

**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. 2013-19744 HHS
Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) 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 ██████████. Appellant's ██████████ appeared and testified on the Appellant's behalf. Appellant ██████████ appeared but did not testify. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW), from the Genesee County DHS Office appeared and testified 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. Appellant is a ██████ year-old Medicaid beneficiary.
2. On or about ██████████, Appellant contacted Department of Human Services (DHS) to apply for HHS. (Exhibit A, p. 9).
3. On ██████████, ASW ██████████ sent the Appellant an application and a DHS-54A Medical Needs Form for the Appellant's physician to fill out. The paperwork was to be returned to the Department by ██████████. (Exhibit A, pp. 6-10 and testimony).
4. On ██████████, the Department issued an Adequate Negative Action Notice denying HHS due to the Appellant's failure to return the Application for HHS and the DHS-54A by ██████████. (Exhibit A, pp. 6-8).

**Docket No. 2013-19744 HHS
Decision and Order**

5. On [REDACTED], MAHS received Appellant's Request for Hearing. (Exhibit A, p. 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 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. Individuals who wish to apply have to meet certain application requirements, including filing a timely application and medical needs form. The DHS Adult Services Manual sets forth these requirements. The pertinent policy sections are set forth below:

Medical Need Certification

Medical needs are certified utilizing the DHS-54A, Medical Needs form and must be completed by a Medicaid enrolled medical professional. Completed DHS-54A or veterans administration medical forms are acceptable for individual treated by a VA physician; see ASM 115, Adult Service Requirements. [ASM 105, p. 2 of 3, 11-1- 2011].

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.

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. [ASM 110, p. 1 of 2, 11-1- 2011, emphasis added].

* * *

**(ADULT SERVICES REQUIREMENTS)
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.

....

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

██████████
Docket No. 2013-19744 HHS
Decision and Order

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

If the medical needs form has not been returned, the Adult Services Specialist should follow-up with the client and/or medical professional.

Do not authorize Home Help Services prior to the date of the medical professional signature on the DHS-54A.

The medical needs form does not serve as the application for services. If the signature date on the DHS-54 is before the date on the DHS-390, payment for home help services must begin on the date of the application.

If the case is closed and reopened within 90 days with no changes in the client's condition, a new DHS-54A is not necessary. (Emphasis supplied by ALJ) [ASM 115, pages 1 and 2 of 3, 11-1- 2011, emphasis added].

As described above, ASM 105, ASM 110 and ASM 115 expressly provide that an applicant for HHS must return the documentation (a completed application and the DHS-54A medical needs form) to the local DHS office within 21 days. Furthermore, the ASW must have verification of medical need from a medical professional in order to authorize HHS. In this case, it is undisputed that no application or medical needs form had been returned to the local DHS office at the time the Department acted to deny Appellant's request for HHS. The Department advised Appellant that the HHS application and the DHS-54A were due back by ██████████. The ASW allowed Appellant an additional month to return the proper documentation, and when it was not received by ██████████ his request for services was denied.

The above policies are clear in this case and the Department properly denied the request for HHS based on the information available at that time the decision was made, as no completed application had been received by the local DHS office and no medical provider had certified that the Appellant had a medical need for personal assistance services.

Appellant's ██████ claimed that the documentation was returned in a timely manner. However, when questioned about this, the Appellant's ██████ indicated the documentation was placed in a drop box at another DHS office, not the local office where the original request for services was made. Accordingly, Appellant's ██████ acknowledged that he had not returned the documentation to the proper office in a timely manner.

**Docket No. 2013-19744 HHS
Decision and Order**

The Department did indicate if the paperwork could be retrieved from the other DHS office where it was allegedly placed in a drop box, and if it was date stamped received in a timely manner by the other DHS Office, they would be able to move forward and consider the Appellant's application. Otherwise, the Appellant could always reapply for HHS. The previous denial is affirmed based on the information available to the Department at the time they made their decision to deny HHS.

DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

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

/s/

William D. Bond
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc:



Date Mailed: February 14, 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.