



RICK SNYDER
GOVERNOR

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

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: [REDACTED]
MAHS Docket No.: 16-001687
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

**Issued and entered
this [REDACTED]
by:
Janice Spodarek
Administrative Law Judge**

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]. Petitioner appeared and testified. [REDACTED] appeared as a witness.

[REDACTED], Appeals Review Officer, represented the Respondent. [REDACTED], Adult Services Worker, (ASW), and [REDACTED], Adult Services Supervisor, (ASS), appeared as witnesses for the Respondent.

ISSUE

Did the Respondent properly suspend Petitioner's Home Help Services ("HHS") case for the month of [REDACTED]?

FINDINGS OF FACT

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

1. Petitioner is a beneficiary of the Medicaid program with a spend-down. (Exhibit A.14).

2. Prior to the negative action herein, Petitioner had an open HHS grant. Petitioner is a [REDACTED] year old female who at the time of the administrative hearing, was on the MA-G2S Medicaid category, with a deductible of \$1,340.00 per month. (Exhibit A.4).
3. On [REDACTED], the Respondent issued a Notice of Case Suspension on the grounds that Petitioner failed to meet her spend-down and that her case will be suspended effective [REDACTED] (Exhibit A.3).
4. On [REDACTED] Petitioner filed a request for a hearing.
5. At the administrative hearing, the Respondent testified that Petitioner subsequently met her spend-down due to a 20 scope of coverage and the only month at issue that was affected by the suspension is [REDACTED]. (Exhibit A.14; 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.

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.

The Adult Services Manual (ASM) addresses eligibility for Home Help Services:

Respondent 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. (Adult Services Manual (ASM) 105, November 1, 2011, pages 1-2 of 3).

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.

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 affected 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, 11-1-2011 pages 1-2 of 3

The Petitioner's need for assistance at home was not contested in this case. Rather, the Petitioner's HHS case was suspended on the grounds that Petitioner had not met her spend-down for the month of [REDACTED]. That is, Petitioner did not have an active MA case.

HHS is a program for individuals who have active Medicaid. Petitioner argues that her expenses exceed her income. This is not disputed. However, this is also not relevant. In order for Petitioner to remain eligible for the HHS grant, she must meet the financial eligibility criteria, including meeting her spend-down each month to be financially eligible. For the month of [REDACTED], evidence shows that Petitioner did not meet her spend-down.

Petitioner did not dispute the facts.

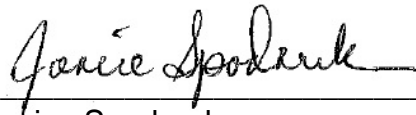
The Respondent's documentation establishes that the Petitioner had an unmet Medicaid spend-down for the month of [REDACTED]. Therefore, the Petitioner is not eligible to receive HHS during the month of [REDACTED], and a suspension/closure of her HHS application was appropriate and required under federal and state law.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Respondent properly suspended Petitioner's HHS case for the month of [REDACTED], based on the evidence of record.

IT IS THEREFORE ORDERED that:

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



Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

JS/cg

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 (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]

Petitioner

[REDACTED]

DHHS-Location Contact

[REDACTED]