

Date Mailed: March 6, 2026

Docket No.: 26-002290

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

On January 26, 2026, Petitioner [REDACTED] requested a hearing to dispute a Home Help Services (HHS) determination. As a result, a hearing was scheduled to be held on March 4, 2026. 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. Appeals Review Office Florence Scott-Emuakpor appeared as a representative for Respondent Michigan Department of Health and Human Services (Department). Respondent had one witness, Adult Services Worker Heather Belanger. There were no other participants.

Both parties provided sworn testimony, and one exhibit was admitted into evidence. A 26-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. Beginning December 1, 2025, Petitioner had Medicaid with a scope of coverage code of 1Y, and Petitioner had a \$ [REDACTED] monthly deductible.
2. On December 4, 2025, Petitioner requested HHS from the Department.
3. The Department assessed Petitioner's need for services, and the Department determined that Petitioner had a need for 52 hours and 19 minutes of HHS per month.
4. The Department determined that the total cost of Petitioner's HHS time equaled approximately \$890.00.

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5. The Department determined that Petitioner was ineligible for HHS because his Medicaid did not cover HHS, and the cost of his HHS did not exceed his deductible.
 6. On January 14, 2026, 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.
 7. 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 (October 1, 2025), 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 did not have Medicaid with a scope of coverage code of 1F, 2F, 1D, 1K, 1T, 3G, 7W, or 8L. Thus, Petitioner was not Medicaid eligible.

A client who has Medicaid with a deductible may become eligible to receive HHS under the personal care option if the cost of the client's HHS exceeds the client's deductible. *Id.* at 2. The cost of Petitioner's HHS was approximately \$890.00 per month, and Petitioner's deductible was \$[REDACTED] per month, so the cost of Petitioner's HHS did not exceed his deductible. Thus, Petitioner was not eligible to receive HHS under the personal care option.

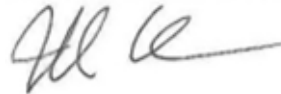
The Department properly determined that Petitioner did not meet the eligibility criteria for HHS in accordance with ASM 105, and the Department properly notified Petitioner that his request for HHS was denied in accordance with ASM 150. Petitioner did not present sufficient evidence to establish that 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 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**.



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 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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Via First Class Mail:

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[REDACTED]
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