

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
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. 2011-50404 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 ██████████. ██████████ daughter, appeared on the Appellant's behalf. ██████████, the Appellant, was present. ██████████ ██████████ Appeals Review Officer, represented the Department. ██████████ ██████████, Adult Services Worker (ASW), and ██████████, Acting Supervisor, appeared as witnesses on behalf of the Department.

**ISSUE**

Did the Department properly deny the Appellant's Home Help Services application?

**FINDINGS OF FACT**

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

1. On ██████████, the Appellant applied for Home Help Services. (ASW Testimony)
2. On ██████████, the ASW made a visit to the Appellant's home to conduct an initial assessment. (Exhibit 1, page 8)
3. The ASW determined the Appellant was potentially eligible for Home Help Services with a monthly care cost of ██████████. (Exhibit 2)
4. The Appellant has a monthly deductible, or spend down, that must be met to be eligible for Medicaid for the remainder of each month. The Appellant's Medicaid spend down is ██████████ per month. (ASW Testimony)

5. Department policy requires Medicaid eligibility in order to receive Home Help Services. (Adult Services Manual (ASM) 362, December 1, 2007, pages 1-2 of 5, and Adult Services Manual (ASM) 363, September 1, 2008, page 7 of 24)
6. On ██████████, the Department issued an Adequate Negative Action Notice informing the Appellant that her Home Help Services application was denied because the Medicaid scope of coverage was invalid for Home Help Services and her Medicaid spend down exceeds the care cost. (Exhibit 1, pages 5-7)
7. The Appellant's request for an administrative hearing contesting the Home Help Services denial was received on ██████████. (Exhibit 1, page 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 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.

The Adult Services Manual (ASM) addresses eligibility for Home Help Services:

#### **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.

### **Medicaid Personal Care Option**

Clients in need of home help personal care services may become eligible for MA under the Medicaid personal care option.

Discuss this option with the client and the ES.

Conditions of eligibility:

- The client meets all MA eligibility factors except income.
- An ILS services case is active on CIMS (program 9).
- The client is eligible for personal care services.
- The cost of personal care services is **more** than the MA excess income amount.
- The client agrees to pay the MA excess income amount to the home help provider.

*Adult Services Manual (ASM) 363, 9-1-2008 page 7 -8 of 24.*

The Appellant's need for Home Help Services is not at issue in this case. Rather, her application was denied due to her Medicaid eligibility status. Department policy requires a Home Help Services participant to have Medicaid coverage with a qualifying scope of coverage in order to be eligible for the Home Help Services program. Individuals who have met their monthly Medicaid deductible, or spend down, are eligible for Home Help Services. An individual with a spend down can also become eligible for Home Help Services if the monthly care cost exceeds the spend down and the individual agrees to pay the Home Help Services provider the spend down amount. *Adult Services Manual (ASM) 363, 9-1-2008 pages 7-8 of 24.*

In the present case, the Appellant has a monthly spend down of ██████████ that must be met to be eligible for Medicaid for the remainder of each month. (ASW Testimony) The ASW determined the Appellant was potentially eligible for Home Help Services with a monthly care cost of ██████████. (Exhibit 2) There was no evidence presented indicating that the Appellant had met her monthly spend down obligation to become Medicaid eligible. The amount of her monthly spend down exceeds the potential Home Help Services payment the Appellant would receive from the Department each month. Therefore, the Appellant does not qualify for the Home Help Services program at this time.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

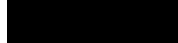
The Department's decision is AFFIRMED.

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Colleen Lack  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: ██████████  
██████████  
██████████  
██████████

Date Mailed: 11/10/2011

  
Docket No. 2011-50404 HHS  
Decision and Order

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.