

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909  
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IN THE MATTER OF:

\_\_\_\_\_,  
Appellant

Docket No. 2009-13300 HHS  
Case No. \_\_\_\_\_  
Load No. \_\_\_\_\_

**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 on \_\_\_\_\_. \_\_\_\_\_ appeared on his own behalf. \_\_\_\_\_, chore provider for the Appellant appeared and testified on his behalf. \_\_\_\_\_, represented the Department. Her witness was \_\_\_\_\_.

**ISSUE**

Did the Department properly deny Home Help Services payments to the Appellant?

**FINDINGS OF FACT**

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

1. A hearing was held on this matter \_\_\_\_\_.
2. The Appellant applied for Home Help Services assistance in \_\_\_\_\_.
3. On \_\_\_\_\_, the Appellant's Medicaid status changed from full coverage to a spend down of over \_\_\_\_\_ per month. Effective \_\_\_\_\_, the Appellant was not an active Medicaid beneficiary.
4. On \_\_\_\_\_, the Department sent the Appellant a Negative action Notice (DHS 1212) informing him that his request for Home Help Services (HHS) was being denied.
5. The Appellant's Medicaid co-pay (formerly spend down) exceeds the amount of HHS for which he is potentially eligible. He is not Medicaid eligible at this time and his need for HHS is less than his monthly Medicaid co-payment.

6. The Appellant requested a formal, administrative hearing [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.

*Adult Services Manual (ASM) 4-1-2004, Page 8 of 27*

The Adult Services Manual further specifies that in order to be eligible for HHS:

- The client must be eligible for Medicaid
- Have a scope of coverage of:
  - 1F or 2F,
  - 1D or 1K, (Freedom to work), or
  - 1T (Healthy Kids Expansion).

Adult Services Manual (ASM) 362 page 2 of 5.  
Version date: 12/1/2007

[REDACTED]

Docket No. 2009-13300 HHS

Decision and Order

The material facts are not in dispute. Appellant has a monthly spend down of [REDACTED] before he is Medicaid eligible. His scope of coverage is 20. He must have a scope of coverage as stated in the policy cited above. The Appellant is not Medicaid eligible at this time as he has not met his spend down.

The Appellant did testify credibly that he did not understand the spend down and his income has not changed recently. He did have full coverage Medicaid, according to Department records, prior to [REDACTED]; however, this does not alter the material facts. He is not currently Medicaid eligible; participation in the Home Help Services program requires full coverage current Medicaid eligibility.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Appellant's request for Home Help Services.

**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:

[REDACTED]

Date Mailed: 3/20/2009

**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules for the Department of Community Health 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 for the Department of Community Health 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.