

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
Phone: (517) 335-3997; Fax: (517) 373-4147

IN THE MATTER OF:

██████████  
Appellant  
\_\_\_\_\_ /

**CASE INFORMATION**

Docket No.: 15-000320-HHS  
Case No.: ██████████  
Appellant:  
██████████  
Respondent:  
Department of Community Health

**HEARING INFORMATION**

Hearing Date: March 25, 2015  
Start Time: 09:00 AM  
Location  
In Person at Agency Office  
Oakman Adult Services  
3040 W. Grand Blvd., Suite L450  
Detroit, MI 48202

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on March 25, 2015. ██████████ Appellant, did not appear. ██████████, the Appellant's Guardian, appeared and testified on Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Specialist, and ██████████ ██████████, Adult Services Supervisor, testified as a witness for the Department.

**ISSUE**

Did the Department properly close Appellant's Home Help Services (HHS) case as the Appellant was not eligible for Medicaid?

**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 December 7, 2014, the Department sent Appellant's Guardian an Advance Negative Action Notice that Home Help Services were being suspended effective November 24, 2014. Respondent's Exhibit A, pages 9-11).

2. Regarding the reason for the action, the notice stated:

There is no Medical Coverage between 8/1/14 thru 10/31/14. As of 11/1/14 scope of coverage is now 2B. This coverage makes you inelligible {sic} for Home Help Services. Please contact MA worker for clarification.

*Respondent's Exhibit A, page 9-10.*

3. The Department Bridge's system record noted Appellant's ongoing MA Eligibility (1F) effective October 1, 2014 ongoing. Exhibit A. p.7. Based upon this evidence the Department Specialist testified that the Department reinstated the HHS services effective October 1, 2014 through March 31, 2015.
4. On January 15, 2015, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter by Appellant's Guardian. (Respondent's Exhibit 1, page 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.

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.

Adult Services Manual (ASM) 105 (5-1-2013) addressed the Eligibility Criteria for HHS at the time of the denial in this case and, regarding that criteria, the manual stated in part:

#### **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.

*ASM 105, pages 1-2 of 4*

In this case the Department suspended the Appellant's Home Health Services because it determined that Appellant was no longer a Medicaid recipient beginning August 1, 2014 causing the Department Specialist to issue an Advance Negative Action Notice on December 7, 2014 suspending Appellant's Home Help Services case. Based upon the information it had available at the time of the Advance Negative Action Notice, the Department properly suspended Appellant's HHS case as Appellant's Medicaid was closed on July 31, 2014 through October 31, 2014. Once the Department became advised from a current Bridges MA History that the Appellant was again Medicaid eligible as 1F, it reinstated Appellant's Home Health Services effective October 1, 2014 ongoing. Exhibit A p.7

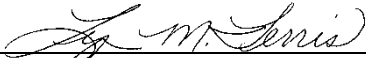
With respect to the issue that is in dispute here, *i.e.* whether the Department properly suspended the Appellant's Home Health Services from August 1, 2014 through September 30, 2014 due to Appellant's lack of eligibility for Medicaid, it is determined that the Department's action was correct and in accordance with the policy found in ASM 105 cited above.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly suspended the Appellant's Home Health Services for the period August 1, 2014 through September 30, 2014 due to the Appellant's Medicaid ending, and correctly reinstated the HHS on October 1, 2014 due to a change in Medicaid Status to 1F.

**IT IS THEREFORE ORDERED THAT:**

The Department's decision is **AFFIRMED**

  
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**Lynn M. Ferris**  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: **4/13/2015**

Date Mailed: **4/14/2015**

CC: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[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.