

**STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

Docket No. 2010-28119 HHS  
Case No. [REDACTED]

[REDACTED],

Appellant

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**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) 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]. Appellant [REDACTED] appeared on her own behalf.

[REDACTED], Appeals Review Officer, represented the Department (DHS). [REDACTED], DHS Adult Services Worker; [REDACTED], DHS Adult Services Supervisor; appeared as witnesses for the Department.

**ISSUE**

Did the Department properly suspend Appellant's Home Help Services (HHS) from [REDACTED] through [REDACTED]?

**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 [REDACTED], Appellant was receiving Department of Human Services (DHS) Home Help Services. (Exhibit 1 pages 13-14).
2. Prior to [REDACTED] the Appellant's Medicaid scope of coverage was 1F, which is one of the criteria for Home Help Services eligibility. (Exhibit 1 pages 13-14).
3. On or before [REDACTED], the Appellant's HHS worker noted that Appellant's Medicaid scope of coverage was changed from 1F to 20 and she had a monthly deductible that must be met before her Medicaid became active. (Exhibit 1 page 15).
4. The Appellant's HHS worker noted that Appellant's monthly deductible (Medicaid spend-down) would be more than her HHS payment authorization beginning [REDACTED]. (Exhibit 1 page 13).

5. On [REDACTED] the Department mailed the Appellant an advance negative action notice indicating her Medicaid-funded adult home help chore services payment would be suspended unless she met her spend-down needed for active Medicaid. (Exhibit 1 pages 4-7).
6. 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.

*Adult Services Manual (ASM 362) 12-1-2007, Page 2 of 5*, details the scope of coverage a Medicaid beneficiary must have in order to be eligible for home help services payment:

- The client must be eligible for Medicaid.
- Have a scope of coverage of:

- 1F or 2F
- 1D or 1K...

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 with a scope of coverage 1F or 2F; or if a scope of coverage 20 the monthly spend-down must be met, in order to receive home help services.

The Department witness adult services worker testified that he learned that in [REDACTED], the Appellant's scope of coverage would change from 1F to 20 and she had a monthly deductible that must be met before her Medicaid was active. (Exhibit 1 page 8). The Department witness adult services worker testified the Appellant's monthly deductible would be more than her HHS payment authorization beginning [REDACTED] and because her Medicaid was not active she would not be eligible for HHS payment. As a result the adult services worker explained he sent a negative action notice informing the Appellant that she was not eligible for HHS payment for the days of the month her Medicaid was not active, in this case, the days of the month she had not met her deductible. The Department provided credible evidence that the Appellant's Medicaid status had changed and at the time the adult services worker sent the notice of suspension the Appellant's Medicaid would not be active for part or all of [REDACTED]. (Exhibit 1 pages 4-8).

The Appellant stated that she received conflicting written notifications from the Department of Human Services (DHS) and that after she was notified she was changed to a 20, she was notified her status was changed to a 1D. The Department presented evidence that after the advanced negative action was sent, the Medicaid database was updated to show Appellant was no longer in spend-down status and instead had active Medicaid beginning [REDACTED]. The Department representative and witnesses explained that the only period of time Appellant's HHS was suspended, according to the Medicaid database, was from [REDACTED] through [REDACTED].

Based upon a preponderance of evidence at the time of hearing, the Appellant was not eligible for Medicaid home help services payment from [REDACTED] through [REDACTED].

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly suspended Appellant's home help services from [REDACTED] through [REDACTED].

[REDACTED]  
Docket No. 2010-28119 HHS  
Hearing Decision & Order

**IT IS THEREFORE ORDERED** that:

The Department's decision, that HHS payments were suspended from [REDACTED] through [REDACTED], is **AFFIRMED**.

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

cc:

[REDACTED]

Date Mailed: 06/24/2010

**\*\*\* 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.