

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

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Docket No. 2012-14179 HHS

██████████
Appellant
_____ /

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 the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████, ██████████. The Appellant appeared without representation. She had no witnesses. ██████████, Appeals Review Officer, represented the Department. Her witness was ██████████, ASW.

ISSUE

Did the Department properly terminate Home Help Services (HHS) for the Appellant?

FINDINGS OF FACT

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

- 1) The Appellant is a ██████-year old Medicaid beneficiary. (Appellant's Exhibit #1)
- 2) The Appellant alleges disability by way of DM, osteoarthritis and obesity and pain. (Appellant's Exhibit #1 and Department's Exhibit A, p. 11)
- 3) The Appellant testified that she has trouble walking, getting out of bed and getting dressed. She said she needs a new doctor. (See Testimony and Appellant's Exhibit #1)
- 4) Following a face to face comprehensive assessment conducted in the Appellant's home on ██████████, the ASW sent the Appellant a DHS 1212 Advance Negative Action Notice terminating benefits effective ██████████. (Department's Exhibit A, pp. 2 and 7)

- 5) The ASW explained that benefits were terminated for lack of a medical certification that the Appellant had a medical need for services as reflected on medical needs form DHS-54A. (Department's Exhibit A, pp. 7 and 11)
- 6) The request for hearing on the instant appeal was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on [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.

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.

COMPREHENSIVE ASSESSMENT

The DHS-324, Adult Services Comprehensive Assessment is the primary tool for determining need for services. The comprehensive assessment must be completed on all open independent living services cases. ASCAP, the automated workload management system, provides the format for the comprehensive assessment and all information must be entered on the computer program.

Requirements for the comprehensive assessment include, but are not limited to:

- A comprehensive assessment will be completed on all new cases.
- A face-to-face contact is required with the client in his/her place of residence.
- The assessment may also include an interview with the individual who will be providing home help services.
- A new face-to-face assessment is required if there is a request for an increase in services before payment is authorized.
- A face-to-face assessment is required on all transfer-in cases before a payment is authorized.

- The assessment must be updated as often as necessary, but minimally at the six month review and annual redetermination.
- A release of information must be obtained when requesting documentation from confidential sources and/or sharing information from the department record.

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Adult Service Manual (ASM), §120, page 1 of 6, 11-1-2011.

Medical Need Certification

Medical needs are certified utilizing the DHS-54A, Medical Needs form and must be completed by a Medicaid enrolled medical professional. A completed DHS-54A or veterans administration medical form is acceptable for individual treated by a VA physician; see ASM 115, Adult Services Requirements. ASM §105, page 2 of 3

The Department witness testified that she sent a termination notice to the Appellant because her physician did not certify a medical need for services on DHS-54A.


The Appellant testified that she is looking for a new doctor because she is in a lot of pain and has trouble walking. She said she needs medical attention for her knees and legs – again.

On review, the Appellant's appeal must fail because she had no evidence supporting completion and submission of a certified medical needs form DHS-54A from her physician.

The Department witness advised the Appellant that there was nothing else the Department could do – absent a medical certification.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly terminated the Appellant's HHS for lack of a medical certification.


Docket No. 2012-14179 HHS
Decision and Order

IT IS THEREFORE ORDERED that:

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

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

cc:



Date Mailed: _____ 3-6-12 _____

***** 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.