



Date Mailed: September 26, 2025
Docket No.: 25-029669
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [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.

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Docket No.: 25-029669

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On August 21, 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 24, 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 appeared and represented himself. 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 Specialist Jamie Campbell-Baker. An Arabic interpreter, Peter Chona, interpreted the hearing. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 59-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. On July 8, 2025, Petitioner's HHS provider responded to an adult services worker's inquiry, and Petitioner's HHS provider indicated that Petitioner was married to [REDACTED]
3. On July 14, 2025, an adult services worker met with Petitioner at his home to complete an assessment. Petitioner, [REDACTED] Petitioner's HHS provider, and the adult services worker were present. Petitioner reported that he was married to [REDACTED] and he reported that he was living alone. Petitioner reported that

- ██████████ and their child lived in a different apartment in the same building at ██████████.
4. The adult services worker reviewed Petitioner's public assistance benefits case and discovered that Petitioner reported to the Department that ██████████ and their child were living together with Petitioner as of February 11, 2025. The Department discovered that ██████████ was still actively receiving Medicaid on Petitioner's case.
 5. The adult services worker concluded that Petitioner and ██████████ were living together, and the adult services worker determined that ██████████ was a responsible relative.
 6. Petitioner provided the Department with a medical needs form for ██████████ in which a registered dietician nutritionist (RDN) certified that ██████████ was pregnant and needed assistance with personal care activities. The RDN asserted in the form that she was not a Medicaid enrolled provider.
 7. The adult services worker reviewed the medical needs form for ██████████, and the adult services worker determined that it was insufficient to establish that ██████████ was unable to provide care for Petitioner.
 8. On August 6, 2025, the Department mailed a negative action notice to Petitioner. The negative action informed Petitioner that his HHS was terminated, effective August 31, 2025, because Petitioner had a spouse who was available and able to provide care for Petitioner.
 9. 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. 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. Neither Petitioner nor Petitioner's spouse provided sufficient evidence to establish that Petitioner's spouse was unavailable or unable to provide care for Petitioner.

Petitioner provided the Department with a medical needs form for [REDACTED] which an RDN certified that [REDACTED] was pregnant and needed assistance with personal care activities. The Department properly determined that the medical needs form was insufficient to establish that [REDACTED] was unable to provide care for Petitioner. The form was not completed by a physician, nurse practitioner, occupational therapist, physical therapist, physician assistant, or other medical professional with sufficient knowledge of [REDACTED] medical condition. Thus, the information in the form was insufficient to establish that [REDACTED] was unable to provide care for Petitioner.

The Department properly determined that Petitioner's spouse was a responsible relative who was available and able 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

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.



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