

Date Mailed: February 26, 2026
Docket No.: 26-001303
Case No.: [REDACTED]
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 February 12, 2026. [REDACTED], Petitioner's caregiver, utilizing an interpreter, appeared and testified on Petitioner's behalf. Emily Piggott, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Lindsey Rinker, 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 1-56. Petitioner did not submit any proposed exhibits.

ISSUE

Did the Department properly terminate Petitioner's Home Help Services (HHS)?

FINDINGS OF FACT

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

1. In April of 2022, Petitioner was approved for HHS through the Department. (Exhibit A, page 8).
2. At that time, Petitioner was dually enrolled in Medicare and Medicaid, and he was approved for HHS through a time limited project approved by the Centers for Medicaid and Medicare (CMS). (Exhibit A, pages 10, 23).
3. That approved time limited project was to end on December 31, 2025, with Petitioner to be transitioned into the MI Coordinated Health (MICH) program. (Exhibit A, pages 10, 14, 23).
4. On December 15, 2025, the Department's Economic Stability Administration issued ASN 2025-12, which stated in part that, effective January 1, 2026, many home help clients would be transitioned into the

MICH program; clients enrolled in MICH are not eligible to receive services through MICH and the Home Help program; ASWs must contact each affected clients prior to issuing a case closure; and that clients who want to continue HHS would need to contact Medicare enrollment or their MICH plan to disenroll from MICH, which may take some time. (Exhibit A, pages 23-27).

5. The Department subsequently sent Petitioner a letter stating in part:

Our records indicate that your insurance plan will change on 01/01/2026 to MICH HIDE SNP. As a result of this change in your insurance enrollment, you will NOT qualify for Adult Home Help Services after 12/31/2025. If you do not want to transition to the new MICH program, you must work with their plans or contact Medicare as described below.

To disenroll, you can call your plan directly or Medicare at, 1-800-Medicare (1-800-633-4227), if you do not opt out of the SNP your Home Help case will no longer be able to make payment on 1/1/26 and terminated on the listed action date.

Exhibit A, page 14

6. On December 23, 2025, the Department also sent Petitioner written notice that his HHS would be terminated on February 28, 2026, because he does not have qualifying Medicaid. (Exhibit A, pages 15-17).
7. Effective January 1, 2026, Petitioner was enrolled in the Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) program called MICH, with Aetna Health Holdings, LLC as his provider. (Exhibit A, page 10).
8. On January 14, 2026, MOAHR received the request for hearing filed in this matter. (Exhibit A, page 4).

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 (10-1-2025) 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.

* * *

Appropriate Program Enrollment Type Code

The program enrollment type (PET) code will indicate if the client is enrolled in other personal care programs. The PET information can be found in MiAIMS by clicking the Check *MA/PET* button; see ASM 125, Coordination with Other Services, for a list of PET codes.

ASM 105, pages 1. 3

Moreover, other personal care programs referenced in ASM 105, ASM 126 (1-1-2026) also provides in part:

INTRODUCTION

Effective January 1, 2026, the MI Health Link (MHL) program transitioned to a Highly Integrated Dual Eligible Needs Plan (HIDE SNP) program, called MI Coordinated Health (MICH). A HIDE SNP is a specific type of Medicare Advantage plan that is designed to meet the needs of those dually eligible for Medicare and Medicaid. HIDE SNPs provide aligned coverage of most Medicaid benefits, excluding certain behavioral health services but including long-term services and supports, under a capitated contract that meets the requirements set forth in 42 CFR 422.107. The MICH program operates under concurrent 1915b/c waiver authorities. The HIDE SNP program is operational in limited regions of the state of Michigan.

The goals of the program are to improve coordination of support and services offered through Medicare and Medicaid, enhance quality of life, improve quality of care, and align financial incentives.

* * *

INTEGRATED DUAL ELIGIBLE SPECIAL NEEDS PLANS (HIDE SNPS)

MDHHS and Center for Medicaid and Medicare Services (CMS) contracts with managed care entities called Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) to provide Medicare and Medicaid covered acute and primary health care, pharmacy, dental and long term supports and services (nursing facility and home and community-based services). The MI Coordinated Health program also includes a home and community-based services (HCBS) waiver for MI Coordinated Health enrollees who meet nursing facility level of care, choose to live in the community rather than an institution, and have a need for at least one of the waiver services.

The Michigan Pre-Paid Inpatient Health Plans (PIHP) in the four demonstration regions are responsible for providing all Medicare and Medicaid behavioral health services for individuals who have mental illness, intellectual/developmental disabilities, and/or substance use disorders.

* * *

COVERED SERVICES

The MI Coordinated Health program offers an array of services to dually eligible individuals enrolled in the program. Covered services include all health care services covered by Medicare and Medicaid:

* * *

- Home Health Services

* * *

HOME HELP

Dual eligible clients enrolled in MI Coordinated Health must receive personal care services through the HIDE SNP. Individuals enrolled under this program may not receive services from Home Help or Adult Community Placement and MI Coordinated Health concurrently. If the client chooses MI Coordinated Health, the ASW must close the Home Help case.

Individuals in MI Coordinated Health may choose to enroll or disenroll monthly as permitted by Medicare rules. An individual enrolled and receiving personal care services from a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) in one month may choose to dis-enroll from MI Coordinated Health and reapply for Home Help or Adult Community Placement the following month.

Treat Home Help referrals received from a former MI Coordinated Link plan disenrolled client as a **priority** to limit the disruption of continuity of care.

Home Help Individual Caregivers

The Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) must make every effort to bring existing Home Help individual caregivers into their network via contracts or other agreements if the enrollee chooses to maintain their current individual caregiver. Individuals must meet the requirements for personal care individual caregivers set by the HIDE SNP policy including passing a criminal history screen.

Individuals providing personal care services to a client enrolled in the HIDE SNP plan must contact the HIDE SNP to discuss enrollment as a network provider to receive payment for personal care services provided.

Refer individual caregivers with questions regarding the transition from Home Help to the MI Coordinated Health program to MDHHS Provider Support Services medical line at 1-800-292-2550.

PROGRAM ENROLLMENT TYPE (PET) CODES

Review the client's program enrollment type (PET) code to determine enrollment in other programs in order to effectively coordinate Home Help services and avoid duplication of services. Adult services workers will be able to identify when a client is receiving services from MI Coordinated Health when one of the Integrated Care Organizations is listed as the Medicaid provider under the PET code . . .

ASM 126, pages 1-3, 5-6, 8-9

As described in the above policies, HHS are only available if a client meets all eligibility requirements, including having a listed scope of Medicaid coverage and appropriate program enrollment type (PET) code, and the Department may suspend or terminate home help services when a client lacks the required Medicaid eligibility.

In this case, the Department terminated Petitioner's HHS on the basis that he no longer had a PET code that meets the eligibility requirements for HHS.

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 an appropriate PET code; and, as credibly testified to by the Department's witness, provided for in its exhibit and undisputed by Petitioner, Petitioner no longer has one of those codes.

Specifically, Petitioner was enrolled in a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) called MI Coordinated Health (MICH) effective January 1, 2026; and, as expressly provided by ASM 126, individuals cannot receive services from both programs concurrently and, if a client is enrolled in MICH, the ASW must close the Home Help case.

In response, Petitioner's representative testified that she and Petitioner do not care which program Petitioner is enrolled in, and that the most important thing is that the services are still there. She also testified that they have not heard anything from a new plan or from Petitioner's caregiver agency, where Petitioner's representative is employed as Petitioner's caregiver.

However, while the undersigned ALJ understands that Petitioner might not care which program he is in so long as he receives the necessary services, the ALJ is also bound by the applicable policies and, given Petitioner's enrollment in the HIDE SNP program, those policies dictate that Petitioner's HHS be terminated.

As discussed during the hearing, Petitioner is free to pursue disenrolling from MICH. However, he has not done so yet and, given Petitioner's enrollment in another program, the Department's decision to terminate Petitioner's HHS case was proper.

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, THEREFORE, ORDERED that:

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



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://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 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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