

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 July 1, 2025, Petitioner had Medicaid with a scope of coverage code of 2B.
2. On January 2, 2026, Petitioner requested HHS from the Department.
3. The Department determined that Petitioner was ineligible for HHS because her Medicaid did not cover HHS.
4. On January 20, 2026, the Department mailed a negative action notice to Petitioner to notify her that her request for HHS was denied because she 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 (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.

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 her 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 her Medicaid coverage changes.

Petitioner may contact an eligibility specialist at her local Michigan Department of Health and Human Services (MDHHS) office to find out more information about her Medicaid eligibility. Petitioner may also request a hearing to dispute her Medicaid eligibility by providing a hearing request to her local MDHHS office. Petitioner's hearing request should state the reason for her 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**.