

**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

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**Docket No.** 2014-33308 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 and offered testimony. ██████████, Appeals Review Officer, represented the Department. ██████████, Adult Services Worker (ASW), appeared as a witness for the Department.

**ISSUE**

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

**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 or around ██████████, the Appellant requested HHS. (Exhibit A, p. 6)
2. On ██████████, the Department received a completed 54A. The 54A had multiple colored ink marks. The ASW had questions regarding the completion of the 54A and contacted the office where the form was completed. The office indicated they had not marked box I and would submit a new 54A. (Exhibit A, pp. 11, 12; Testimony)
3. On ██████████, the Department received the updated 54A. The 54A indicated the Appellant did not need assistance with any personal care activities. (Exhibit A, p. 15; Testimony)
4. On ██████████, the Department sent the Appellant an adequate negative action notice. The notice indicated the Appellant's HHS request was being denied. (Exhibit A, pp. 7-10; Testimony)

5. On ██████████, the Michigan Administrative Hearings System received the 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 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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Adult Services Manual (ASM) 115, 11-1-11, addresses the Medical Needs Form:

The DHS-54A, Medical Needs form must be signed and dated by a medical professional certifying a medical need for personal care services.

*ASM 115,  
11-1-2011, Page 1 of 3.*

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The 54A was completed by the Appellant's doctor. The 54A did not indicate a medical need for assistance with any personal care activities.

Although the Appellant indicated she needed assistance, there is no certification of a medical need from a MA enrolled medical professional. Furthermore, there is no evidence that the doctor in question was unable to determine whether or not the Appellant needed assistance with personal care.

The Appellant's doctor did not certify a need for assistance with ADL's or IADL's, as required, on the Medical Needs Form. Accordingly, the denial of the Appellant's HHS request 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 denied the Appellant's HHS request based on the available information.

#### **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

CAA [REDACTED]

cc: [REDACTED]

[REDACTED]  
Docket No. 2014-33308 HHS  
Decision and Order

Date Signed: [REDACTED]

Date Mailed: [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.