

**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.** 14-018301 HHS

██████████

██████████

**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 Specialist, and ██████████, Adult Services Worker (ADW) appeared as witnesses for the Department.

State's Exhibits 1-15 were admitted as evidence without objection.

**ISSUE**

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

**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 Medicaid beneficiary, born ██████████, who applied for HHS.
2. Appellant is diagnosed with sciatica, gait disturbance, chronic pain, headaches, fibromyalgia, and a blood disorder.
3. On ██████████, the department received a referral and request for HSS.
4. The required services application and medical needs forms were not received by the department.

5. On [REDACTED], the department caseworker sent Appellant a request to provide the services application and Medical Needs form by [REDACTED].
6. On [REDACTED], the Department received a Medical Needs Form from Appellant's doctor which was signed [REDACTED]. Appellant has been diagnosed with osteoarthritis, emphysema, sleep apnea, hypertension, left knee arthropathy. Appellant was certified to have a medical need for assistance with meal preparation, shopping, laundry and housework.
7. On [REDACTED], the department casework received the DHS 54A form which was signed by the doctor [REDACTED].
8. On [REDACTED], the Department sent the Appellant an Adequate Negative Action Notice informing her that the HHS application was denied effective [REDACTED], because the physician's signature on the DHS 54A Medical Needs Form that was submitted was over [REDACTED] days old. The notice packet included a new 54A Medical Needs for and a services application which needed to be completed by [REDACTED].
9. On [REDACTED] the Michigan Administrative Hearing System received a request for hearing for the Michigan Department of Community Health contest the department's negative action.

### **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.

A referral may be received by phone, mail or in person and must be entered on ASCAP upon receipt. The referral source does not have to be the individual in need of the services.

For case registration and disposition the department must:

Print introduction letter, the DHS-390, Adult Services Application and the DHS-54A, Medical Needs form and mail to the client. The introduction letter allows the client 21 calendars days to return the documentation to the local office.

**Note:** The introduction letter does **not** serve as adequate notification if home help services are denied. The specialist must send the client a DHS-1212A, Adequate Negative Action Notice; see ASM 150, Notification of Eligibility Determination.

The adult services specialist must determine eligibility within the 45 day standard of promptness which begins from the time the referral is received and entered on ASCAP. The referral date entered on ASCAP must be the date the referral was received into the local office. The computer system calculates the 45 days beginning the day after the referral date and counting 45 calendar days. If the due date falls on a weekend or holiday, the due date is the next business day.

When a signed DHS-390 serves as the initial request for services, the referral date must be the date the application was received in the local office.

**Note:** A medical need form does not serve as an application for services. If the local office receives the DHS-54A, a referral must be entered on ASCAP for the date the form was received in the local office and an application sent to the individual requesting services.

After receiving the assigned case, the adult services specialist gathers information through an assessment, contacts, etc. to make a determination to open, deny or withdraw the referral; see ASM 115, Adult Services Requirements.

ASM 110, pages 1-2 5-1-2013, ASB 2013-003

Appellant testified on the record that she filed for HHS ██████ times in ██████. Each time she applied the caseworkers gave her forms that needed to be filled out. She had the forms completed in a timely manner.

The evidence on the record indicates that Appellant did provide a completed DHS 54A medical needs form to the Department but she did not provide the Department with a completed application for services. The Department has established by the necessary competent, substantial and material evidence on the record that it was acting in compliance with department policy when it denied claimant's application for HHS based upon the fact that Appellant did not provide a completed application for services.

**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 application based on the available information.

**IT IS THEREFORE ORDERED THAT:**

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

*Landis Y. Lain*

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Landis Y. Lain  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

LYL/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.