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:

[redacted] Case

Docket No. 2012-43141 HHS
No. [redacted]

Appellant
_____/

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 [redacted]. [redacted], [redacted] appeared on the Appellant's behalf. [redacted] the [redacted] was present. [redacted], [redacted] represented the Depar tment. [redacted] appeared as witnesses for the Department.

ISSUE

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

FINDINGS OF FACT

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

1. The Appellant was formerly a full co verage Medicaid beneficiary r eceiving HHS.

2. The Appellant's full c overage M edicaid, sc ope/coverage code 1F, ended [redacted] (Exhibit 1, page 13)

3. The Appellant's Medicaid eligibi lity cha nged to Qualified Medicare Beneficiary, scope/coverage code 2B, effe ctive [redacted] (Exhibit 1 , page 13)

4. Department policy requires Medicaid eligibility with a scope/coverage code of 1F, 2F, 1D, 1K, or 1T in order to receive Home Help Services. (Adult Services Manual (ASM) 105, [redacted] pages 1-2 of 3)

5. On [redacted] the Department sent the Appellant an Advance

Negative Action Notice which informed her that her HHS case would be terminated effective [redacted] based on the change in her Medicaid status. (Exhibit 1, page 5)

6. On [redacted], the Appellant's Request for Hearing was received by the Michigan Administrative hearing System. (Exhibit 1, pages 4-7)

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 Social Welfare Act, 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 physician and may be provided by individuals or by private or public agencies.

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

> **Requirements**
>
> Home help eligibility requirements include **all** of the following:
>
> - Medicaid eligibility.
> - Certification of medical need.
> - Need for service, based on a complete comprehensive assessment (DHS-324) indicating a functional limitation of level 3 or greater for activities of daily living (ADL).
> - Appropriate Level of Care (LOC) status.
>
> **Medicaid/Medical Aid (MA)**
>
> The client may be eligible for MA under one of the following:
>
> - All requirements for Medicaid have been met.
> - MA deductible obligation has been met.
>
> The client must have a scope of coverage of either:
>
> - 1F or 2F.

- 1D or 1K (Freedom to Work).
- 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.

Note: A change in the scope of coverage in Bridges will generate a system tickler in ASCAP for active services cases.

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 coordinate implementation with the eligibility specialist.

Conditions of eligibility:

- The client meets all Medicaid eligibility factors except income.
- An independent living services case is open.
- The client is eligible for home help services.
- The cost of personal care services is **more** than the MA excess income amount.

If **all** the above conditions have been satisfied, the client has met MA deductible requirements. The adult services specialist can apply the personal care option in ASCAP. The deductible amount is entered on the **MA History** tab of the Bridges **Eligibility** module in ASCAP.

Use the DHS-1210, Services Approval Notice to notify the client of home help services approval when MA eligibility is met through this option. The notice must inform the client that the home help payment will be affected by the deductible amount, and that the client is responsible for paying the provider the MA deductible amount each month.

Do **not** close a case eligible for MA based on this policy option if the client does not pay the provider. It has already been ensured that MA funds will not be used to pay the client's deductible liability. The payment for these expenses is the responsibility of the client.

> Changes in the client's deductible amount will generate a system tickler from Bridges.
>
> MA eligibility under this option **cannot** continue if the cost of personal care becomes **equal to or less than** the MA excess income amount.
>
> *Adult Services Manual (ASM) 105, 11-1-2011 pages 1-2 of 3*

The Appellant's needs for assistance at home were not contested in this case. Rather, the Appellant's HHS case was terminated due to a change in her Medicaid status effective [redacted]. The above cited Department policy requires a HHS participant to have Medicaid coverage with a qualifying scope/coverage code in order to be eligible for the Home Help Services program. The Appellant's Medicaid status changed from full coverage Medicaid, scope/coverage code 1F, to Qualified Medicare Beneficiary, scope/coverage code 2B, effective [redacted] (Exhibit 1, page 13) The scope/coverage code 2B does not allow for eligibility for the HHS program. Therefore, the Appellant does not qualify for the Home Help Services program at this time.

As discussed during the telephone hearing proceedings, this ALJ does not have jurisdiction over the Medicaid determination. The Appellant's Request for Hearing has been forwarded for separate hearing proceedings on the Medicaid determination. Further, the Appellant may wish to contact the Social Security Administration, as the testimony indicated the change in her Medicaid status was based no longer receiving SSI benefits.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined that the Appellant is ineligible for HHS and terminated the Appellant's HHS case based on the change in her Medicaid status.

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:

[redacted]

Date Signed: _____

Date Mailed: _____

***** 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 March 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.