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. 2010-37517 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], son, appeared on the Appellant's behalf. [redacted] was present. [redacted], Appeals Review Officer, represented the Department. [redacted], Adult Services Specialist, and [redacted], ILS Supervisor, appeared as witnesses on behalf of the Department.

ISSUE

Did the Department properly terminate the Appellant's Home Help Services case 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 a full coverage Medicaid beneficiary, who was receiving Home Help Services. (Exhibit 1, page 10)

2. The Appellant's Medicaid status changed from full coverage Medicaid with a scope of coverage of 1F to specified low income Medicare beneficiary (pays Medicare part B premium) with a Medicaid scope of coverage of 2C effective [redacted]. (Exhibit 1, pages 11 and 14)

3. On [redacted], the Department issued an Advance Negative Action Notice informing the Appellant that his Home Help Services would terminate effective [redacted] due to his Medicaid eligibility. (Exhibit 1, pages 4-6)

4. On [redacted], the Department issued an Advance Negative Action Notice informing the Appellant that his Home Help Services would terminate effective [redacted], due to his Medicaid eligibility. (Exhibit 1, pages 7-9)

5. The Social Services Specialist has not received any notification from the Appellant's Medicaid eligibility worker that the Appellant's Medicaid eligibility has changed back to full coverage Medicaid. (Testimony)

6. The Appellant's request for an administrative hearing contesting the termination of HHS payments was received 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.

Department policy requires a Home Help Services participant to have full coverage Medicaid with a qualifying scope of coverage in order to be eligible for the HHS program. The Appellant had been a full coverage Medicaid beneficiary with a qualifying scope of coverage from [redacted]. (Exhibit 1, page 11) Effective [redacted], the Appellant's Medicaid eligibility changed to specified low income Medicare beneficiary (pays Medicare part B premium) with a Medicaid scope of coverage of 2C. (Exhibit 1, pages 11 and 14)

The Adult Services Specialist testified that she left the case open and issued two notices in effort to give the Appellant time to meet the Medicaid eligibility requirements. The Adult Services Specialist further testified that she has not received any notification from the Appellant's Medicaid eligibility worker that the Appellant's Medicaid eligibility changed back to full coverage Medicaid with a qualifying scope of coverage.

The Appellant did not meet his burden of proving, by a preponderance of evidence, that the Department improperly terminated his Home Help Services. The evidence supports the Department's determination to terminate services because the Appellant no longer had a qualifying Medicaid scope of coverage effective [redacted].

The Appellant's representative has concerns regarding the communication between the workers for the Appellant's HHS case and his Medicaid case because the HHS eligibility is dependant on the Medicaid eligibility worker's determination. He also disagrees with the Medicaid determination. As noted during the hearing, this ALJ has no jurisdiction over the Medicaid eligibility determination. A separate hearing with the Department of Human Services would be necessary and the Appellant's representative stated that he had a prehearing meeting coming up with the Medicaid eligibility worker.

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 case based upon the available information.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: [redacted]

Date Mailed: 8/24/2010

***** 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.