[redacted]

Date Mailed: July 14, 2020
MOAHR Docket No.: 20-003608
Agency No.: [redacted]
Petitioner: [redacted]

ADMINISTRATIVE LAW JUDGE: Corey 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 Petitioner's request for a hearing.

After due notice, a hearing was held on July 9, 2020. Petitioner appeared and offered testimony on his own behalf. Leigh Burghdoff, Appeals Review Officer, appeared on behalf of the Respondent, Michigan Department of Health and Human Services (Department of MDHHS). Kimberly Williams, Adult Services Supervisor appeared as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's Home Help Services (HHS) requests because Petitioner did not have active Medicaid?

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 male, born [redacted], who applied for HHS on March 26, 2020. (Exhibit A, p 11; Testimony.)

2. Petitioner's last period of Medicaid coverage ended in 2017. (Exhibit A, p 11; Testimony.)

3. On April 6, 2020, the Department sent Petitioner a Negative Action notice. The notice indicated Petitioner's request for HHS was denied as a result of Petitioner not having an active Medicaid case with the appropriate scope of coverage. (Exhibit A, p 12; Testimony.)

4. On April 6, 2020, Petitioner submitted a second request for HHS. (Exhibit A, p 13; Testimony.)

5. On April 22, 2020, the Department sent Petitioner a second Negative Action notice. The second notice indicated Petitioner's second request for HHS was denied as a result of Petitioner not having an active Medicaid case with the appropriate scope of coverage. (Exhibit A, p 15; Testimony.)

6. On June 9, 2020, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, pp 4-9; Testimony.)

7. At the time of the hearing, Petitioner received Medicare. (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:

> **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 Program Enrollment Type (PET) codes.

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).
- 7W (MiChild)
- 8L (Flint)

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 Michigan Adult Integrated Management System (MiAIMS) 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 MiAIMS.

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.[1]

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 Department's witness testified that at the time of Petitioner's request, Petitioner did not have an acceptable form of Medicaid.

Petitioner indicated that he had Medicaid and that the Medicaid program and Medicare program are under the same umbrella so he should be automatically eligible for both. Petitioner went on to also argue that because he was eligible for Medicaid at one time, he should therefore still be eligible.

First, past receipt of benefits does not guarantee future receipt of benefits. Additionally, while both the Medicare and Medicaid programs are similar, they still have their own requirements that need to be met in order to be eligible for the respective benefit.

Based on the evidence presented, Petitioner has not proven, by a preponderance of evidence that the Department erred in denying his HHS applications due to lack of active Medicaid. While Petitioner argues he is eligible for Medicaid, he has failed to provide any supporting documentation to support his position. As such, the Department properly denied Petitioner's HHS applications.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department did not err in denying Petitioner's HHS application.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

CA/sb

Corey Arendt
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

[1] Adult Services Manual (ASM) 105, January 1, 2018, pp 1-2.

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 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

Michelle Martin
Capitol Commons
6th Floor
Lansing, MI
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DHHS-Location Contact

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