



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
Christopher Seppanen  
Executive Director

SHELLY EDGERTON  
DIRECTOR

[REDACTED]

Date Mailed: May 19, 2016  
MAHS Docket No.: 16-003449  
Agency No.: [REDACTED]  
Petitioner: [REDACTED]

**ADMINISTRATIVE LAW JUDGE:** Corey Arendt

**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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED]. The Petitioner appeared on his own behalf. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department). [REDACTED], Adult Services Worker (ASW) appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Petitioner's [REDACTED] and [REDACTED] requests for Home Help Services (HHS)?

**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 [REDACTED], the Petitioner requested HHS. (Exhibit A, p. 13.)
2. As of [REDACTED], the Department had not yet received a completed 54A medical needs form regarding the Petitioner. (Testimony.)
3. On [REDACTED], the Department sent the Petitioner an Adequate Negative Action notice. The notice indicated the Department had not received a completed 54A and the [REDACTED] application was denied. (Exhibit A, pp. 10-12; Testimony.)
4. On [REDACTED], the Petitioner requested HHS. (Exhibit A, p. 9.)

5. As of [REDACTED], the Department had not yet received a completed 54A medical needs form regarding the Petitioner. (Testimony.)
6. On [REDACTED], the Department sent the Petitioner an Adequate Negative Action notice. The notice indicated the Department had not received a completed 54A and the [REDACTED] application was denied. (Exhibit A, pp. 7-9; Testimony.)
7. On [REDACTED], the Michigan Administrative Hearings System (MAHS) received from the Petitioner a request for hearing. (Exhibit A, p. 6.)

### **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.
  
- 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.

\* \* \*

### **Registration and Case Disposition Action**

. . . The introduction letter allows the client 21 calendar days to return the documentation to the local office.

ASM 110, 5-1-2013, p. 1.

As described above, ASM 105, ASM 110 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 indicated they did not receive a completed 54A within the 21 days immediately preceding the referral for HHS. The Petitioner did not dispute these facts and did not offer any evidence to indicate he did submit a 54A during the 21 day time limits.

The above policies are very clear and specific as to what is required. Therefore I find the Department properly denied the requests 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, decides that the Department properly denied the Petitioner's requests for HHS.

**IT IS, THEREFORE, ORDERED** that:

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

CA ■

  
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Corey Arendt  
Administrative Law Judge  
for Nick Lyon, Director  
Department of Health and Human Services

**NOTICE OF APPEAL**: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings  
Reconsideration/Rehearing Request  
P.O. Box 30763  
Lansing, Michigan 48909-8139

**DHHS**

[REDACTED]

**Agency Representative**

[REDACTED]

**Petitioner**

[REDACTED]

**DHHS Department Rep.**

[REDACTED]

**DHHS -Dept Contact**

[REDACTED]