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. 2010-2735 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] represented herself at hearing.

The Department was represented by [redacted].

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 and participant in the Home Help Services Program.

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 coverage is only active during a month she incurs in excess of [redacted] in medical bills. Her Home Help Services assistance was provided in the approximate amount of [redacted].

5. The Appellant contests the Department's assertion she has a Medicaid deductible.

6. The Appellant sent evidence purporting to establish she has full coverage Medicaid. The Notice is dated [REDACTED], and was accepted as the Appellant's exhibit.

7. The Notice accepted into evidence does not establish the Appellant had full coverage Medicaid for any time period after [REDACTED].

8. The Appellant's Medicaid co-pay does exceed the amount of HHS she is potentially eligible for as a Home Help Assistance Payment.

9. The Appellant was notified that her HHS would be terminated 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 Appellant asserted the last Notice she received pertaining to Medicaid was that of , indicating her coverage would continue. The Department records reflect her Medicaid status changed effective . The Department records further indicate her Medicaid deductible became effective (Department Exhibit A, page 5). While this Administrative Law Judge accepted and considered the evidence presented by the Appellant, it fails to establish what she must establish to effectively refute the Department's position. Her Notice is dated . This does not evidence she has full coverage Medicaid on or after . While the Appellant asserted she did not receive any Notices after the , Notice, a failure to receive a Department Notice does not establish she has full coverage Medicaid or a spend-down that has been met. Without establishing the appropriate Medicaid coverage and its effective date, the Department's evidence of her inactive Medicaid coverage stands materially unrebutted.

The material facts have been established by the Department's evidence in this matter. The Appellant has a monthly Medicaid deductible (spend-down). 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.

DECISION AND ORDER

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

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: 1/8/2010

***** 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.