

**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:

██████████

Appellant

\_\_\_\_\_ /

Docket No. 2010-5350 HHS

██████████

**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 ██████████. ██████████, son, appeared on the Appellant's behalf. ██████████, Appeals Review Officer, represented the Department (DHS). ██████████ Adult Services Supervisor, appeared as a witness on behalf of the Department.

**ISSUE**

Did the Department properly terminate the Appellant's HHS payment for the month of ██████████ 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 (HHS).
2. The Appellant's Medicaid status changed from full coverage Medicaid to a Qualified Medicare Beneficiary effective ██████████. (Exhibit 1, page 7)
3. The Appellant's Medicaid status returned to full Medicaid coverage ██████████. (Exhibit 1, page 7)
4. The Appellant contests the Department action changing the Medicaid status for the month of ██████████. A separate hearing with the Department will be scheduled to address the issue of Medicaid eligibility.

5. On [REDACTED], the Department sent a letter to the Appellant notifying her that the HHS payments were suspended effective [REDACTED], due to the change in her Medicaid Status. (Exhibit 1, page 5)
6. The Appellant requested an administrative hearing contesting the termination of HHS payments on [REDACTED]. (Exhibit 1, pages 3-4)

### **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) 9-1-2008*

The Appellant was formerly a full coverage Medicaid beneficiary who was receiving Home Help Services. As of [REDACTED], the Appellant's MA eligibility changed to a Qualified Medicare Beneficiary. (Exhibit 1, Page 7). This resulted in a change in her scope of coverage from a "1F" to a "2B". (Exhibit 1, page 8). The change was only effective for the month of [REDACTED] the Appellant's Medicaid status changed back to full coverage Medicaid with a scope of coverage of "1F". (Exhibit 1, pages 7-8)

The Appellant's representative contests the change in Medicaid eligibility for the month of [REDACTED]. There was some testimony presented by both the Appellant's representative and the Department witness that this one month change may have been due to a computer error as at that time the Department was converting cases into a new computer system. However, this ALJ does not have jurisdiction over the Medicaid eligibility determination. A separate hearing with the Department will be scheduled to address the issue of Medicaid eligibility.

This ALJ is limited to reviewing whether the Department properly suspended the HHS payment for the month of [REDACTED]. The Department witness testified that on the date of the hearing, she checked the computer system and confirmed that the Appellant's Medicaid status for the month of [REDACTED], had not changed and still showed as a Qualified Medicaid Beneficiary with a scope of coverage of "2B". Based on the information available to the Department's Adult Services Worker, the Appellant does not meet the criteria to qualify for Home Help Services for the month of [REDACTED], because she does not have full Medicaid coverage for that month.

### **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 payment for the month of [REDACTED], based upon the available information.

[REDACTED]  
Docket No. 2010-5350 HHS  
Decision and Order

**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: 1/6/2010

**\*\*\* 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.