

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

IN THE MATTER OF:

_____,
Appellant
_____ /

CASE INFORMATION

Docket No.: 15-003601-HHS
Case No.: _____
Appellant:

Respondent:
Department Community Health
Mary Carrier

HEARING INFORMATION

Hearing Date: June 18, 2015
Start Time: 01:30 PM
Location
In Person at Agency Office
Gratiot County DHS
201 Commerce Drive
Ithaca, MI 48847

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 _____. The Appellant and the Appellant's husband (_____) appeared and offered testimony. _____, Appeals Review Officer, represented the Department of Community Health (Department). _____, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's Home Help Services (HHS) request?

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 or around _____, the Appellant requested HHS. (Exhibit A, p. 7)
2. From _____ through _____, the Appellant had a MA scope of 20. (Exhibit A, p. 8; Testimony)
3. At no point in time between _____ through _____ did the

Appellant meet her spend down amount. (Testimony)

4. On ██████████, ██████, the Department sent the Appellant an Adequate Negative Action Notice. The notice indicated the Appellant's request for HHS was being denied as the Appellant did not have MA covered under the HHS program. (Exhibit A, p. 5; Testimony)
5. On ██████████, the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (Exhibit A, p. 4)

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.

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- 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, 4-1-15 pages 1-2 of 4

* * *

The ASM testified the Appellant's HHS request was denied as the Appellant did not meet the Medicaid eligibility requirements as required by policy.

The Appellant stated she needed the assistance but did not offer any evidence to contradict the Department's findings.

Department policy requires HHS participants to have full MA coverage or have met the monthly MA spend-down and have a proper scope coverage in order to be eligible for the HHS program.

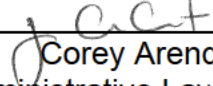
Based on the evidence presented, Appellant has failed to prove, by a preponderance of evidence, that the HHS denial was inappropriate. The applicable policy does not allow for HHS when the Appellant does not have Medicaid. Accordingly, the HHS denial is affirmed.

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.




Corey Arendt
Administrative Law Judge
for Director, Nick Lyon
Michigan Department of Health and Human
Services

cc:



CA/hj

Date Signed: 

Date Mailed: 