

**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:**

Docket No. 15-010810 HHS

██████████

██████████

██████████

Appellant.

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**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 testified on his own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Adult Services Worker (ASW), testified as a witness for the Department.

**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. On ██████████, a referral was generated for the Appellant. (Exhibit A, p 7)
2. On ██████████, the Department received the Appellant's 54-A. The 54-A did not indicate whether or not the Appellant needed assistance with personal care activities and it was not completed by a Medicaid enrolled provider. (Exhibit A, p 8; Testimony)
3. On ██████████, the Department sent the Appellant an Adequate Negative Action Notice denying HHS as the 54-A did not certify a need for assistance and it was not completed by a Medicaid enrolled provider. (Exhibit A, p 5; Testimony).

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4. On [REDACTED], the Michigan Administrative Hearings System received 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 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. The medical professional must hold one of the following professional licenses:

- Physician (M.D. or D.O.).
- Physician Assistant.
- Nurse practitioner.
- Occupational therapist.
- Physical Therapist.

ASM 105, 4-1-15, p 3

\* \* \*

**ADULT SERVICES REQUIREMENTS  
MEDICAL NEEDS 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.).
- Physician assistant.
- Nurse practitioner.

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- 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, 4-1-15, p 1

As described above, ASM 105 and ASM 115 expressly provide that an applicant for HHS must return the documentation (a completed application and the DHS-54A medical needs form) to the local DHS office within 21 days. Furthermore, the ASW must have verification of medical need from a medical professional in order to authorize HHS.

In this case, the Department witnesses testified that they received a 54A but that it was not completed by an enrolled Medicaid provider as required.

The Appellant indicated no one told him the 54A needed to be completed by a Medicaid enrolled provider and that he needed assistance to get his house together.

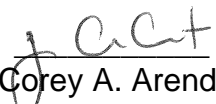
The above policies are very clear and specific as to what is required. Therefore I find the Department properly denied the request for HHS based on the information available at that time the decision was made, as no properly completed 54A had been received by the local DHS office and no Medicaid enrolled 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 denied Appellant's application for HHS.

**IT IS THEREFORE ORDERED THAT:**

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

  
Corey A. Arendt  
Administrative Law Judge  
for Nick Lyon, Director

Michigan Department of Health and Human Services

Date Signed: 

Date Mailed: 

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CAA/db

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.