



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.: 16-002857
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. [REDACTED], Petitioner's sister and guardian, appeared and testified on Petitioner's behalf. Petitioner also appeared but did not testify. [REDACTED], Appeals Review Officer, represented the Department. [REDACTED], Adult Services Supervisor and [REDACTED], Adult Services Worker (ASW) appeared as witnesses for the Department.

ISSUE

Did the Department properly terminate Petitioner's Home Help Services (HHS) application because Petitioner failed to meet his Medicaid spend-down?

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 [REDACTED] year old Medicaid beneficiary, born [REDACTED], who has been receiving HHS since [REDACTED]. (Exhibit A, pp 13-14; Testimony).
2. On [REDACTED], the ASW contacted Petitioner's sister and informed her that Petitioner had an unmet Medicaid spend-down and that she would be forced to close Petitioner's HHS case unless the spend-down was met. Petitioner's sister informed the ASW that she had spoken to Petitioner's Medicaid Specialist regarding meeting the spend-down. (Exhibit A, p 17; Testimony)

3. 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. (Adult Services Manual (ASM) 105, April 1, 2015, pages 1-2 of 4)
4. The Department's ASW found no evidence that Petitioner had met his spend-down. (Testimony)
5. On [REDACTED], the Department sent Petitioner an Advance Negative Action Notice informing him that the HHS he was receiving would be terminated effective [REDACTED] for failure to meet his Medicaid spend-down. (Exhibit A, pp 9-12).
6. On [REDACTED], Petitioner's Request for Hearing was received by the Michigan Administrative hearing System. (Exhibit 1)

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:

GENERAL

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.

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.

ASM 105 2 of 4 ELIGIBILITY CRITERIA ASB 2015-003 4-1-2015

ADULT SERVICES MANUAL STATE OF MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

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.

Note: See Bridges Eligibility Manual (BEM) 545, Exhibit II, regarding the Medicaid Personal Care Option.

*Adult Services Manual (ASM) 105,
April 1, 2015 pages 1-2 of 4*

Termination of Home Help Payments

Home help services payments may be terminated and closing procedures initiated, in any of the following circumstances:

- The client fails to meet any of the eligibility requirements.
 - Medicaid eligible.
 - Medical professional does not certify a need for services on the DHS-54A, Medical Needs form.
 - Assessment determines client no longer requires home help services.
- The client no longer wishes to receive home help services.
- The client is receiving services from another program and this would result in a duplication of services.

*ASM 170
May 1, 2013, p 1 of 3*

Department policy requires an HHS participant to have full coverage Medicaid or have met the monthly Medicaid spend-down in order to be eligible for the HHS program. Here, the ASW testified that there was no evidence that Petitioner had met his spend-down for the period in question and had not met the spend-down for several months prior to her contact.

Petitioner's sister/guardian testified that she did not understand how this all worked because she was new to the program. Petitioner's sister/guardian indicated that she has since been turning in Petitioner's medical bills to his Medicaid Specialist and records showed that Petitioner has met his spend-down for [REDACTED]. Petitioner's sister/guardian indicated that she would work with the Department's ASW to reapply for HHS.


Based on the evidence presented, Petitioner failed to prove by a preponderance of evidence that the Department erred in terminating his HHS due to failure to meet his Medicaid spend-down. At the time the ASW checked Petitioner's records in [REDACTED], Petitioner had not met his spend-down for [REDACTED] or for several months prior. As such, the Department properly terminated Petitioner's HHS. Since it now appears that Petitioner has met his spend-down, he can reapply for HHS.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated Petitioner's HHS.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



RM/cg

Robert J. Meade
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 (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

Agency Representative

[REDACTED]

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]

Authorized Hearing Rep.

[REDACTED]

Petitioner

[REDACTED]

DHHS-Location Contact

[REDACTED]