

**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:

[REDACTED]

Date Mailed: March 29, 2016
MAHS Docket No.: 16-001997

Agency No.: [REDACTED]

Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey A. Arendt

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 [REDACTED]. [REDACTED], Petitioner's daughter appeared and offered testimony on the Petitioner's behalf. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Respondent). [REDACTED], Adult Services Worker (ASW), appeared as a witness for the Respondent.

Exhibits:

Petitioner:	None
Respondent:	Exhibit A (Hearing Summary)

ISSUE

Did the Department properly close the Appellant'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. As of [REDACTED], the Petitioner received HHS and had a scope of 1F. (Exhibit A, pp. 10, 20.)
2. From [REDACTED] through [REDACTED], the Petitioner had a scope of 20 with a spenddown amount of \$ [REDACTED]. (Exhibit A, p. 10.)

3. From [REDACTED] through [REDACTED], the Petitioner had a scope of 20 with a spenddown amount of \$ [REDACTED]. (Exhibit A, p. 10.)
4. From [REDACTED] and extending until [REDACTED], the Petitioner has a scope of 20 with a spenddown amount of \$ [REDACTED]. (Exhibit A, p. 10.)
5. From [REDACTED] through [REDACTED], the Petitioner's spenddown went unmet. (Exhibit A, pp. 7, 10; Testimony.)
6. On [REDACTED], the Respondent sent the Petitioner an advance negative action notice. The notice indicated the Appellant's HHS case was being closed effective [REDACTED] due to the Appellant's spenddown going unmet since [REDACTED]. (Exhibit A, p. 7; Testimony.)
7. On [REDACTED], the Michigan Administrative Hearing System received the Appellant's request for hearing which contested the HHS case closure. (Exhibit A, p. 6; 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.

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

* * *

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

██████████. The Respondent provided documentation to corroborate these statements.

The Petitioner's Representative indicated the spenddown was met in ██████████ and that the spenddown had previously been met with the aid of the HHS funds she had received for providing services for the Petitioner.

The Petitioner's argument was not corroborated with any type of documentary evidence indicating the spenddown was met and the testimony did not detail how it was that HHS payments aided in the spenddown being previously met. Compounding matters was the fact that the evidence provided by the Respondent indicated that prior to ██████████ ██████████, the Petitioner did not have a spenddown. So it is unknown how exactly a spenddown was previously met when the evidence shows there wasn't one.

Policy regarding this issue is clear. The applicable policy requires the Petitioner 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, Petitioner 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 Petitioner 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 Respondent properly closed the Petitioner's HHS case.

IT IS THEREFORE ORDERED THAT:

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



Corey Arendt
Administrative Law Judge
for Director, Nick Lyon
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

DHHS

[REDACTED]

DHHS Department Rep.

[REDACTED]

DHHS -Dept Contact

[REDACTED]

Authorized Hearing Rep.

[REDACTED]

Petitioner

[REDACTED]