

**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. 2012-15935 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 was represented by ██████████. ██████████ Appeals Review Officer, represented the Department. Her witness was ██████████

ISSUE

Did the Department properly deny 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 multiple strokes and other unknown maladies. He is reported to be wheelchair bound. (Appellant's Exhibit #1)
- 3) The Appellant's representative testified that the Appellant needs assistance, but she keeps "running into a wall." (See Testimony)
- 4) The Appellant's representative said that their former physician only partially completed the medical needs form – but now they have a new one – uncompleted. She said that she would have the new physician complete the form and then fax it to DHS. (See Testimony)
- 5) On ██████████, the ██████████ sent the Appellant an Adequate Negative Action Notice (DHS1212) advising him that Home Help Services (HHS) cannot be provided because the Medical Needs form DHS-54A was not received. (Department's Exhibit A, pp. 2, 5)

- 6) The request for hearing on the instant appeal was received by the Michigan Administrative Hearings 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 are 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 denial notice to the Appellant because she never received the medical needs form DHS-54A.

The Appellant's representative testified that she received the 54A form – but that their physician did not fill it out. The Appellant's representative said that they changed doctors – and received the new form in blank and will take it to that physician for completion on or about ██████████. The Appellant's representative testified that she understood receipt of the form was essential to the approval process – but that she “could not make the doctor do her job.”

On review, the Appellant's appeal must fail because he had no relevant evidence supporting completion and submission of the required medical needs form DHS-54A.

The Department witness advised the Appellant that he would be free to reapply if more time was necessary to complete the newly received form DHS-54A.

DECISION AND ORDER

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

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

Docket No. 2012-15935 HHS
Decision and Order

cc:

[REDACTED]

Date Mailed: 3-5-12

***** 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.