

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

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IN THE MATTER OF:

██████████,

Appellant

Docket No. 2010-51267 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. ██████████, appeared on behalf of the Appellant.

██████████, represented the Department (DHS). ██████████ appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's Home Help Services (HHS) in ██████████
██████████?

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 had lived out-of-state and was not receiving Home Help Services from the Department. (Exhibit 1).
2. In or around ██████████ the Appellant sought eligibility for Home Help Services. (Exhibit 1).
3. A Medicaid scope of coverage of 1F – active Medicaid - is one of the criteria for Home Help Services eligibility. (Exhibit 1, pages 17-19).

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4. In or before [REDACTED], the Appellant's HHS worker noted that Appellant's Medicaid scope of coverage was not 1F, rather 0 and she had a monthly deductible that must be met before her Medicaid became active. (Exhibit 1, pages 13-16).
5. The Appellant's HHS worker noted that Appellant's monthly deductible (Medicaid spend-down - [REDACTED] per month) would be more than her HHS payment authorization of [REDACTED] per month at a non-agency rate or [REDACTED] per month at an agency rate. (Exhibit 1, page 13).
6. On [REDACTED], the Department mailed the Appellant an Advance Negative Action Notice indicating her Medicaid-funded adult home help chore services payment would be denied because for many months she had not met her spend-down needed for active Medicaid. (Exhibit 1, pages 4-6).
7. 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.

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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 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 in ██████████, the Appellant's scope of coverage was a 0, the Appellant had a monthly deductible that must be met before her Medicaid was active, and the Appellant had not met her monthly deductible for many months. The Department witness Adult Services Worker testified the Appellant's monthly deductible would be more than her HHS payment authorization and because her Medicaid was not active she would not be eligible for HHS payment. As a result the Adult Services Worker explained she sent a Negative Action Notice informing the Appellant that she was not eligible for HHS payment because her Medicaid was not active. The Department provided credible evidence that the Appellant's Medicaid was not active at the time the Adult Services Worker sent the notice of denial. (Exhibit 1, pages 4-19).

The Appellant stated that she did not know how she would pay her Medicaid deductible. The Department representative and witnesses explained that the Appellant could speak to her Medicaid eligibility specialist about the amount of her Medicaid deductible.

Based upon a preponderance of evidence at the time of hearing, the Appellant was not eligible for Medicaid Home Help Services in ██████████.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied Appellant's Home Help Services in ██████████.

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IT IS THEREFORE ORDERED that:

The Department's decision, that HHS payments were denied in [REDACTED], is
AFFIRMED.



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

cc:

[REDACTED]

Date Mailed: 9/28/2010

***** 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.