

**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:**

██████████,

Appellant

---

Docket No. 2014-28802 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 ██████████. Appellant appeared and testified.

██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker (ASW), and ██████████, Adult Services Supervisor, (ASS) appeared as witnesses for the Department.

**ISSUE**

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

**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 is a ██████ year old female, who is a beneficiary of Medicaid.
2. Unrefuted evidence is that Appellant's HHS case during the time period disputed was open under the Medicaid personal care option that allows the Department to open an HHS case when the client provides proof of having paid spend-down amount. Payments by the Department are only made in the amount exceeding the spend down each month.
3. During the time period at issue, Appellant has had a spend-down between \$ ██████ and \$ ██████ per month.
4. The Department opened a HHS case on ██████████ contingent on Appellant meeting her spend-down.

██████████  
**Docket No. 2014-28802 HHS**  
**Decision and Order**

5. During the time period at issue herein, Appellant was a beneficiary and had an open MI Choice Waiver case.
6. On ██████████, the Department issued an Advanced Negative Action Notice informing Appellant that her HHS case will close as she had not met her spend-down, and, because she cannot be eligible for duplicate services as she is receiving MI Choice Waiver services.
7. On ██████████ Appellant filed a Hearing Request with the Michigan Administrative hearing System contesting no HHS payments stating in part: "... was told by Medicaid that I have had Medicaid since ██████████ – ██████████, but when I called and asked for Home Help I was denied because I didn't have Medicaid."
8. The Department contacted Appellant's MA eligibility specialist who informed the Department that he believes that Appellant's active MA was put on the system in error due to a one month bill being used as a recurring expense.

**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:

Department policy requires Medicaid eligibility in order to receive HHS, and clients with a monthly spend-down are not eligible until they have met their spend-down obligation. (Adult Services Manual (ASM) 105, November 1, 2011, pages 1-2 of 3).

**Requirements**

Home help eligibility requirements include **all** of the following:

- Medicaid eligibility.

**Docket No. 2014-28802 HHS**  
**Decision and Order**

- 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.

██████████  
**Docket No. 2014-28802 HHS**  
**Decision and Order**

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 need for assistance at home was not contested in this case. Rather, the Appellant's HHS case was closed as she did not meet her spend-down since case opening. As noted above, this option is called the Medicaid personal care option-there is no payment for HHS until a client has active MA. In order to have HHS payments made in excess of the spend-down amount, a client must first provide proof/verification with the Department that the spend-down amount was paid.

In this case, Appellant did not provide evidence of having met her spend-down. In addition, Testimony on the record is that Appellant's worker informed the ASW that the Department erred in informing Appellant that she had active MA during ██████████ due to representations made by Appellant's DHS worker. (Exhibit A.14-15) Apparently a one-time \$ ██████████ expense was misclassified as an ongoing expense. (Exhibit A.15)

Some of the evidence in this case was confusing and ambiguous. It appears that Appellant did meet her spend-down for the month of ██████████. However, even if

**Docket No. 2014-28802 HHS**  
**Decision and Order**

Appellant met her spend-down, in the alternative, Appellant still would not have eligibility under the duplication of services policy:

MI Choice participants cannot receive services from both the home help program and the waiver as this is a duplication of Medicaid services. ASM 125, p 5

Moreover, as to any past ineligibility, Appellant's worker indicated that her active MA status was an error. Appellant cannot prevail based on an error the DHS made.

Appellant failed to present any evidence which would indicate eligibility for which she argues, and thus, the Department's action is upheld.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly closed Appellant's HHS case.

**IT IS THEREFORE ORDERED** that:

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

/s/ \_\_\_\_\_

Janice Spodarek  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

JS/ [redacted]

cc: [redacted]

Date Signed: [redacted]

Date Mailed: [redacted]

**\*\*\* 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

**Docket No. 2014-28802 HHS**  
**Decision and Order**

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.