

**STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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**IN THE MATTER OF:**

██████████

Appellant

**Docket No.** 2014-14999 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 ██████████. Appellant's Representative (██████████) appeared and testified on the Appellant's behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker ("ASW"), appeared as a witness for the Department.

**ISSUE**

Did the Department properly determine the start date of 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. On ██████████, the Appellant applied for HHS. (Exhibit A, p. 3; Testimony)
2. On ██████████, a HHS assessment was conducted. (Exhibit A, pp. 11, 12; Testimony)
3. Between approximately ██████████ and ██████████, the Appellant submitted several incomplete Medical Needs Forms (54A). The forms were missing either the signature of an enrolled Medicaid provider or the medical diagnoses. (Exhibit A, pp. 10-12; Testimony)
4. On ██████████, the Appellant submitted a properly completed 54A form.
5. On ██████████, the Department sent the Appellant a Services and Payment Approval Notice approving the Appellant for HHS beginning ██████████. (Exhibit A, pp. 5-7; Testimony)

6. On ██████████, the Michigan Administrative Hearings System received the Appellant's request for hearing. (Exhibit 1, p. 3)

### **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) 115, 5-1-13, addresses HHS adult services requirements:

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.

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.

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.

*ASM 115, 5-1-2013, Page 1,2.*

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In this case, there was no dispute as to the date of the most recent application for HHS. And no dispute as to problems with the submission of appropriate and acceptable 54A forms.

The Appellant's Representative argued that several 54A forms were submitted. The Representative however did not submit any proof to verify that the 54A's submitted prior to the [REDACTED] submission were appropriate and acceptable in accordance with ASM 115.

The policy governing this matter is pretty straight forward. The policy requires the Department to use the latter of the application date or 54A submission date as the first date of service.

In this case, the Application was made on [REDACTED] and it wasn't until [REDACTED] that a proper 54A was submitted. Therefore, the Department acted appropriately in starting the Appellant's HHS service on [REDACTED].

Accordingly, the start date of HHS is upheld.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly determined the Appellant's HHS start date.

#### **IT IS THEREFORE ORDERED THAT:**

The Department's decision is AFFIRMED.

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Corey A. Arendt  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

[REDACTED]  
Docket No. 2014-14999 HHS  
Decision and Order

cc:

[REDACTED]

Date Signed: February 21, 2014

Date Mailed: February 21, 2014

**\*\*\* 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.