

**STATE OF MICHIGAN**  
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
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IN THE MATTER OF:

██████████,

Appellant

\_\_\_\_\_ /

Docket No. 2010-44961 HHS  
Case ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, following the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant, ██████████, was present. He was represented by his mother, ██████████. Appeals Review Officer, ██████████, represented the Department. ██████████, Adult Services Specialist, testified on behalf of the Department. Adult Services Supervisor, ██████████ was also present.

**ISSUE**

Did the Department properly deny the Appellant's request for Home Help Services (HHS)?

**FINDINGS OF FACT**

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

1. The Appellant is a Medicaid beneficiary.
2. The Appellant requested HHS in ██████████, and a home visit was attempted ██████████ but the Appellant was not home. (Exhibit 1, pages 5, 10; Testimony of ██████████)
3. On ██████████ the Department issued an Adequate Negative Action Notice, advising the Appellant that his request for HHS would be denied effective ██████████ if the Appellant did not provide the worker with a completed application and a DHS 54-A medical needs form. (Exhibit 1, pages 7-9)

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4. On [REDACTED], the Department received the Appellant's Request for Hearing. (Exhibit 1, pages 3-4)
5. As of the date of the hearing, the worker had not received either the completed HHS application or the medical needs form. (Testimony of [REDACTED])

**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 Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

HHS is 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.

Policy requires that the following criteria to be met in order to be eligible for HHS:

**Home Help Services (HHS)**

**Payment** related independent living services are available if the client meets HHS eligibility requirements. Clients who may have a need for HHS should be assisted in applying for Medicaid (MA). Refer the client to an eligibility specialist. Cases pending MA determination may be opened to program 9 (ILS). HHS eligibility requirements include all of the following:

- The client must be eligible for Medicaid.
- Have a scope of coverage of:
  - 1F or 2F,
  - 1D or 1K, (Freedom to Work), **or**
  - 1T (Healthy Kids Expansion).
- The client must have a need for service, based on
  - Client choice, **and**
  - Comprehensive Assessment (DHS-324) indicating a functional limitation of level 3 or greater in an ADL or IADL.
- Medical Needs (DHS-54A) form signed and dated by a medical professional certifying a medical need for personal care services. The medical professional must be an enrolled Medicaid provider and hold one of the following professional licenses:

- Physician.
- Nurse practitioner.
- Occupational therapist.
- Physical therapist.

*Adult Services Manual (ASM) 362, pages 1-2, 12-1-2007*

Here, there is no dispute that the Appellant did not meet any of the eligibility criteria. The worker never received a completed HHS application or medical needs form, and the Appellant was not available for the scheduled in-home assessment. Therefore, the Department's denial of the Appellant's request for HHS was proper. However, as the Appellant was advised at the hearing, he may re-apply for HHS at any time.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's denial of the Appellant's request for HHS was proper.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Kristin M. Heyse  
Administrative Law Judge  
for Janet Olszewski, Director  
Michigan Department of Community Health

cc:



Date Mailed: 10/21/2010

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**\*\*\* NOTICE \*\*\***

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.