

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH  
P.O. Box 30763, Lansing, MI 48909**

IN THE MATTER OF:

Docket No. 14-011012 HHS

Case No. [REDACTED]

[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 [REDACTED]. The Appellant appeared on his own behalf and offered testimony. [REDACTED] offered testimony on behalf of the Appellant. [REDACTED], Appeals Review Officer, represented the Department of Community Health (Department). [REDACTED], Adult Services Worker (ASW), appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's application for 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. On [REDACTED], the Appellant applied for HHS. (Exhibit A, p. 12; Testimony)
2. As of [REDACTED] and through [REDACTED], the Appellant had a Medicaid scope of 2C with a spenddown amount of \$[REDACTED]. (Exhibit A, p. 14; Testimony)
3. On [REDACTED], the Department sent the Appellant an Adequate Negative Action Notice. The notice indicated the Appellant's HHS application was being denied due to an ineligible scope/coverage of 2C. (Exhibit A, pp. 15-17; Testimony)
4. On [REDACTED], the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (Exhibit A, pp. 5-9)

### **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.

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.

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**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.

*Adult Services Manual (ASM) 105, 11-1-2011 pages 1-2 of 3*

\* \* \*

The ASM testified the Appellant's HHS application was denied due to the Appellant not having the appropriate Medicaid and not meeting his spenddown amount.

The Appellant argued he had Medicaid. The question however relates to what the scope of coverage was; not whether or not the Appellant had Medicaid.

Department policies requires an HHS participant to have full MA coverage or have met the monthly MA spend-down; and have the proper scope coverage in order to be eligible for the HHS program.

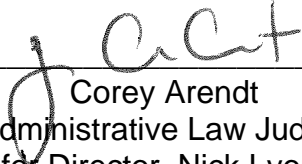
Based on the evidence presented, Appellant has failed to prove, by a preponderance of evidence, that the HHS denial was inappropriate. The applicable policy does not allow for HHS when the deductible amount has not been met or where the scope coverage is not met. Accordingly, the HHS denial is affirmed.


**DECISION AND ORDER**


The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that, based on the available information, the Department properly denied the Appellant's HHS request.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is **AFFIRMED**.

  
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Corey Arendt  
Administrative Law Judge  
for Director, Nick Lyon  
Michigan Department of Community Health

Date Signed: 

Date Mailed: 

CA/

cc: 

**\*\*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 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.