STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
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(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Docket No. 2010-36891 HHS
Case No. [redacted]

[redacted]lah,

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]. [redacted], the Appellant's chore provider, and [redacted], the Appellant's daughter-in-law, represented the Appellant. [redacted], Appeals Review Officer, represented the Department (DHS). [redacted], Adult Services Worker, appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly terminate the Appellant's Home Help Services (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 was receiving Home Help Services. (*See* Testimony of Sammons)
2. The Appellant's Medicaid status changed from full-coverage Medicaid to spend-down effective [redacted]. (Exhibit 1, page 9)
3. The Appellant's Medicaid deductible is [redacted] per month. (Exhibit 1, page 11)
4. The Appellant's HHS needs have been assessed at $[redacted] per month in HHS payments. (Exhibit 1, page 13)
5. The Appellant was notified that her HHS benefits were suspended, effective [redacted], due to her lack of full-coverage Medicaid. (Exhibit 1, pages 5-8)

6. The Department received a request for an administrative hearing to contest the suspension of the Appellant's 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.

The purpose of HHS is 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 are not in dispute. The Appellant was formerly a full-coverage Medicaid beneficiary who was receiving HHS. As of [redacted], the Appellant's MA eligibility changed resulting in a monthly Medicaid deductible (spend-down). The amount of her monthly spend-down ([redacted]) does not exceed her monthly HHS needs ([redacted]). Therefore, the Appellant could use her monthly HHS needs to meet her spend-down. However, the Appellant has not elected to do so. Rather, she has opted to submit medical bills to meet her monthly spend-down. The Department testified that, at the time of hearing, they have not received any confirmation that the Appellant has met her monthly spend-down amount or that her MA eligibility changed back to full-coverage Medicaid. Therefore, the Appellant does not qualify for the HHS program at this time. Policy requires a HHS participant to have full-coverage Medicaid or have met the monthly Medicaid deductible in order to be eligible for the HHS program.

The Appellant's representative and chore provider inquired about payment for services for the months she rendered services without notice of the Appellant's change in Medicaid eligibility. Unfortunately, because the Appellant did not qualify for the HHS program after [redacted], payment for HHS services rendered after that date cannot be authorized.

The Appellant's representatives also raised concerns about the spend-down determination made by the Appellant's Medicaid eligibility worker. A separate hearing with the Department of Human Services will be scheduled to address this issue.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

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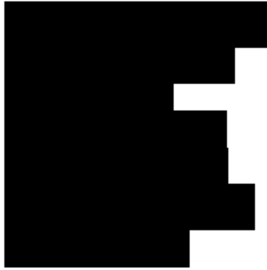
Kristin M. Heyse
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: 

Date Mailed: ___6/28/2010____

***** 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.