

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant.

Docket No. 2011-42116 HHS
Case No. 2336107

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to M.C.L. § 400.9 and 42 C.F.R. § 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on August 24, 2011. Appellant appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Supervisor, and ██████████, Adult Services Specialist, from the ██████████ DHS-District ██████████ Office appeared as witnesses for the Department.

ISSUE

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

FINDINGS OF FACT

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

1. Appellant is a ████████ year-old Medicaid beneficiary.
2. Appellant has been diagnosed with post-surgery bilateral shoulder degeneration, osteophyte c4-c5, and cord compression. (Exhibit 1, page 9).
3. Appellant applied for HHS in ██████████. (Testimony of Appellant).
4. As part of the application process, a DHS 54-A Medical Needs Form was printed out for Appellant's physician to complete. (Testimony of Appellant).

5. No medical needs form was returned by ██████████, the date the form was due. According to Appellant, it was her doctor's fault no form was timely returned. (Testimony of Appellant).
6. On ██████████, the Department issued an Adequate Negative Action Notice denying HHS because Appellant did not return her medical needs form by the due date. (Exhibit 1, pages 6-7).
7. On ██████████, the Department received Appellant's Request for Hearing. In that request, Appellant stated that she is unable to care for herself due to her permanent and disabling medical conditions. (Exhibit 1, pages 4-5).
8. On ██████████, another HHS case was opened for Appellant. (Exhibit 1, page 6). Appellant also provided a completed medical needs form on that date. (Testimony of Adult Services Specialist ██████████).
9. On ██████████, a home visit was conducted and Appellant was approved for HHS. (Exhibit 1, pages 6-10).

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.

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.

Both Adult Services Manual 362 (12-1-07) (hereinafter "ASM 362") and Adult Services Manual 363 (9-1-08) (hereinafter "ASM 363") address the need for a Medical Needs Form certifying a medical need for the specified personal services prior to authorizing 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:

- Medical Needs (DHS-54-A) 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.

(ASM 362, page 2 of 5)

Necessity For Service

The adult service worker is responsible for determining the necessity and level of need for HHS based on:

- Verification of the client's medical need by a Medicaid enrolled medical professional. The client is responsible for obtaining the medical certification of need. The Medicaid provider identification number must be entered on the form by the medical provider. The Medical Needs form must be signed and dated by one of the following medical professionals:
 - Physician.
 - Nurse practitioner.
 - Occupational therapist.
 - Physical therapist.

Exception: DCH will accept a DHS-54A completed by a VA physician or the VA medical form in lieu of the medical needs form.

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The medical professional certifies that the client's need for service is related to an existing medical condition. The medical professional does not prescribe or authorize personal care services.

If the medical needs form has not been returned, the adult services worker should follow-up with the client and/or medical professional.

If the case is closed and reopened within 90 days with no changes in the client's condition, a new DHS-54A is not necessary.


Do **not** authorize HHS prior to the date of the medical professional signature on the DHS-54A.

(ASM 363, page 9 of 24)

As described above, ASM 362 and ASM 363 expressly provide that the Department must have verification of medical need from a Medicaid enrolled provider in order to authorize HHS. In this case, it is undisputed that Appellant did not provide a signed medical needs form prior to the Department denying her application.

Appellant subsequently provided such a form and she was approved for HHS. However, with respect to the prior denial, the policies are clear in this case and the Department properly denied the HHS application based on the information available at that time of the decision.¹

¹ Appellant indicated during the hearing that she would like to appeal both the amount and the start date of her HHS. (Testimony of Appellant). However, those claims did not arise from the denial and they are not before this Administrative Law Judge. Appellant was advised to file an appeal with respect to the approval of HHS and Adult Services Specialist ██████ stated that she would provide Appellant with an appeal form.



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DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Department properly denied Appellant's application for HHS based on the available information.

IT IS THEREFORE ORDERED that:

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


Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:



Date Mailed: 9/1/11

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.