
**APPLICATION FOR
SERVICES (DHS-390)**

The client or authorized representative must complete and sign a DHS-390, Adult Services Application, to receive the personal care supplement for the community placement where they reside.

The adult services worker **must not** sign the DHS-390 on behalf of the client.

A client unable to write may sign with an X, witnessed by one other person (for example, a relative or department staff).

It is important for the licensed facility to have the client or the authorized representative complete the application in a timely manner, usually immediately after the client moves in to the facility.

Best practice is to leave a copy of the DHS-390 application form at the licensed facility to ensure timely application for new residents.

The DHS-390 remains valid unless the case record is closed for over 90 days.

**MEDICAL NEEDS
FORM (DHS-54A)**

The DHS-54A, Medical Needs, form is required for **all** clients receiving Medicaid personal care services. The DHS-54A must be signed and dated by a medical professional certifying a medical need for personal care services. The medical professional must be an existing enrolled Medicaid provider and hold one of the following professional licenses:

- Physical (M.D. or D.O).
- Nurse practitioner.
- Occupational therapist
- Physical therapist.
- Physician assistant (PA).

The client or their representative is responsible for obtaining the medical certification of need, but the form must be completed by the medical professional and not the client. The National Provider Identifier (NPI) number must be entered on the form by the medical provider and the medical professional must indicate whether they are a Medicaid enrolled provider.

The medical professional certifies that the client's need for service is related to an existing medical condition. **The medical professional does not prescribe or authorize the actual personal care services.** The list of available services on the form is there for medical reference only.

If the medical needs form has not been returned, the adult services worker should follow up with the client and/or medical professional.

The DHS-54A must be received and certified by the medical professional before Title XIX is established as the funding source for the personal care supplement payment.

Note: For ACP client's only, personal care supplement payments can be authorized **prior to the receipt of the DHS-54A** after the case opening and the client is **approved for Medicaid**. These types of payments will be paid 100 percent of state funds instead of Title XIX federal funds.

It is important to obtain the signed, authorized DHS-54A as soon as possible after the application is received and the signature date must be entered in the **Medical** tab in **MiAIMS**. This allows the payment to be made using Title XIX funds.

The medical needs form does not serve as the application for services. If the signature date on the DHS-54A is before the date on the DHS-390, payment for the personal care supplement must begin on the date of the application and not prior to the placement date in the community placement setting.

If the case was closed or denied and reopened within 90 days of the original certification date on the DHS-54A, there is no need to obtain a new medical needs form unless there are changes in the condition of the client.

**Veteran's
Administration
(VA)**

The Michigan Department of Health and Human Services (MDHHS) will accept a DHS-54A completed by a Veteran's Administration physician or a VA medical form (10-10M) in lieu of the DHS-54A.