STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

[redacted],

Appellant
______________________/

Docket No. 2009-33944 HHS
Case No. [redacted]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held [redacted]. [redacted] was represented by [redacted].

The Department was represented by [redacted]. [redacted] appeared as a witness on behalf of the Department. [redacted] appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly terminate the Appellant's HHS payments due to not having full coverage Medicaid?

FINDINGS OF FACT

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

1. The Appellant was formerly a full coverage Medicaid beneficiary who applied for Home Help Services.

2. The Appellant's Medicaid status changed from full coverage Medicaid to spend-down effective [redacted].

3. The Department of Human Services determined the Appellant would not be eligible for Home Help Services because effective [redacted], she would not be eligible for full coverage Medicaid.

4. The Appellant's Medicaid deductible is [redacted] per month.

5. The Appellant's Home Help Services case was evaluated and it was determined she would require [redacted] per month in Home Help Services payments.

6. The Appellant contests the Department action to place her on Medicaid deductible status.

7. The Appellant sought to contest the determination by DHS that she is no longer eligible for full coverage Medicaid, thus appealed the decision. She was informed she would have a hearing scheduled for this issue but could not address it at this hearing.

8. The Appellant's Medicaid co-pay does exceed the amount of HHS she is potentially eligible for.

9. The Appellant was notified that her HHS application would be denied due to her lack of full coverage Medicaid and her payment not meeting or exceeding her deductible amount.

10. The Appellant requested an administrative hearing contesting the denial of her HHS application on [redacted].

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 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 physician and may be provided by individuals or by private or public agencies.

ELIGIBILITY FOR HOME HELP SERVICES

> Home help services (HHS) are defined as those, which the Agency is paying for through Title XIX (Medicaid) funds. The customer must be eligible for Medicaid in order to receive these services.

Medicaid/Medical Aid (MA)

Verify the customer's Medicaid/Medical aid status.

> The customer may be eligible for MA under one of the following:

> • All requirements for MA have been met, **or**
> • MA spend-down obligation has been met.
>
> The client must have a scope of coverage of:
>
> - 1F or 2F, **or**
> - 1D or 1K (Freedom to work), **or**
> - 1T (Healthy Kids Expansion).
>
> Clients with eligibility status of 07 (Income scale 2-Non MA) and scope of coverage 20 or 2B are **not** eligible for Medicaid until they have met their MA deductible obligation.
>
> An ILS case may be opened (service program 9) to assist the client in becoming MA eligible. However, do **not** authorize HHS payment prior to the MA eligibility date. The payment must be prorated if the eligibility period is less than the full month. To prorate, divide the monthly care cost by the number of days in the month. Then, multiple (sic) that daily rate by the n umber of eligible days.
>
> **Note**: A change in the scope of coverage by the eligibility specialist (ES) will generate a DHS-5S for cases active to services programs 1, 7, and 9.

Adult Services Manual (ASM) 6-1-2007

The material facts are not in dispute. The Appellant has a monthly Medicaid deductible (spend-down). Although the Appellant has contested the determination that she has a spend-down, she will have a separate hearing to contest that determination. The amount of her monthly spend-down exceeds the potential HHS payments she would receive from the Department each month, therefore she does not qualify for the program at this time. Policy requires a HHS participant to have full coverage Medicaid or have a HHS payment that exceeds her Medicaid deductible in order to be eligible for the HHS program.

The fact that the Appellant has contested the DHS determination that she is no longer eligible for Medicaid due to her income level and must meet a deductible each month before she qualifies for Medicaid will be addressed at a hearing she will be notified of in the future.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's HHS application.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Jennifer Isiogu
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

Date Mailed: 10/6/2009

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.