

**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:

Docket No. 2012-32568 HHS

████████████████████

██████████

██████████

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 ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. Her witnesses were ██████████ ASW supervisor and ██████████, 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 G2S, ██████-year-old (spend-down) Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant has to meet a deductible or spend-down amount of ██████████ (Department's Exhibit A, p. 5)
3. The Appellant is afflicted with DM, HTN, CAD, neuropathy, PVD, B-12 deficiency, chronic leg ulcers. (Department's Exhibit A, p. 15)
4. When eligible – the Appellant needs both ADLs and IADLs at a ranking of 3 or greater. (Department's Exhibit A, pp. 13-15)
5. On ██████████ the ASW sent the Appellant as Advance Negative Action notice informing her that HHS would be terminated, effective ██████████ for failure to satisfy her ██████████ spend down. (Department's Exhibit A, pp. 2, 5)

6. The Appellant said she submitted ample evidence to Eligibility Specialist, M. Braxton. (See Testimony).
7. 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.

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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] for the months of October through [REDACTED].

The Appellant said that she submitted ample documentation to her ES worker and that she does not understand why her choreprovider has not been paid.

On questioning from the Appeals Review Officer it was discovered that the Appellant ES might have changed – without notice to the Appellant. The ASW confirmed no evidence of meeting a spend-down had been received for the time frame of October through [REDACTED]. The testimony suggested that the Appellant’s new ES worker was a “Mr. Cobb.”

The Department’s evidence showed that the Appellant’s spend-down was [REDACTED] which was unsatisfied according to the Department’s record. (See Department’s Exhibit A, at page 11)

On review, there was no evidence that the Appellant had met her medical deductible or that the Department was in error. This otherwise disabled woman was not eligible for HHS owing to her failure to meet her spend-down deductible. The Department properly terminated her benefits. She was advised to contact her Eligibility Specialist.

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: 5-16-12

[REDACTED]
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***** 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.