

**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:**

**Docket No. 15-017913 HHS**

██████████ ██████████

██████████ ██████████

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 ██████████ ██████████ (daughter), appeared and offered testimony on the Appellant's behalf.<sup>1</sup> ██████████ 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 close the Appellant's Home Help Services (HHS) case?<sup>2</sup>

**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 was receiving HHS. (Testimony)
2. On ██████████, the Department sent the Appellant an advance negative action notice. The notice indicated the Appellant's HHS case was being suspended effective ██████████ due to the Appellant's Medicaid changing to a spenddown. (Exhibit A, pp 6-9; Testimony)

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<sup>1</sup> ██████████ indicated she was the authorized hearing representative for the Appellant. The request for hearing was less than clear as to whether or not the Appellant anointed ██████████ as her representative. None-the-less, the request for hearing indicated ██████████ handled all of the Appellant's business affairs and as such, I let ██████████ appear on the Appellant's behalf.

<sup>2</sup> The Appellant had a second issue regarding the Appellant's Medicaid eligibility. I indicated I would forward the hearing request to the appropriate parties for processing.

**Docket No. 15-017913 HHS**  
**Decision and Order**

3. On [REDACTED], the Appellant's Medicaid changed to a spenddown with a spenddown amount of [REDACTED]. (Exhibit A, p 15; Testimony)
4. On [REDACTED] [REDACTED] [REDACTED] the Appellant's Medicaid coverage expired. (Testimony)
5. On [REDACTED] the Department sent the Appellant an advance negative action notice. The notice indicated the Appellant's HHS case was being terminated effective [REDACTED] as the Appellant no longer had Medicaid effective [REDACTED] (Exhibit A, pp 10-12; Testimony)
6. On [REDACTED] the Michigan Administrative Hearing System received the Appellant's Request for Hearing. (Exhibit A, pp 4, 5)

**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.
- 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, 4-1-2015 pages 1-2 of 4*

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**Docket No. 15-017913 HHS  
Decision and Order**

The ASW testified the Appellant's HHS case was closed as the Appellant did not meet the Medicaid eligibility as required by policy. The ASW specifically noted, the Appellant lacked the necessary Medicaid eligibility criteria as the Appellant's Medicaid expired on [REDACTED].

The Appellant's Representative indicated the Appellant was unaware of the changes in the Medicaid plan and had made attempts to resolve the issue. The Representative went on to indicate she was hoping the Medicaid eligibility hearing would clear things up.

Although I sympathize with the Appellant, the policy regarding this issue is clear. The applicable policy requires the Appellant to have an acceptable form of Medicaid and that if a spenddown exists, the spenddown must be met. In this case, at the time of the HHS closure, the Appellant did not have Medicaid.

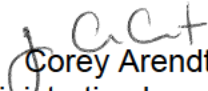
Based on the evidence presented, Appellant has failed to prove, by a preponderance of evidence, that the HHS closure was inappropriate. The applicable policy does not allow for HHS when the Appellant does not have Medicaid. Accordingly, the HHS closure is affirmed.

**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 closed the Appellant's HHS case.

**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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CAA/db

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] a [REDACTED]

**Docket No. 15-017913 HHS**  
**Decision and Order**

**\*\*\* 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 March 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.