

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. 2012-32108 HHS
██████████ ██████████

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 witnesses were ██████████, ASW and ██████████ ASW Supervisor.

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 ██████████ year-old (spend-down) Medicaid beneficiary. (Appellant's Exhibit #1 and Department's Exhibit A, pp. 2 and 8)
2. The Appellant has to meet a deductible or spend-down amount of ██████████. (Appellant's Exhibit #1, page 4)
3. The Appellant is afflicted with CA and the residual effects of surgeries taken place ██████████. (Appellant's Exhibit #1, page 1 and See Testimony)
4. The Appellant had a chore provider assigned on ██████████. (Appellant's Exhibit #2)
5. The spend-down classification was discovered by ASW Wheeler who sent an Advance Negative Action Notice DHS 1210-A on ██████████ advising her that she was not meeting her spend-down and that her HHS would be terminated. (Department's Exhibit A, pp. 2, 5 and 6)

6. The said she felt as though she met her spend-down – given the amount of medical treatment she had endured. (See Testimony)
7. The Appellant was found eligible for Medicaid to be effective as of [REDACTED] (Joint Exhibit #3)
8. 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 in [REDACTED], as she had not met her monthly spend-down of [REDACTED].

The Appellant said that she felt as though she more than met her spend-down – given the number of major medical events she was confronted with over the last year. She said that her goal was to get her chore providers compensated for the work they have done.

The Appellant's witness said that the Appellant has problems and she does as much as she can – but she doesn't have the funds to provide transportation for the Appellant.

The Appeals Review Officer was sworn and offered testimony showing that the Appellant was to be Medicaid eligible as of [REDACTED]. This news was unknown to the Appellant. (See Joint Exhibit #3)

On review, there was no evidence that the Appellant had met her medical deductible. 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

cc:

[REDACTED]

Date Mailed: _____ 4-16-12 _____

***** 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.