



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]  
MAHS Docket No.: 15-023769  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE: Colleen Lack**

**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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. [REDACTED], fiancé, appeared on behalf of the Petitioner. [REDACTED], the Petitioner, appeared and testified. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department). [REDACTED], Adult Services Worker (ASW) appeared as a witness for the Department.

The hearing was originally scheduled for [REDACTED]. Petitioner's request for adjournment was granted and the hearing was re-scheduled for [REDACTED].

During the hearing proceedings the Department's Hearing Summary packet for Petitioner's case was admitted as Exhibit A, pp. 1-11.

**ISSUE**

Did the Department properly deny Petitioner's Home Help Services (HHS) referral?

**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 [REDACTED], the Department received a HHS referral for Petitioner. (Exhibit A, p. 5)

2. Since [REDACTED], Petitioner has had a monthly deductible, or spend-down, scope of coverage 2C, which must be met before she is eligible for Medicaid coverage for any part of the month. (Exhibit A, p. 9)
3. Since [REDACTED], Petitioner's monthly spend-down amount has been \$620.00. (Exhibit A, p. 9)
4. At the time of the [REDACTED], HHS referral, Petitioner had not met her monthly spend-down and did not have active Medicaid coverage. (Exhibit A, p. 9; ASW Testimony)
5. On [REDACTED], the Department issued an Adequate Negative Action Notice stating HHS was denied because Petitioner does not have current/active Medicaid to be eligible for services. (Exhibit A, pp. 6-8)
6. On [REDACTED], the Petitioner's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit A, p. 4)

### **CONCLUSIONS OF LAW**

The Medical Assistance Program (MA) 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 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 health professional 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 indicating a functional limitation of level 3 or greater for at least one activity 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).
- 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.

**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.

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 reduced 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,  
April 1, 2015, pp. 1-2 of 4  
(Underline added by ALJ)*

Petitioner and her fiancé explained that they are just trying to find help for Petitioner. Petitioner is completely disabled and a paraplegic. Petitioner's fiancé cannot work because he has to be there. (Petitioner and Fiancé Testimony)

Since [REDACTED], Petitioner has had a monthly deductible, or spend-down, scope of coverage 2C, which must be met before she is eligible for Medicaid coverage for any part of the month. (Exhibit A, p. 9) 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. Since [REDACTED], Petitioner's monthly spend-down amount has been \$620.00. There is no evidence that Petitioner has met her spend-down. (Exhibit A, p. 9; Adult Services Specialist Testimony) Further, the Medicaid personal care option could not be considered because Petitioner did not have an open independent living services case. (Exhibit A, p. 5) Accordingly, the Petitioner was not eligible for HHS, and the determination to deny the Petitioner's HHS referral must be upheld.

Petitioner may wish to re-apply for HHS if she 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 denied Petitioner's Home Help Services (HHS) referral.

**IT IS, THEREFORE, ORDERED** that:

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



CL/cg

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**Colleen Lack**  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System.

**DHHS**

[REDACTED]

**Agency Representative**

[REDACTED]

**Authorized Hearing Rep.**

[REDACTED]

**DHHS Department Rep.**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]

**Petitioner**

[REDACTED]