

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
P.O. Box 30763, Lansing, MI 48909  
Phone: (800)-648-3397; Fax: (517) 373-4147

**IN THE MATTER OF:**

██████████,

**Docket No.:** 15-017633 HHS

**Case No.:** ██████████

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 ██████████. ██████████, Appellant's Son, appeared and offered testimony on the Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (Department). ██████████, Adult Services Worker (ASW), appeared as a witness for the Department.

**ISSUE**

Did the Department properly determine the Appellant's Home Help Services (HHS) benefits?

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. As of ██████████, the Appellant received \$ ██████████ a month in HHS benefits. (Exhibit A, pp 14, 15; Testimony.)
2. On ██████████, the Appellant requested a hearing to request additional HHS benefits. (Exhibit A, pp 4; Testimony.)
3. In ██████████, the Department re-assessed the Appellant and as a result, recommended the Appellant receive additional benefits beyond what they were allowed to provide. (Testimony.)
4. In ██████████, the Department sent a request for additional benefits to Lansing's Central Office for a Policy Decision granting additional benefits. (Testimony.)

**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.

Adult Services Manual (ASM) 140, addresses HHS maximum payment levels:

Home help payments cannot exceed established maximum levels. . . Payment levels of \$550 - \$1299.99 a month must be approved by the supervisor. Payment levels of \$1300 a month and over require prior Michigan Department of Community Health (MDCH) approval. The specialist must receive a copy of the Policy Decision (DCH-1785) from MDCH before submitting the authorization.

ASM 140, May 1, 2013, p 2.

The Appellant in this case requested a hearing because he wanted additional benefits beyond what was being allocated. The evidence shows, that at the time the hearing was requested, the Appellant was already at the cap maximum. Additionally, there was no evidence to indicate that within the 90 days prior to the request for hearing there was a request for additional services that was denied. As such, there is no evidence to indicate the Department failed to follow policy.

However, during the hearing, it became clear that a new issue arose related to the amount of benefits the Appellant was receiving. The issue did not arise until after the hearing was requested. That issue is currently pending a final determination by the Department. The issue is not ripe, as there has been no determination made. Additionally, I can only address the issues that arose within the 90 days immediately preceding the request for hearing. As a result, I lack jurisdiction to address the new issue.

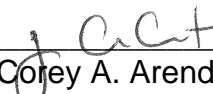
Based upon the evidence provided, as of September 30, 2015, the Department was in accordance with the applicable laws and policies regarding their determination as to the value of the Appellant's HHS allotment.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that as of [REDACTED], the Department properly determined the Appellant's HHS allotment.

**IT IS THEREFORE ORDERED THAT:**

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

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

CAA [REDACTED]

Date Mailed: February 19, 2016

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.