

**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.** 2014-4037 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 appeared and testified on his own behalf. ██████████, 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 applied for HHS. (Exhibit A, p 5)
2. Appellant has been diagnosed with ADHD, polysubstance abuse, antisocial personality disorder and hepatitis C. (Exhibit A, p. 9)
3. On ██████████, the Department received a Medical Needs Form (54A) that was completed by the Appellant's primary care physician. The 54A indicated the Appellant did not need assistance with Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL's). (Exhibit A, p. 20; Testimony)
4. On or around ██████████, the ASW determined the Appellant was not eligible for HHS based upon the 54A. (Testimony)
5. On ██████████, the Department sent the Appellant an Adequate Action Notice informing him that his HHS request was being denied based upon a

lack of need. (Exhibit A, pp. 5-8; Testimony)

6. On [REDACTED] the Michigan Administrative Hearings System received the Appellant's request for hearing. (Exhibit 1 p. 1)

### **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) 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.

\*\*\*

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.*

\*\*\*

The 54A that was completed by the Appellant's primary care physician and accompanied the request for HHS, did not indicate a medical need.

Although the Appellant indicated the form was completed by the wrong doctor, the form was completed by one of the Appellant's treating physicians. Additionally, there was no evidence to indicate that the physician who completed the form was unapprised of the Appellant's ailments and conditions.

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.

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

[REDACTED]  
Docket No. 2014-4037 HHS  
Decision and Order

cc:

[REDACTED]

Date Signed: November 20, 2013

Date Mailed: November 21, 2013

**\*\*\* 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.