



Date Mailed: October 14, 2025
Docket No.: 25-031389
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.

Date Mailed: October 14, 2025

Docket No.: 25-031389

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On September 4, 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 October 8, 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 with his authorized hearing representative, [REDACTED]. Respondent Michigan Department of Health and Human Services (Department) had Appeals Review Officer Emily Piggott appear as its representative. Respondent had two witnesses: Adult Services Specialist Gina Kirn and Adult Services Supervisor Julia Willis. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 34-page packet of documents provided by the Department was admitted into evidence as Exhibit A.

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. On August 1, 2025, Petitioner requested HHS from the Department.
2. Effective August 1, 2025, Petitioner had Medicaid with a scope of coverage code of 1Y.
3. An adult services worker determined that Petitioner was ineligible for HHS because his Medicaid did not cover HHS.
4. On August 5, 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 qualifying Medicaid.

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 had Medicaid with a scope of coverage code of 1Y as of August 1, 2025. Thus, Petitioner was not Medicaid eligible as of August 1, 2025. 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.

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**.



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.



Via Electronic Mail:

Agency/Department Representative

EMILY PIGGOTT
MDHHS APPEALS
P.O. BOX 30807
LANSING, MI 48909
PIGGOTTE2@MICHIGAN.GOV

Respondent

MDHHS APPEALS
PO BOX 30807
LANSING, MI 48909
MDHHS-APPEALS@MICHIGAN.GOV

Department Contact

MICHELLE MARTIN
MDHHS
400 S PINE ST 5TH
LANSING, MI 48933
MDHHS-HOME-HELP-POLICY@MICHIGAN.GOV

Agency/Department Representative

SHERRY REID
MDHHS GREENVIEW ADULT SERVICES
19340 GREENVIEW AVE STE 200
DETROIT, MI 48219
MDHHS-WC-MAHSHEARING@MICHIGAN.GOV

Via First Class Mail:

Authorized Hearing Representative

[REDACTED]
[REDACTED] MI [REDACTED]

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]