

**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:

Docket No. 15-006494 HHS
Case No. [REDACTED]

[REDACTED],

HEARING 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, an in-person hearing was held on [REDACTED]. Appellant appeared and testified. Appellant's Advocate, [REDACTED], also appeared and testified. [REDACTED], Appeals Review Officer, represented the Respondent, Michigan Department of Health and Human Services (MDHHS or the Department). [REDACTED], Adult Services Worker appeared as a witness for the Department.

ISSUE

Did the Department properly determine that Appellant was not eligible for 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. Appellant was as HHS benefit recipient.
2. Appellant has been diagnosed lymphedema and morbid obesity. Appellant weighs in excess of [REDACTED] lbs. and is able to ambulate 10-12 feet with a walker. (Testimony)
3. Appellant had a Medicaid spend-down.
4. On [REDACTED] Appellant lacked proper Medicaid coverage (2B) to meet eligibility criteria for the home help program.
5. On [REDACTED], the Adult Services Worker sent Appellant an Advanced Negative Action Notice informing Appellant that his HHS would be

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terminated because he had a Medicaid spend-down in the amount of \$██████, since ██████████. There had been no activity on Appellant's account and HHS would close effective ██████████. The spend-down is not being met on a monthly basis. State's Exhibit A page 5.

6. 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.*

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

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In the instant case, Appellant has requested Home Help Services. Home Health Services were terminated because Appellant lacks proper Medicaid coverage to meet eligibility criteria. HHS is a Medicaid covered service. As of yet, there has been no denial, reduction, termination, or suspension of a Medicaid covered service. The department's determination to terminate Appellant's request for HHS was in accordance with policy found in the Adult Services Manual. The department appropriately denied Appellant's cancelled for HHS because Appellant has no Medicaid eligibility and because he had not met his Medicaid Spend-down since ██████████. 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 cancelled the Appellant's HHS case based on the available information.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.



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

LYL/██████

cc: ██████████
██████████
██████████

Date Signed: ██████████

Date Mailed: ██████████

***** 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.