



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

MARLON BROWN
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED], MI [REDACTED]

Date Mailed: September 25, 2024
MOAHR Docket No.: 24-007783
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Zainab A. Baydoun

HEARING DECISION

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 42 CFR 438.400 to 438.424; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on August 26, 2024, from Detroit, Michigan. Petitioner did not appear for the hearing. [REDACTED] [REDACTED] Legal Guardian Advocate; [REDACTED] from Money Minders Plus; [REDACTED] Benefits Coordinator with Money Minders Plus; and [REDACTED] with Faithful Hands Home Services appeared on Petitioner's behalf. The Department of Health and Human Services (Department) was represented by Shyla Coleman, Hearing Facilitator.

ISSUE

Did the Department properly process Petitioner's Medical Assistance (MA) benefits?

FINDINGS OF FACT

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

1. Petitioner is an ongoing recipient of MA benefits Group 2 Aged, Blind, Disabled (G2S) subject to a monthly deductible.
2. According to Case Comments presented for review, the Detroit Wayne Integrated Health Network (DWIHN) had submitted bills/medical expenses showing that Petitioner met her monthly deductible for February 2024, March 2024, April 2024, and May 2024. The Case Comments indicate that the deductible was met on the second day of each month. (Exhibit A, pp. 20-21)
3. Effective April 1, 2024, Petitioner was approved for MA under the G2S with a monthly deductible of \$1,192.

4. On or around June 27, 2024, Petitioner submitted verification of medical expenses incurred showing that as of June 2, 2024, she met her deductible for the month of June 2024. (Exhibit A, p. 20)
5. On or around July 1, 2024, the Department sent Petitioner a Health Care Coverage Determination Notice advising that for June 1, 2024, Petitioner was approved for MA subject to a monthly deductible of \$1,192, and that from June 2, 2024, to June 30, 2024, Petitioner was approved for full coverage MA benefits. (Exhibit A, pp. 12-19)
6. On or around July 2, 2024, a hearing was requested on Petitioner's behalf, disputing the Department's actions with respect to the MA program. Specifically, Petitioner's Authorized Hearing Representative (AHR) asserted that Petitioner's medical expenses are recurring and will not change and should be applied to Petitioner's MA deductible on an ongoing basis. (Exhibit A, pp. 3-4; Exhibit 1, pp. 3-7)

CONCLUSIONS OF LAW

Department policies are contained in the Department of Health and Human Services Bridges Administrative Manual (BAM), Department of Health and Human Services Bridges Eligibility Manual (BEM), Department of Health and Human Services Reference Tables Manual (RFT), and Department of Health and Human Services Emergency Relief Manual (ERM).

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act, 42 USC 1396-1396w-5; 42 USC 1315; the Affordable Care Act of 2010, the collective term for the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152; and 42 CFR 430.10-.25. The Department (formerly known as the Department of Human Services) administers the MA program pursuant to 42 CFR 435, MCL 400.10, and MCL 400.105-.112k.

In this case, the hearing was requested to dispute the Department's actions with respect to Petitioner's MA benefits. At the hearing, Petitioner's AHR confirmed that there was no dispute regarding the calculation of Petitioner's MA deductible of \$1,192 or that Petitioner was found eligible for MA under the G2S category subject to a monthly deductible. The AHR clarified that at issue is the Department's failure to properly process Petitioner's medical expenses and apply them to her monthly deductible on an ongoing basis. Petitioner's AHR argued that Petitioner's expenses are recurring each month and do not change. The AHR asserted that Petitioner was approved for personal home help services through the Department and that the expenses are ongoing and recurring on a monthly basis. Petitioner's AHR also asserted that Petitioner had incurred charges for in-home care, community support services, and overnight health and safety support services daily that had previously been accepted by the Department and applied to Petitioner's monthly deductible, activating full coverage MA benefits to Petitioner the second day of each month.

Group 2 MA income eligibility exists for the calendar month tested when there is no excess income or the allowable medical expenses (defined in Exhibit 1) equal or exceed the excess income. When personal care services (defined in Exhibit ID) equal or exceeds the group's excess income for the month tested, income eligibility exists for the entire month. Income eligibility may be ongoing unless a change is projected; see Exhibit II in BEM 545. BEM 545 (July 2022), pp. 1-4. Exhibit ID of BEM 545 indicates that allowable medical expenses include amounts the medical group incurs for personal care services. Personal care expenses are incurred monthly regardless of when services are paid for. The list of allowable personal care services is identified in BEM 545, pp. 22-23 and if available, the Department can use the verifications obtained by the Adult Services specialist for the Home Help eligibility determination. Clients with excess income for MA and receiving personal care Home Help Services (HHS) may be eligible for ongoing MA coverage which can be authorized or continued at the client's requested option, provided all conditions outlined in BEM 545 Exhibit II are met, under the personal care option. See BEM 545, at pp. 23-26.

Additionally, ASM 105 indicates that clients who have a MA deductible and need Home Help personal care services, may become eligible for MA under the Medicaid personal care option. The Department is to discuss this option with the client and coordinate implementation with the client's eligibility specialist. ASM 105 (June 2020), p.1. Conditions of eligibility include that a client meets all MA eligibility factors except income, a Home Help case is open, the client is eligible for personal care services, and the cost of personal care services is more than the MA excess income amount. If all of these conditions have been satisfied, the client has met the MA deductible requirements, and the adult services worker can apply the personal care option in MiAIMS. ASM 105, pp. 1-4.

At the hearing, the Department did not dispute that Petitioner continues to have an open Home Help Services (HHS) case and is eligible for personal care services through the Home Help program. (Exhibit 1, p. 65). A Time & Task Management Form issued by the Department shows that as of October 10, 2022, Petitioner's personal care service provider Faithful Hands Corp was approved to provide services to Petitioner on a monthly basis at an approved monthly rate of \$1,512.52, which is greater than the monthly deductible of \$1,192. (Exhibit 1, p. 65). While the Department argued that this form is outdated and cannot be used for Petitioner's current eligibility, there was no evidence that the Department coordinated implementation or verification of the personal care option with the adult services worker as required. Furthermore, Petitioner's AHR asserted that Petitioner continues to be approved for HHS through the Department and that the rate has since increased, further supporting the argument that the personal care option criteria had been met. In accordance with the above referenced policy, if Petitioner meets the criteria for the personal care option or if the personal care services equal or exceed the amount of Petitioner's deductible, income eligibility will exist for the entire month, and Petitioner is eligible for Medicaid. Upon review, the Department failed to establish that it properly determined Petitioner's MA eligibility, as it failed to consider Petitioner's eligibility for the personal care option.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it determined Petitioner's MA eligibility for June 2024, ongoing.


DECISION AND ORDER

Accordingly, the Department's decision is **REVERSED**.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Redetermine Petitioner's MA eligibility effective June 1, 2024, specifically, considering Petitioner's eligibility for the personal care option, coordinating with the adult services worker if necessary;
2. Process any remaining medical expenses incurred and apply them towards Petitioner's MA deductible for the applicable months;
3. Provide MA coverage to Petitioner for the months in which her MA deductible was met, in accordance with the above and in accordance with Department policy; and;
4. Notify Petitioner and her AHR of its decision in writing.

ZB/ml



Zainab A. Baydoun
Administrative Law Judge

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-8139

Via Electronic Mail:

DHHS

Jeanenne Broadnax
Wayne-Taylor-DHHS
25637 Ecorse Rd.
Taylor, MI 48180

MDHHS-Wayne-18-Hearings@michigan.gov

Interested Parties

BSC4
M Schaefer
EQAD
MOAHR

Via First Class Mail:

Petitioner

[REDACTED]
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Authorized Hearings Representative

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[REDACTED]
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