

**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) 373-4147

IN THE MATTER OF:

**Docket No.** 2014-1332 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 on [REDACTED]. Appellant appeared and offered testimony. [REDACTED], Appeals Review Officer, represented the Department of Community Health (Department). [REDACTED], Adult Services Manager (ASM), appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny 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. Appellant has been approved for Medical Assistance (MA) with a spend-down. (Exhibit A, p. 9; Testimony)
2. On or around [REDACTED], the Appellant applied for HHS.
3. As of [REDACTED], the Appellant was not satisfying her MA spend-down amount and had a scope of 2C. (Exhibit A, p. 9; Testimony)
4. On [REDACTED], the Department sent the Appellant an Adequate Negative Action Notice informing the Appellant that her HHS application was being denied. (Department Exhibit A, p. 5-8; Testimony)
5. On [REDACTED], the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (Exhibit 1)

**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).

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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.**

**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*

Furthermore, the Adult Service Manual (ASM) requires that the Client notify the Department of any change in his provider:

\* \* \*

The ASM testified the Appellant at all times in question had not met her spend down amount and therefore was not eligible for MA. The lack of MA prevented the Appellant from being eligible for HHS.

The Appellant in this matter did not offer any arguments or testimony to indicate she met the spend-down amounts during the time periods in question.

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

  
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**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 HHS for the Appellant.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

/s/ \_\_\_\_\_  
Corey A. Arendt  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

  
cc: 

Date Signed: November 14, 2013

Date Mailed: November 14, 2013

**\*\*\* 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 must 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.