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

IN THE MATTER OF:

[redacted]

Docket No. 15-005063 HHS
Case No. [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 testified.

[redacted] Appeals Review Officer, represented the Department. [redacted] Adult Services Worker (ASW), and [redacted], 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. Prior to the negative action herein, Appellant had an open HHS grant. Appellant is a [redacted] year old male who at the time of the administrative hearing, was on the MA-G2S Medicaid category, with a deductible of $[redacted] per month. (Exhibit A).

2. On [redacted] the Department opened an HHS case on behalf of Appellant. (Exhibit A.9).

3. There is no dispute here that Appellant is medically eligible for the HHS program.

4. Following the case opening, the Department determined that Appellant did not meet the financial eligibility criteria. The ASW checked Bridges and

found that Appellant had a deductible that had not been met. (Exhibit A.10).

5. On [redacted] the Department issued a Notice of Case Suspension on the grounds that Appellant had an unmet spend-down. Appellant's status was Scope 2C. (Exhibit A.4.).

6. On [redacted] the Appellant's Request for Hearing was received by the Michigan Administrative hearing System. (Exhibit A.3).

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.
- 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.

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).
- 3G (Healthy Michigan Plan).

Clients with a scope of coverage 20, 2C or 2B are **not** eligible for Medicaid until they have met their MA deductible obligation.

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.

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 suspended on the grounds that Appellant had not met his spend-down. Appellant does not have an active MA case.

HHS is a program for individuals who have active Medicaid. In order for Appellant to remain eligible for the HHS grant, he must be financially eligible. Appellant is not.

Appellant also argues that he has met his deductible. However, Appellant has not asked for an administrative hearing with the correct parties with regards to his Medicaid deductible. The workers who administer the HHS program can only issue benefits where an applicant's case worker indicates that he has financial eligibility, which, as applied to the case here, means active Medicaid. Appellant does not. Appellant understands that if he disputes the calculation of the deductible, he must request an administrative hearing with the Department of Human Services. Here, the ASW administers the HHS program under the purview of the Department of Community Health, and that worker must rely on the data provided by the Department of Human Services. The State of Michigan data system indicated that Appellant has a 2C status. (Exhibit A.11).

The Department's documentation establishes that the Appellant has an unmet Medicaid spend-down. Therefore, the Appellant is not eligible to receive HHS and a suspension/closure of his HHS application was appropriate and required under federal and state law.

The Appellant can always re-apply for HHS if he meets her Medicaid spend-down or has a change in Medicaid eligibility status.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

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

Janice Spodarek
Administrative Law Judge
for Nick Lyon, 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 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.