

**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. 2013-58253 HHS

██████████

██████████

**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 appeared and testified on her own behalf. ██████████ was also present but did not testify. ██████████ ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW), from the ██████████ County DHS Office appeared and testified for the Department.

**ISSUE**

Did the Department properly terminate the Appellant's Home Help Services (HHS)?

**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 ██████████, Appellant contacted Department of Human Services (DHS) to apply for HHS. (Exhibit A, p. 7).
3. On ██████████, DHS received a DHS 54A Medical Needs form from the Appellant's doctor which certified a medical need for personal assistance services for a period of ██████-months and the Appellant's HHS were approved for only ██████ months based on the medical needs form received from the doctor. (Exhibit A, pp. 17, 18, Exhibit B and testimony).
4. On ██████████, the Department issued an Advance Negative Action Notice notifying the Appellant her HHS would be terminated effective ██████████ due to failure to return the DHS-54A by ██████████ (Exhibit A, pp. 9-12).

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5. On [REDACTED], the Department 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.

**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, page 2 of 3, 11-1- 2011].

\* \* \*

**(ADULT SERVICES REQUIREMENTS)  
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.

\* \* \*

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.

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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.

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].

As described above, ASM 105 and ASM 115 expressly provide that the ASW must have verification of medical need from a medical professional in order to authorize HHS. In this case, it is undisputed that Appellant was authorized to receive HHS for a limited period of time. A new medical needs form was required by [REDACTED] before DHS could authorize continued HHS. Since no medical needs form had been returned by [REDACTED] the Department acted to terminate Appellant's HHS effective [REDACTED]. The Department advised Appellant that the DHS-54A was due back by [REDACTED] and when it wasn't received by that date her services were to be terminated effective [REDACTED].

The above policies are clear in this case and the Department properly terminated the Appellant's HHS as no medical provider had certified that the Appellant had a continued medical need for personal assistance services. The Department did indicate that the

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Appellant could always reapply for HHS. The previous decision to terminate services is affirmed based on the Appellant's failure to return an updated medical needs form.

**DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds the Department properly acted to terminate Appellant's HHS.

**IT IS THEREFORE ORDERED** that:

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

*William D Bond*

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

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

WDB/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.