

**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. 2013-30663 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 her own behalf. ██████████, daughter, appeared as a witness for the Appellant. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker, appeared as a witness for the Department.

**ISSUE**

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

**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 ██████████, the Department received a referral for the Appellant for the HHS program. (Exhibit 1, page 9)
2. On ██████████, the Department sent the Appellant an Independent Living Services (ILS) introduction letter, DHS-390 Adult Services Application and DHS-54A Medical Needs form. The introduction letter would have indicated these forms were due back within 21 days. (Exhibit 1, page 5; Adult Services Manual (ASM) 110, 11-1-2011, Page 1 of 2)
3. On ██████████, the Department sent an Adequate Action Notice to the Appellant stating the HHS referral was denied because the Appellant failed to return the application for services and the Medical Needs form, therefore the Department was unable to determine eligibility. (Exhibit 1, pages 5-8)

4. On ██████████, the Appellant's Request for Hearing 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) 115, 11-1-2011, page 1 of 3 addresses Adult Services Requirements:

#### **APPLICATION FOR SERVICES (DHS-390)**

The client must complete and sign a DHS 390, Adult Services Application to receive independent living services. An authorized representative or other person acting for the client may sign the DHS-390 if the client either:

- Is incapacitated.
- Has a court-appointed guardian.

A client unable to write may sign with an X, witnessed by one other person (for example, relative or department staff). The adult services specialist **must not** sign the DHS-390 on behalf of the client.

The DHS-390 remains valid unless the case record is closed for more than 90 days.

#### **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 form must be completed by the medical professional and not the client. 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,*  
Page 1 of 3

Adult Services Manual (ASM) 110, 11-1-2011, page 1 of 2 addresses the referral process:

### **REFERRAL INTAKE**

A referral may be received by phone, mail or in person and must be entered on ASCAP upon receipt. The referral source does not have to be the individual in need of the services.

### **Registration and Case Disposition Action**

Complete a thorough clearance of the individual in the ASCAP client search and Bridges search.

Complete the **Basic Client** and **Referral Details** tabs of the **Client** module in **ASCAP**.

Supervisor or designee assigns case to the adult services specialist in the **Disposition** module of **ASCAP**.

### **Documentation**

Print introduction letter, the DHS-390, Adult Services Application and the DHS-54A, Medical Needs form and mail to the client. The introduction letter allows the client 21 calendars days to return the documentation to the local office.

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**Note:** The introduction letter does **not** serve as adequate notification if home help services are denied. The specialist must send the client a DHS-1212A, Adequate Negative Action Notice; see ASM 150, Notification of Eligibility Determination.


*Adult Services Manual (ASM) 110, 11-1-2011,*  
Page 1 of 2

On ██████████, the Department received a referral for the Appellant for the HHS program. (Exhibit 1, page 9) On ██████████, the Department sent the Appellant an Independent Living Services (ILS) introduction letter, DHS-390 Adult Services Application and DHS-54A Medical Needs form. The introduction letter would have indicated these forms were due back within 21 days. (Exhibit 1, page 5; Adult Services Manual (ASM) 110, 11-1-2011, Page 1 of 2) The ASW testified the required forms were not returned. Accordingly, on ██████████, the Department sent an Adequate Action Notice to the Appellant stating the HHS referral was denied because the Appellant failed to return the application for services and the Medical Needs form, therefore the Department was unable to determine eligibility. (Exhibit 1, pages 5-8)

The Appellant's testimony indicated there were issues with her doctor's completing the medical needs form, and it was not sent to the Department until after the due date. The Appellant's testimony also indicated the Appellant had not understood that in addition to the doctor's office sending the Medical Needs form, the Appellant also had to complete the Adult Services Application and return it to the Department herself. The Appellant has a closed head injury and has some trouble with reading information and confusion. (Appellant Testimony)

The Department policy only allows for 21 calendar days from when the introduction letter and forms are sent for the DHS-390 Adult Services Application and the DHS-54A Medical Needs form, to be completed and returned. In response to the ██████████ referral, the Department sent the introduction letter and required forms to the Appellant on ██████████. The evidence indicates the DHS-390, Adult Services Application and DHS-54A Medical Needs form were not submitted to the Department within 21 days from ██████████. Accordingly, the Department's determination to deny the Appellant's HHS referral because the required forms were not returned within the 21 day timeframe must be upheld.

If she has not already done so, the Appellant can always make a new referral for the HHS program and ensure she has both the Adult Services Application and the Medical Needs form returned by the due date provided in the new introduction letter.

  
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**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 referral because the required documentation was not returned within the 21 day timeframe.

**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:



Date Mailed: 4/23/2013

**\*\*\* 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.