

**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. 2011-13720 HHS
Case No. 89064307

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 ██████████. ██████████ appeared on the Appellant's behalf. ██████████ appeared as a witness for the Appellant. ██████████ represented the Department. ██████████ appeared as a witness on behalf of the Department.

ISSUE

Did the Department properly suspend the Appellant's Home Help Services (HHS) payment for the months of ██████████ due to not having Medicaid?

FINDINGS OF FACT

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

1. The Appellant is a Medicaid beneficiary who has been receiving HHS.
2. The Appellant's Medicaid eligibility ended ██████████ and did not resume until ██████████. (Exhibit 1, page 11)
3. On ██████████ the Department sent a letter to the Appellant notifying him that the HHS payments were suspended effective ██████████ due to the not having Medicaid for ██████████. (Exhibit 1, pages 5-6)

4. The Appellant requested an administrative hearing contesting the suspension of HHS payments on ██████████. (Exhibit 1, pages 3-4)

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.

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.

Adult Services Manual (ASM) 9-1-2008


The Appellant was a full coverage Medicaid beneficiary who was receiving Home Help Services. In [REDACTED], the Adult Services Worker (ASW) attempted to put HHS payments on for the Appellant for the months of [REDACTED]. The ASW explained that the Department's computer system would not allow the payments to be authorized because the Appellant did not have Medicaid coverage for those months. The ASW received a [REDACTED] email from the Appellant's Medicaid worker confirming that the Appellant did not have Medicaid for those months. The Appellant's HHS payments were therefore suspended for the months of [REDACTED] because he did not have Medicaid for those months. (ASW Testimony)

The Appellant's [REDACTED] contests the change in Medicaid eligibility for the months of [REDACTED]. She explained that the Appellant's Social Security benefits did not terminate, as is indicated in the [REDACTED] Notice of Case Action terminating Medicaid coverage effective [REDACTED]. (Exhibit 2 page 6) The Appellant's [REDACTED] explained that she had trouble with getting someone with the Department of Human Services to talk with her to resolve the Appellant's Medicaid eligibility issue. Eventually, she re-applied and the Appellant's Medicaid coverage was put back on. However, this ALJ does not have jurisdiction over the Medicaid eligibility determination. The Appellant's [REDACTED] must work with the Department of Human Services to correct any errors with the Appellant's Medicaid eligibility.

This ALJ is limited to reviewing whether the Department properly suspended the HHS payment for the months of [REDACTED]. The Department submitted a [REDACTED], print out from the computer system, which still shows that the Appellant's MA eligibility ended effective [REDACTED] and did not resume until [REDACTED]. (Exhibit 1, page 11). Department policy requires that the Appellant be Medicaid eligible to receive Home Help Services. Based on the information available to the ASW, and the more recent computer system print out, the Appellant does not meet the criteria to qualify for Home Help Services for the months of [REDACTED] because he did not have Medicaid eligibility for those months.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly suspended the Appellant's HHS payment for the months of [REDACTED], based upon the available information.


Docket No. 2011-13720 HHS
Decision and Order

IT IS THEREFORE ORDERED that:

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

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

cc:



Date Mailed: 3/28/2011

***** 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.