

**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. 2010-16063 HHS  
Case No. ██████████

**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 ██████████. ██████████ appeared on her own behalf. ██████████, and ██████████ were also present.

██████████, represented the Department of Community Health (DCH or Department). ██████████, appeared as a witness for the Department. ██████████ and ██████████, were also present.

**ISSUE**

Did the Department properly terminate Appellant's home help services?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Prior to ██████████ Appellant was eligible for Medicaid and was receiving Department of Human Services (DHS) Home Help Services.
2. On ██████████ the Appellant's Medicaid was terminated for failure to complete redetermination paperwork. (Exhibit 1 pages 5-8).
3. On ██████████ the Department mailed the Appellant an advance negative action notice indicating her Medicaid-funded adult home help chore services would be terminated because she was no longer eligible for Medicaid. (Exhibit 1 pages 5-6).

**Case Name:** [REDACTED]  
**Docket No.** 2010-16063 HHS  
**Hearing Decision & Order**

4. On [REDACTED] 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.

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 or the monthly spend-down must be met in order to receive home help services.

The Department witness adult services worker testified that she learned that the Appellant was no longer eligible for Medicaid and as a result she sent a negative action notice informing the Appellant that she was no longer eligible for Medicaid. The Department provided credible evidence that the Appellant's Medicaid status had changed and at the time the HHS worker sent the notice of denial/withdrawal the Appellant was not eligible for Medicaid.

The Appellant's husband testified that he misplaced the Medicaid application redetermination

**Case Name:** [REDACTED]  
**Docket No.** 2010-16063 HHS  
**Hearing Decision & Order**

paperwork and the redetermination information was not provided to DHS. The DHS FIS worker was present and testified that Appellant's daughter assisted with the redetermination paperwork so Appellant's MA application was being processed. It was explained that the DHS office has Jurisdiction over Medicaid eligibility issues, not the Department of Community Health (DCH).

The Appellant did not establish by a preponderance of evidence that she was eligible for Medicaid home help services at the time the Department's HHS termination notice was sent. The Department provided sufficient evidence that the Appellant was not eligible for Medicaid and therefore was not eligible for HHS home help services.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Appellant's home help services.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

---

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

cc:



Date Mailed: 4/13/2010

**\*\*\* 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.