

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

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**IN THE MATTER OF:**

██████████,  
  
Appellant.

Docket No. 2014-35443 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 appeared and offered testimony. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW), appeared and testified for the Department.

**ISSUE**

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

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. In ██████████, the Appellant's HHS case was up for redetermination. (Exhibit A, p. 12)
2. On ██████████, the Department mailed the Appellant a 54A to be completed and returned to the Department. (Exhibit A, p. 7)
3. On ██████████, the ASW met with the Appellant for an annual redetermination. (Exhibit A, p. 15; Testimony)
4. On ██████████, the ASW sent a 54A to the Appellant's health provider. (Exhibit A, p. 8; Testimony)
5. On ██████████, the ASW received a partially completed 54A. (Testimony)

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6. On [REDACTED], the ASW sent a 54A to the Appellant's health provider. (Testimony)
7. On or around [REDACTED], the ASW received a partially completed 54A. (Testimony)
8. On [REDACTED], the ASW sent a 54A to the Appellant's health provider. (Testimony)
9. On [REDACTED], the ASW met with the Appellant. The ASW provided the Appellant with a 54A to be completed and returned. (Testimony)
10. On [REDACTED], the ASW sent the Appellant an Advance Negative Action notice. The notice indicated the Appellant's HHS case was being closed due to the Appellant's failure to have a completed 54A submitted to the Department. (Exhibit A, pp. 7-10; Testimony)
11. On [REDACTED], the Michigan Administrative Hearings System received Appellant's Request for Hearing. (Exhibit A, pp. 4-6)
12. On [REDACTED], the ASW received a 54A that was completed and signed by a Physician's Assistant. (Testimony)

**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.

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].

ASM 105, 12-1-13, p. 3

\* \* \*

**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.**

ASM 115, 5-1-2013, p. 1-3

As described above, ASM 105 and ASM 115 expressly provide that an applicant/participant for HHS must return the DHS-54A medical needs form to the local DHS office. Furthermore, the ASW must have verification of medical need from a medical professional in order to continue authorization for HHS.

In this case, the Department witnesses testified that they had never received a completed 54A as required.

The Appellant agreed that the 54A returned was either lacking in information or lacked the signature of a party authorized to complete the forms.

The above policies are clear in this case and therefore I find the Department properly closed the Appellant's HHS case, as no completed 54A 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.

**DECISION AND ORDER**

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

**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

Date Signed: 

Date Mailed: 

CAA 

cc: 

**\*\*\* 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.