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:

Docket No. 2010-24279 HHS
Case No. [redacted]

[redacted]

Appellant
_____/

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] The Appellant represented himself at hearing. His mother, [redacted], was present.

The Department was represented by [redacted]. [redacted], [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 participated in the Home Help Services program.

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

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

4. The Appellant's Home Help Services payment was [redacted] per month.

5. The Department of Human Services determined the Appellant would not be eligible for Home Help Services because effective [redacted] he would not be eligible for full coverage Medicaid and his HHS payment did not exceed his Medicaid deductible.

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

7. The Appellant requested an administrative hearing contesting the termination of his HHS payments on or about [redacted]

CONCLUSIONS OF LAW

As a preliminary matter, the Department requested dismissal of this case based on lack of jurisdiction. The Department asserted in its hearing summary that because Appellant was not a full-coverage Medicaid recipient, and he had not met his spend-down requirement, that the State Office of Administrative Hearings and Rules (SOAHR) lacks jurisdiction over his appeal. The Department's request is denied. MCL 400.903 mandates that a hearing be granted to "any recipient who is aggrieved by an agency action resulting in suspension, reduction, discontinuance, or termination of assistance." See also 42 CFR 431.220. Here, the Department terminated Appellant's HHS benefits. Therefore, SOAHR has jurisdiction in this case.

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 department is paying for through Title XIX (Medicaid) funds. The client must be eligible for Medicaid in order to receive these services.

Medicaid/Medical Aid (MA)

Verify the client's Medicaid/Medical aid status.

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

- All requirements for MA have been met, **or**
- MA deductible 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 number 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) 363, 9-1-2008 page 7 of 24.*

The material facts of this case are not in dispute. The Appellant has a monthly Medicaid deductible (formerly spend-down). The amount of his monthly deductible exceeds the potential HHS payments he would receive from the Department each month therefore, he does not qualify for the program at this time. Policy requires a HHS participant to have full-coverage Medicaid or have an HHS payment that exceeds his Medicaid deductible in order to be eligible for the HHS program.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly terminated the Appellant's HHS case.

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: 05/19/2010

***** 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.