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. 2010-28780 HHS
[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 on [redacted]. The Appellant was present. She was represented by [redacted]. [redacted], the Appellant's Case Manager from [redacted], and [redacted], the Appellant's brother, also appeared as witnesses for the Appellant.

The Department was represented by Appeals Review Officer, [redacted], Adult Services Worker, appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly deny the Appellant's request for Home Help Services 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 is a bi-polar, schizophrenic, who recently suffered a stroke in [redacted] (Testimony of [redacted] and Appellant)

2. The Appellant applied for HHS benefits on [redacted], requesting help with her medications and household chores. (Testimony of [redacted])

3. As of September 1, 2009, Appellant was not eligible for full-coverage Medicaid. Rather, her eligibility status was designated as spend-down. (Exhibit 1, page 4)

4. The Appellant's Medicaid deductible is [redacted] per month. (Exhibit 1, page 8)

5. The Appellant's HHS needs were not assessed at the time of the action; however, they were later assessed at [redacted] per month in HHS payments. (Testimony of [redacted])

6. The Appellant's co-pay exceeds the amount of HHS she is potentially eligible for.

7. On [redacted], Appellant was notified that her application for HHS benefits was denied because of her lack of full-coverage Medicaid and because her payment could not meet or exceed her deductible amount. (Exhibit 1, pages 7-10)

8. The Appellant requested an administrative hearing to contest the denial of her HHS benefits on [redacted]. (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 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 (spend-down) of [redacted]. Department policy allows for a maximum of 6 hours per month for housework and 25 hours per month for meal preparation. There is no monthly maximum for medications. Appellant was not initially assessed a monthly HHS payment amount. However, she was later assessed at [redacted] per month for medications, housework, and meal preparation. Therefore, because the amount of Appellant's monthly spend-down exceeded any potential HHS payments she would receive from the Department each month, she did not qualify for the program at the time of the denial. Policy requires a HHS participant to have full-coverage Medicaid or have an HHS payment that exceeds her Medicaid deductible in order to be eligible for the HHS program.

There was testimony that the Appellant may have incurred sufficient medical bills to meet her monthly spend-down and that she is currently working with DHS on this matter. If the Appellant meets her monthly spend-down or her Medicaid eligibility changes, she may re-apply for the HHS program at that time.

The Appellant also asked that her brother be compensated for taking her to and from her doctor's appointments. She was advised to contact her DHS Medicaid worker concerning her eligibility for medical transportation reimbursement.

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 HHS benefits.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Kristin M. Heyse
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: [redacted]

Date Mailed: 5/18/2010

***** 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.