

**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) 373-4147

IN THE MATTER OF:

██████████,

Appellant

Docket No. 2013-11552 HHS
Case No. ██████████

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 on his own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker ("ASW"), and ██████████, Adult Services Supervisor, appeared as a witness for the Department.

ISSUE

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

FINDINGS OF FACT

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

1. On or about ██████████, the Department received a referral for the Appellant for the HHS program. (Exhibit 1, page 10)
2. The Department received a DHS 54-A Medical Needs form from the Appellant's doctor's office, but it was not signed by the doctor. (ASW Testimony)
3. The ASW mailed the DHS-54A Medical Needs form back to the Appellant's doctor's office with a return envelope, requesting the doctor's signature on the form. (ASW Testimony)
4. The Appellant was at an appointment with the doctor's assistant when a rubber stamp with the doctor's name on it was used on the returned DHS-54A Medical Needs form. The doctor's assistant gave the stamped form and envelope to the Appellant, who mailed it back to the Department. (Appellant

Testimony)

5. The Department received the DHS-54A medical needs form back, still missing the doctor's signature. (ASW Testimony)
6. On [REDACTED], the ASW sent the Appellant an Adequate Action Notice which informed him that the HHS application was denied. (Exhibit 1, pages 5-9)
7. On [REDACTED], the Appellant's hearing request was received by the Michigan Administrative Hearing System. (Exhibit 1, page 4)

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 Social Welfare Act, 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.

Adult Services Manual (ASM) 101, 11-1-11, addresses HHS payments:

Payment Services Home Help

Home help services are non-specialized personal care service activities provided under the independent living services program to persons who meet eligibility requirements.

Home help services are provided to enable individuals with functional limitation(s), resulting from a medical or physical disability or cognitive impairment to live independently and receive care in the least restrictive, preferred settings.

*Adult Services Manual (ASM) 101,
11-1-2011, Page 1 of 4.*

Adult Services Manual (ASM) 105, 11-1-11, addresses HHS eligibility requirements:

Requirements

Home help eligibility requirements include all of the following:

- Medicaid eligibility.
- Certification of medical need.
- Need for service, based on a complete comprehensive assessment (DHS-324) indicating a functional limitation of level 3 or greater for activities of daily living (ADL).
- Appropriate Level of Care (LOC) status.

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 forms are acceptable for individual treated by a VA physician; see ASM 115, Adult Services Requirements.

*Adult Services Manual (ASM) 105,
11-1-2011, Pages 1-2 of 3*

Adult Services Manual (ASM) 115, 11-1-11, addresses the DHS-54A Medical Needs form:

MEDICAL NEEDS FORM (DHS-54A)

The DHS-54A, Medical Needs form must be 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 (M.D. or D.O.).
- Nurse practitioner.
- Occupational therapist.
- Physical therapist.

Note: A physician assistant (PA) is not an enrolled Medicaid provider and **cannot** sign the DHS-54A.

The medical needs form is only required at the initial opening for SSI recipients and disabled adult children (DAC). All other Medicaid

recipients must have a DHS-54A completed at the initial opening and annually thereafter.

The client is responsible for obtaining the medical certification of need but the medical professional and not the client must complete the form. The National Provider Identifier (NPI) number must be entered on the form by the medical provider and the medical professional must indicate whether they are a Medicaid enrolled provider.

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.** Needed services are determined by the comprehensive assessment conducted by the adult services specialist.

*Adult Services Manual (ASM) 115,
11-1-2011, Pages 1-2 of 3
(Underline added by ALJ)*

In order to authorize Home Help Services, the Adult Services Manual requires verification of the medical need for assistance signed and dated by a Medicaid enrolled medical professional. The Department received a DHS 54-A Medical Needs form from the Appellant's doctor's office, but it was not signed by the doctor. The ASW mailed the DHS-54A Medical Needs form back to the Appellant's doctor's office with a return envelope, requesting the doctor's signature on the form. The Department received the DHS-54A medical needs form back, still missing the doctor's signature. Accordingly, the ASW determined that the Appellant's HHS application must be denied because there was no medical verification signed and dated by a Medicaid enrolled medical professional, as required by policy. (ASW Testimony)

The Appellant was at an appointment with the doctor's assistant when a rubber stamp with the doctor's name on it was used on the DHS-54A Medical Needs form the ASW mailed back to the doctor's office. The doctor's assistant gave the stamped form and envelope to the Appellant, who mailed it back to the Department. If the Appellant had been informed that the doctor's signature was required, he would have had it done and could have gotten a signed form back to the Department. The Appellant noted how long it took for a determination and the number of attempts he made to contact the ASW and even the supervisor. (Appellant Testimony)

The delay in making a determination and lack of communication with the Appellant is very troubling. However, there is no remedy this ALJ can order regarding those issues. Eventually the Department made a determination, and denied the application because the medical verification was not signed by a Medicaid enrolled medical professional.

The Adult Service Manual policy is clear. Verification is required certifying the client's medical need for services and must be signed and dated by a Medicaid enrolled

medical professional. The evidence establishes that the DHS-54A Medical Needs form in this case was not actually signed by a Medicaid enrolled medical professional. Even when the ASW returned the form to the doctor's office for a signature, it was only stamped with a rubber stamp containing the doctor's name. The Department properly denied the Appellant's Home Help Services application based on the information available at that time.

If he has not already done so, the Appellant may wish to reapply for the HHS program and provide a correctly completed, signed and dated medical verification of his medical need for assistance with personal care activities.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.

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Colleen Lack
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 2/15/2013

***** 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.