOAHR then discovered that it did not properly notify Petitioner of the September 11, 2025, hearing, so MOAHR vacated the dismissal and scheduled a hearing to be held on November 19, 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 for Petitioner. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Emily Piggott appear as its representative. Respondent had one witness, Home Help Supervisor Chrystyna Head. There were no other participants.

Both parties provided sworn testimony, and two exhibits were admitted into evidence. A 37-page packet of documents provided by the Department was admitted into evidence as Exhibit A, and a 22-page addendum packet of documents provided by the Department was admitted into evidence as Exhibit B.

### **ISSUE**

Did the Department properly deny Petitioner's request for 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. In June 2025, Petitioner requested HHS from the Department.
2. The Department reviewed Petitioner's Medicaid and determined that Petitioner did not have Medicaid coverage at the time; the Department determined that Petitioner's Medicaid coverage ended on April 30, 2025.

3. The Department determined that Petitioner was ineligible for HHS because he did not have Medicaid coverage.
4. On July 23, 2025, the Department mailed a negative action notice to Petitioner to notify him that his request for HHS was denied because he did not have Medicaid coverage.
5. 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.

HHS is available if a client meets all eligibility requirements. ASM 105 (June 1, 2020), p. 1. One of the eligibility requirements is that a client must be Medicaid eligible. *Id.* at 1. A client is Medicaid eligible if the client has Medicaid with one of the following scope of coverage codes: 1F, 2F, 1D, 1K, 1T, 3G, 7W, or 8L. *Id.* Petitioner was not Medicaid eligible because Petitioner did not have any Medicaid coverage. Therefore, the Department properly determined that Petitioner did not meet the requirements to be eligible for HHS.

The Department properly determined that Petitioner did not meet the eligibility criteria for HHS in accordance with ASM 105, and the Department properly notified Petitioner that his request for HHS was denied in accordance with ASM 150. Petitioner did not present sufficient evidence to establish that the Department's decision should be reversed. Therefore, the Department's decision to deny Petitioner's request for HHS is affirmed. Petitioner may reapply for HHS if his Medicaid coverage changes.

Petitioner asserted that he wanted to dispute his Medicaid eligibility. Petitioner may contact an eligibility specialist at his local Michigan Department of Health and Human Services (MDHHS) office to find out more information about his Medicaid eligibility. Petitioner may also request a hearing to dispute his Medicaid eligibility by providing a hearing request to his local MDHHS office. Petitioner's hearing request should state the reason for his hearing request, such as "I want a hearing to dispute my Medicaid eligibility." Petitioner's hearing request must be in writing and signed by Petitioner.

**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 for HHS.

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



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**JEFFREY KEMM**  
**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://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](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.

**Via Electronic Mail:**

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**Via First Class Mail:**

**Petitioner**

[REDACTED]  
MI [REDACTED]

**Authorized Hearing Representative**

[REDACTED]  
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