

**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. 2011-13712 HHS
Case No. 2337507

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 ██████████. The Appellant appeared without representation. She had no witnesses. ██████████ represented the Department. Her witnesses were (ASW) ██████████ and ██████████ ASW.

ISSUE

Did the Department properly terminate the Appellant's Home Help Services (HHS)?

FINDINGS OF FACT

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

1. At the time of the hearing the Appellant is ██████████ (spend down) Medicaid beneficiary. (Appellant's Exhibit #1 and Department's Exhibit A, pp. 5, 6)
2. The Appellant has to meet a deductible or spend down amount of ██████████. (Department's Exhibit A, pp. 6, 8)
3. The Appellant is afflicted with high blood pressure, Systemic Lupus Erythematosus with resultant multiple strokes, coagulation disorder and heart problems. She is wheelchair bound. (Department's Exhibit A, p. 8)
4. There is no dispute that the Appellant needs assistance with most chores. (Department's Exhibit A, p. 8, and see Testimony)
5. The spend down classification was discovered by ASW ██████████ who sent an Advance Negative Action Notice DHS 1210-A to the Appellant advising her that her HHS would

be terminated in three months if her spend down was not met. (Department's Exhibit A, p. 2)

6. The instant appeal was received by the State Office of Administrative Hearings and Rules (SOAHR) on [REDACTED]. (Appellant's Exhibit #1)

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.

Furthermore, the Adult Services Manual (ASM) lists the eligibility criteria for HHS:

Home Help Services (HHS)

Payment related independent living services (HHS) are available if the client meets HHS eligibility requirements. Clients who may have a need for HHS should be assisted in applying for Medicaid (MA). Refer the client to an eligibility specialist. Cases pending MA determination may be opened to program 9 (ILS). HHS eligibility requirements include all of the following:

- The client must be eligible for Medicaid, **and**
- Have a scope of coverage of:
 - 1F or 2F,
 - 1D or 1K, (Freedom to Work), **or**
 - 1T (Healthy Kids Expansion), **and**
- ASM, §362, 12-1-2007, page 2 of 5.

TERMINATION OF HHS PAYMENTS

Suspend and/or terminate payments for HHS in **any** of the following circumstances:

- The client fails to meet any of the eligibility requirements.
- The client no longer wishes to receive HHS.

- The client's provider fails to meet qualification criteria.
- *Supra* , at page 4 of 5.

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**
ASM, §363, 9-1-2008, page 7 of 24.

The Department witness testified that the Appellant was not eligible for HHS in ██████████, as she had not met her monthly spend down of ██████████ – although she was authorized for services totaling ██████████ per month. (See Department's Exhibit A, at page 5)

The Appellant said she was told to "appeal here" and that she does not understand the eligibility requirements for Medicaid or its spend down features.

On review, the Appellant was clearly not eligible for HHS owing to her failure to meet her deductible. The Department properly terminated her benefits.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Dale Malewska
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

[REDACTED]
Docket No. 2011-13712 HHS
Decision and Order

cc:

[REDACTED]

Date Mailed: 4/19/2011

***** 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.