

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. 2012-24671 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 ██████████. The Appellant appeared without representation. Her witness was her chore provider, ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████, 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 a disabled ██████-year-old (spend-down) Medicaid beneficiary. (Appellant's Exhibit #1 *and* Department's Exhibit A, pp. 5 and 16)
2. The Appellant has to meet a deductible or spend-down amount of ██████. (Department's Exhibit A, p. 10)
3. The Appellant is afflicted with acute OA, CHF, RA, DJD, sciatica, HTN, GERD, DDD, venous insufficiency, PVD, and restless leg syndrome – she requires the use of a wheelchair. (Appellant's Exhibit #1 and Department's Exhibit A, pp. 5 and 16)
4. The Appellant's choreprovider has been working for the Appellant for "a couple of years providing the IADL services of shopping, cleaning laundry and cooking." (See Testimony)
5. The Department's evidence also showed that the Appellant has a level (3) ADL ranking as of the date of this hearing for assistance with the personal care of bathing. (See Testimony and Department's Exhibit A, at page 17)

6. The spend-down classification was discovered by ASW [REDACTED] who sent the Appellant an Advance Negative Action Notice DHS-1210 on [REDACTED] advising her that she was terminated from the HHS program because her Medicaid was no longer active. (Department's Exhibit A, pp. 6, 7)
7. She was further advised that she was not satisfying a condition of continued eligibility by failure to meet her spend-down. Her HHS was terminated effective [REDACTED]. (Department's Exhibit A, pp. 2, 6-8)
8. The Appellant said she was trying to get her Medicaid reestablished and that she had bills dated [REDACTED]. The Appellant was directed to her Eligibility Specialist. (See Testimony)
9. The instant appeal was received by the Michigan Administrative Hearings System, (MAHS) for the Department of Community Health on [REDACTED].

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.

The Adult Services Manual (ASM) states, in pertinent part, that Home Help Services (HHS) are available if the client meets all eligibility requirements. An independent living services case may be opened to supportive services to assist the client in applying for Medicaid.

Home Help Services payments cannot be authorized prior to establishing Medicaid eligibility and a face-to-face assessment completed with the client. Once MA eligibility has been established, the case service methodology must be changed to case management.

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 a scope of coverage 20, 2C or 2B are not eligible for Medicaid until they have met their MA deductible obligation

ASM, §105, 11-1-2011, page 1 of 3.

The Department witness testified that the Appellant was not eligible for HHS as of [REDACTED], as she had not met her monthly spend-down of [REDACTED].

The Appellant said that she was trying to reestablish her Medicaid. She said she had been paying her provider out of pocket.

The Department's evidence showed that the Appellant was eligible for and received HHS in the amount of [REDACTED] from [REDACTED] through [REDACTED]. Her spend-down was shown as starting on [REDACTED] in the amount of [REDACTED].

On review, there was no evidence that the Appellant had met her medical deductible or that the Department was somehow in error. This otherwise disabled woman was 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

cc:

[REDACTED]

Date Mailed: 4/17/2012

[REDACTED]
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***** 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.