

**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. 2012-43580 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 was represented by ██████████, Advocate, the ARC. Her witness was ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████.

Also in attendance ██████████, observing.

**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 ██████████  
██████████.
2. The Appellant has to meet a deductible or spend-down amount of ██████████  
██████████.
3. The Appellant is afflicted with the sequela of CVA, epilepsy/seizures, Bipolar disorder, DM, shoulder fracture, HBP, asthma, hyperextension of left knee. She is prone to falling. ██████████  
██████████.
4. At hearing there was no dispute that the Appellant needs some form of assistance with her ADLs and IADLs. ██████████

5. The spend-down classification was discovered by [REDACTED] who sent the Appellant an Advance Negative Action Notice DHS-1210 on [REDACTED] advising her that she was suspended from the HHS program effective [REDACTED] for failure to meet her spend down deductible. [REDACTED]
6. Her further appeal rights were contained therein. [REDACTED]
7. The Appellant's witness stated that they "now understand" the difference between an eligibility worker and an ASW. However, they did not withdraw their appeal. [REDACTED]
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 (ILS) 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.

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#### **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.

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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's representative said that she and the family now understand the eligibility issue and that the maximum allowance available by the state would be [REDACTED] after satisfaction of deductible via HHS. She explained further that prior to negative action the Appellant had a more restrictive out of home placement – which absorbed the spend-down.

The Department's evidence showed that the Appellant had a spend-down effective [REDACTED]

On review, there was no evidence that the Appellant had met her medical deductible or that the Department was somehow in error. The Department properly terminated her benefits for failure to satisfy her spend down deductible.

### **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**.

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

[REDACTED]  
Docket No. 2012-43580  
Decision and Order

cc:

[REDACTED]

Date Mailed: 6-29-2012

**\*\*\* 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 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.