

**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. 2012-29913 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. ██████████, R.N., Appeals Review Officer, represented the Department. Her witnesses were ██████████, ASW, ██████████ ASW and ██████████, ASW supervisor.

ISSUE

Did the Department properly suspend 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 disabled ██████-year-old Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant alleges disability by way of uterine fibroids, menometrorrhagia, pelvic pain, arthritis, and depression with psychotic features. (Department's Exhibit A, page 19)
3. The Appellant said she did not know why the Medical Needs form was filled out improperly. With regard to the NPI number, she said "...maybe they've got two numbers." (See Testimony and Joint Ex. B pages 1 - 3)
4. The Appellant said that after her ██████ weeks of certification for HHS – she "wasn't doing good" and had to go back to the doctor. She said she thought the original certification was good for a year. (See Testimony)

5. On [REDACTED] ASW [REDACTED] sent the Appellant an Advance Negative Action Notice (DHS1212) advising her that Home Help Services (HHS) would be suspended as she did not turn in a completed DHS-54A Medical Needs Form. The suspension was to be effective on [REDACTED]. (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]. (Appellant's Exhibit #1)

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.

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 did not receive a completed Medical Needs form DHS-54A from the Appellant's physician.

The Appellant testified that she took the DHS-54A Medical Needs form to her doctor on [REDACTED] – and watched them fill it out. On discovery of varying NPI numbers at hearing – she said "...maybe they've got two numbers." (See Joint Exhibit B – throughout)

On review, the Appellant failed to understand that her initial Medical Needs form was a certification for [REDACTED] weeks of service while she recuperated from recent surgery. When the department took action to suspend - they did not have a new DHS-54A Medical Needs form in hand as required under policy. Furthermore, later receipt showed suspicious error on completion of unacceptable copies of the Medical Needs form.

The Department witness advised the Appellant that she would be free to reapply if she is experiencing a significant change in medical condition. On receipt of such a Medical Needs form HHS benefits may be reinstated.

DECISION AND ORDER

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

[REDACTED]
Docket No. 2012-29913 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:

[REDACTED]

Date Mailed: 5-8-12

***** 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.