

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
Phone: (877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 14-016641 HHS

██████████

██████████

██████████

Appellant

\_\_\_\_\_ /

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge (ALJ) 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 on his own behalf. ██████████, Appellant's daughter and caregiver, Appellant's care worker, appeared as a witness for Appellant. ██████████, Appeals Review Officer, represented the Respondent, Michigan Department of Community Health (MDCH or the Department). ██████████ Adult Services Worker, appeared as witnesses for the Respondent.

**ISSUE**

Did the Department properly propose to 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. On ██████████, the Adult Services Worker received a referral for HHS for Appellant.
2. On ██████████, the Adult Services Worker processed Appellant's request and determined that Appellant was not a Medicaid recipient.
3. On ██████████ the Adult Services Worker sent Appellant an Adequate Action Notice informing him that HHS would be denied as Appellant does not have Medicaid and beneficiaries must first be made Medicaid eligible to be considered for HHS. Also, the required paperwork (DHS-390, Adult Services Application and 54A Medical Needs Form) necessary to authorize services were not returned.

4. On ██████████ Appellant filed a request for a hearing to contest the negative action.

### **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 are available if the client meets all eligibility requirements. An independent living services case may be opened for supportive services to assist the client in applying for Medicaid (MA).

Home help services payments cannot be authorized prior to establishing Medicaid eligibility and completing a face-to-face assessment with the client. Once MA eligibility has been established, the case service methodology **must** be changed to case management.

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

- Medicaid eligibility.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment indicating a functional limitation of level 3 or greater for at least one activity of daily living (ADL).
- Appropriate Level of Care (LOC) status.

*Adult Services Manual (ASM) 105, page 1*

The Code of Federal Regulations (CFR) affords a Medicaid beneficiary a right to a fair hearing when the Department takes an action that is a denial, reduction, suspension, or termination of a requested or previously authorized Medicaid covered service. *42 CFR 438.400.*

In the instant case, Appellant has requested Home Help Services. The request was denied because Appellant has not completed/submitted his application for Medical Assistance and has not been determined to be Medicaid eligible. HHS is a Medicaid covered service. As of yet, there has been no denial, reduction, termination, or suspension of a Medicaid covered service. There is no action affording an opportunity for a fair hearing in this matter at this time and this request for a hearing must be

dismissed. The department's determination to deny HHS was in accordance with policy found in the Adult Services Manual. The department may open an independent living services case for supportive services to assist the Appellant in applying for Medicaid in accordance with department policy. The department appropriately denied Appellant's request for HHS because Appellant has not been determined to be Medicaid eligible. The department's actions must be upheld.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED THAT:**

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

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Landis Y. Lain  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

LYL/db

cc: [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 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.