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Date Mailed: October 15, 2021
MOAHR Docket No.: 21-004225
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 telephone hearing was held on October 13, 2021. Petitioner appeared on his own behalf. Allison Pool, Appeals Review Officer, represented Respondent, Michigan Department of Health and Human Services (Department). Robin McEachin, Adult Services Worker (ASW), appeared as a witness for the Department.

ISSUE

Did the Department properly close 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. Petitioner is a Medicaid beneficiary, born [REDACTED] 1964, who was referred for HHS on or about May 11, 2021. (Exhibit A, p 13; Testimony)
2. On May 26, 2021, Petitioner participated in a telephone assessment. (Exhibit A, p 20.)
3. As of May 26, 2021, Petitioner had a Medicaid Spend down of \$[REDACTED]. (Exhibit A, p 15; Testimony.)
4. Between May 26, 2021, and July 12, 2021, there were issues with Petitioner not meeting his Medicaid Spend down obligations. (Exhibit A, pp 23-24; Testimony.)
5. On August 2, 2021, Petitioner informed the Department he was accepted into the Valley Area Agency on Aging program and was no longer interested in HHS and wished to have his case closed. (Exhibit A, p 24;

Testimony.)

6. On August 3, 2021, the Department sent Petitioner a Negative Action Notice. The notice indicated the Petitioner's case would close effective August 3, 2021, due to Petitioner now participating in a waiver program. (Exhibit A, p 24; Testimony.)
7. On September 14, 2021, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A, pp 6-12.)
8. On September 30, 2021, the Petitioner called the Department and requested back pay for his provider. (Exhibit A, p 25.)

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.

Adult Services Manual (ASM) 170 addresses Case Closures:

Services not Covered by Home Help

Home Help cases may be closed due to a number of reasons. The case must have all documentation and contacts entered in MiAIMS before the case is closed...

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

- The client fails to meet any of the eligibility requirements.
 - Not 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 which would result in a duplication of services.¹

ASM 105 addresses Eligibility Criteria for the Home Help Services program:

Home Help eligibility requirements include all of the following:

- Medicaid eligibility.
- Appropriate program enrollment type (PET) code.
- 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).

The client may be eligible for Medicaid (MA) when either all requirements for Medicaid eligibility have been met, or the Medicaid 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 (MI Child).
- 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.²

¹ ASM 170, Case Closure, January 1, 2021, pp 1-2.

² ASM 105, Eligibility Criteria, June 1, 2020, p 1.

The Department indicated the Petitioner's case closed for multiple reasons including the fact Petitioner enrolled with a waiver agency and there would be a duplication of services and due to Petitioner requesting his case be closed. The Department also indicated that there was an issue with Petitioner having a spend down and no evidence of Petitioner ever meeting that spend down requirement.

Petitioner did not dispute the fact he had requested his case be closed. Petitioner did however argue that he did not have a spend down and further requested back pay for the months in question and/or to have a new case opened retroactive to the date he was determined not eligible for the waiver agency.

Petitioner has failed however to provide any evidence to corroborate his claim that he had either ran active and acceptable Medicaid during the months in question or that he had met the required spend down amount. Petitioner has also failed to provide any policy or rule that would require the Department to retroactively open a new case or process a new application with a retroactive date due to him no longer being eligible for waiver services.

According to the above policy, the ASW acted appropriately in closing Petitioner's case when the Petitioner specifically requested his case to be closed. Further, the ASW also could rightfully close the case if it were determined Petitioner would be receiving a duplication of services once accepted into the waiver agency.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly closed Petitioner's HHS case based on the available information.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.

CA/dh

J. Arendt
Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, 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 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 48909

DHHS Department Rep.

M. Carrier
Appeals Section
PO Box 30807
Lansing, MI 48933

Agency Representative

Allison Pool
MDHHS Appeals Section
PO Box 30807
Lansing , MI 48909

Petitioner

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

DHHS-Location Contact

Wendy Brown
125 E. Union St, 7th Floor
Flint, MI 48502