

**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.** 2013-53757 HHS

██████████

██████████

**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. ██████████ Appeals Review Officer, represented the Department. ██████████ Adult Services Worker ("ASW"), and ██████████, Adult Services Supervisor, appeared as witnesses 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. The Appellant has multiple diagnoses, including: history of depression, bipolar disorder, PTSD, borderline personality disorder, memory difficulty, hypertension, hyperlipidemia, chronic back pain, chronic knee pain, diabetes mellitus type II, morbid obesity and osteoarthritis. (Exhibit 1, pages 11-13)
2. On ██████████, the Department received a DHS-54A Medical Needs form completed by ██████████ for a previous referral for the Appellant for the HHS program. The doctor did not certify that the Appellant had a medical need for assistance with any of the listed personal care activities. (Exhibit 1, page 13)
3. On or about ██████████, the Department received a new referral for the Appellant for the HHS program. (Exhibit 1, page 5)

4. ██████████ completed a DHS 54-A Medical Needs form after seeing the Appellant on ██████████. The first version of this form the Department received was a copy brought in by the Appellant's proposed HHS provider. On this form, ██████████ certified that the Appellant had a medical need for assistance and several activities were circled. The ASW had questions about this form and called ██████████ office. (Exhibit 1, pages 9-1111; ASW Testimony)
5. On ██████████, ██████████ office faxed the ASW a new version of the DHS-54A Medical Needs form. On this version, ██████████ did not certify that the Appellant had a medical need for assistance with any of the listed personal care activities. (Exhibit 1, page 12)
6. Based on the available information the ASW concluded that the Appellant did not qualify for HHS. (ASW Testimony)
7. On ██████████, the ASW sent the Appellant an Adequate Action Notice which informed her that the HHS application was denied because the ASW does not have an original Medical Needs form stating that the Appellant needs help. A new form was faxed to the doctor and if it states the Appellant does need help, a new referral will be written. (Exhibit 1, pages 5-8)
8. On ██████████ 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 1of 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.

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### **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*

In order to authorize Home Help Services, the Adult Services Manual requires verification of the medical need for assistance by a Medicaid enrolled medical professional.

On [REDACTED] the Department received a DHS-54A Medical Needs form completed by [REDACTED] for a previous referral for the Appellant for the HHS program. The doctor did not certify that the Appellant had a medical need for assistance with any of the listed personal care activities. (Exhibit 1, page 13)

On or about [REDACTED], the Department received a new referral for the Appellant for the HHS program. (Exhibit 1, page 5)

██████████ completed a DHS 54-A Medical Needs form after seeing the Appellant on ██████████. The first version of this form the Department received was a copy brought in by the Appellant's proposed HHS provider. On this form, ██████████ certified that the Appellant had a medical need for assistance and several activities were circled. The ASW had questions about this form and called ██████████ office. (Exhibit 1, pages 9-11; ASW Testimony)

After taking with the ASW, it appears ██████████ changed his opinion. (Exhibit 1, page 10) On ██████████, ██████████ office faxed the ASW a new version of the DHS-54A Medical Needs form. On this version, ██████████ did not certify that the Appellant had a medical need for assistance with any of the listed personal care activities. (Exhibit 1, page 12)

Based on the available information the ASW concluded that the Appellant did not qualify for HHS. (ASW Testimony)

The Appellant disagrees with the termination. The Appellant's testimony indicates she was concerned that the Department has repeatedly stated they do not have the medical forms her doctors have provided, but there are several in the Department's hearing packet. The Appellant explained that when she first moved, she went to the ██████████ and the doctor took her off her medications and told her she did not need help. (Appellant Testimony) It appears this was ██████████ who completed the ██████████ DHS-54A Medical Needs form. (Exhibit 1, page 13) The Appellant was not sure where the two more recent DHS-54A Medical Needs forms came from. (Appellant Testimony and Exhibit 1, pages 11-12) The Appellant stated she is in need of help, her whole right side is disabled and she has arthritis in her knees. The Appellant thinks there has been a misunderstanding. (Appellant Testimony)

In this case, the policy is clear. Verification is required from a Medicaid enrolled medical professional certifying the client's medical need for services. The medical verification form from ██████████ for the Appellant's prior HHS referral did not certify that the Appellant had a medical need for services. ██████████ revised medical verification for the referral at issue in this case also did not certify that the Appellant has a medical need for services. (Exhibit 1, pages 10-13) Accordingly, the Department's determination to deny the Appellant's Home Help Services application must be upheld based on the available information.

### **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 available information.

**IT IS THEREFORE ORDERED THAT:**

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

/s/

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

CL/db

cc: [REDACTED]

**\*\*\* 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.