



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.: 16-000339
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], the Petitioner, appeared on his own behalf. [REDACTED] Housekeeper, appeared as a witness for Petitioner. [REDACTED], Appeals Review Officer represented the Department of Health and Human Services (Department). [REDACTED], Adult Services Supervisor, appeared as a witness for the Department.

During the hearing proceedings the Department's Hearing Summary packet for Petitioner's case was admitted as Exhibit A, pp. 1-21.

ISSUE

Did the Department properly terminate Petitioner's Home Help Services (HHS) case?

FINDINGS OF FACT

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

1. The Petitioner is a Medicaid beneficiary with an HHS case that was opened effective [REDACTED], and had a potential total monthly care cost of \$226.62. (Exhibit A, pp. 7 and 12)
2. Since [REDACTED], Petitioner has had a monthly deductible, or spend-down, of \$628.00, which must be met before he is eligible for Medicaid coverage for any part of the month. (Exhibit A, p. 8)

3. Petitioner only met the Medicaid spend-down for [REDACTED] and [REDACTED], scope of coverage "2F". Petitioner has not met the Medicaid spend-down from [REDACTED], forward, scope of coverage "2C". (Exhibit A, p. 8)
4. 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, p. 1 of 4)
5. The Petitioner's Medicaid spend-down, \$628.00, exceeds the total monthly care cost of HHS he is potentially eligible for, \$226.62. (Exhibit A, pp. 8 and 12)
6. On [REDACTED], the Department sent the Petitioner an Advance Negative Action Notice which informed him that the HHS case would be terminated effective [REDACTED], because of the Medicaid spend-down has not been met since [REDACTED]. (Exhibit A, p. 5)
7. On [REDACTED], the Petitioner's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit A, pp. 4-5)

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

The Petitioner's needs for assistance at home were not contested in this case. Rather, the Petitioner's HHS case was terminated because he had not met his Medicaid spend-down since [REDACTED]. (Exhibit A, pp. 2, 5, and 7-8)

The Petitioner contests the spend-down determination itself. (Petitioner Testimony) As explained during the hearing proceedings, this ALJ has no jurisdiction to review the Medicaid eligibility determination as part of the HHS case. Petitioner's hearing request has been forwarded for an administrative hearing regarding the Medicaid eligibility determination in his case.

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. There is no evidence that Petitioner met his spend-down since [REDACTED]. (Exhibit A, p. 8; Adult Services Specialist Testimony) It is also noted that Petitioner's Medicaid spend-down, \$628.00, exceeds the total monthly care cost of HHS he is potentially eligible for, \$226.62. (Exhibit A, pp. 8 and 12) Accordingly, the Petitioner was not eligible for HHS, and the determination to terminate the Petitioner's HHS case must be upheld.

Petitioner may wish to re-apply for HHS if he meets his 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:

IT IS, THEREFORE, ORDERED that:

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



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

CL/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

Agency Representative

[REDACTED]

Petitioner

[REDACTED]

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]

DHHS-Location Contact

[REDACTED]