# 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	(877) 833-0870; Fax: (517)	334-9505
IN THE MATTER OF:		Docket No. 2010-28119 HHS Case No.
,		Case No.
Appellant		
	DECISION AND ORI	<u>DER</u>
	undersigned Administrative La eq., upon the Appellant's requ	w Judge (ALJ) pursuant to MCL 400.9 est for a hearing.
After due notice, a hearing on her own behalf.	g was held on	Appellant appeared appeared
, Appeals Re DHS Adult Services Wo witnesses for the Departm		Department (DHS), ult Services Supervisor; appeared as
ISSUE		
Did the Departmen through		s Home Help Services (HHS) from
FINDINGS OF FACT		
The Administrative Law Ju on the whole record, finds		ent, material and substantial evidence
Prior to     Home Help Ser	, Appellant was receiving I	Department of Human Services (DHS)
Prior to one of the criter	• •	I scope of coverage was 1F, which is gibility. (Exhibit 1 pages 13-14).
	e of coverage was changed f	HHS worker noted that Appellant's rom 1F to 20 and she had a monthly dicaid became active. (Exhibit 1 page
<u>spen</u> d-down) w		pellant's monthly deductible (Medicaid payment authorization beginning

Docket No. 2010-28119 HHS Hearing Decision & Order

- 5. On the Department mailed the Appellant an advance negative action notice indicating her Medicaid-funded adult home help chore services payment would be suspended unless she met her spend-down needed for active Medicaid. (Exhibit 1 pages 4-7).
- 6. On \_\_\_\_\_, the Department received Appellant's Request for Hearing. (Exhibit 1 page 3).

## **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 health professional and may be provided by individuals or by private or public agencies.

The issue of eligibility for home help services is addressed in *Adult Services Manual (ASM 363) 9-1-2008, Page 7 of 24:* 

## **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 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 spend-down obligation has been met.

Adult Services Manual (ASM 362) 12-1-2007, Page 2 of 5, details the scope of coverage a Medicaid beneficiary must have in order to be eligible for home help services payment:

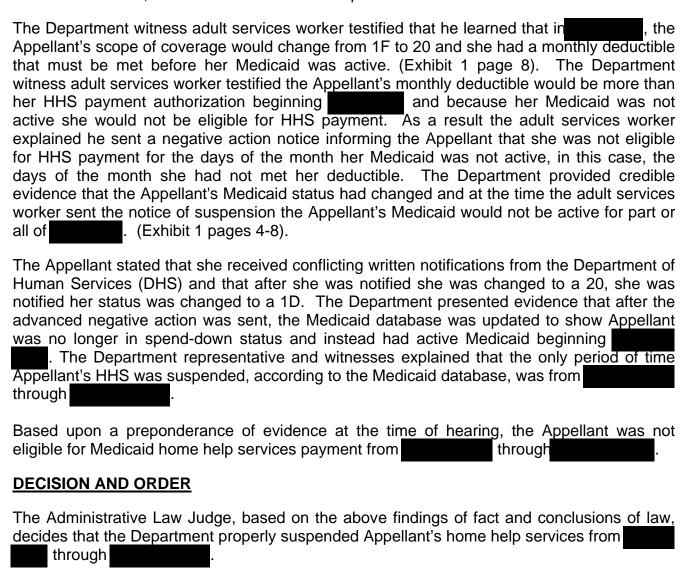
- The client must be eligible for Medicaid.
- Have a scope of coverage of:

Docket No. 2010-28119 HHS Hearing Decision & Order

_	1		or	2	
-	- 1	г	or	_	Г

1D or 1K...

The Department must implement its programs in accordance with its policies. The Department policy listed immediately above mandates that a person must be eligible for Medicaid with a scope of coverage 1F or 2F; or if a scope of coverage 20 the monthly spend-down must be met, in order to receive home help services.



Docket No. 2010-28119 HHS Hearing Decision & Order

## IT IS THEREFORE ORDERED that:

The Department's decision, that HHS payments were suspended from through , is AFFIRMED.

Lisa K. Gigliotti
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

Date Mailed: <u>06/24/2010</u>

## \*\*\* 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.