

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2008-23370
Issue No: 2006; 4003
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
March 24, 2009
Van Buren County DHS

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon claimant's request for a hearing. After due notice, a hearing was held on March 24, 2009. Claimant appeared and testified.

ISSUES

- (1) Did the Department of Human Services properly close claimant's Medical Assistance (MA) case due to her failure to attend a psychiatric examination?
- (2) Did the Department of Human Services properly close claimant's State Disability Assistance (SDA) case due to her failure to attend a psychiatric examination?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

- (1) Claimant was an ongoing recipient of State Disability Assistance (SDA) and Medical Assistance (MA) based on a mental impairment disability. Claimant's disability was due for a medical review in January, 2008.

(2) On January 24, 2008, the Medical Review Team deferred making a disability re-determination due to the absence of a current psychiatric examination.

(3) On January 31, 2008, claimant's caseworker scheduled a psychiatric examination on February 7, 2008, for claimant, with [REDACTED]. Claimant was sent notice of the appointment.

(4) On February 7, 2008, [REDACTED] reported that claimant did not attend the appointment.

(5) On February 22, 2008, claimant's State Disability Assistance (SDA) and Medical Assistance (MA) cases were put into closure.

(6) On March 4, 2008, claimant's State Disability Assistance (SDA) and Medical Assistance (MA) cases were taken out of negative action due to an error by the caseworker. There was a misunderstanding of a message from claimant's son about an appointment.

(7) On March 10, 2008, the caseworker scheduled claimant for another appointment with [REDACTED] on March 27, 2008. Claimant was sent notice of the new appointment.

(8) On March 27, 2008, claimant reported she was sick and could not attend the scheduled appointment. The caseworker called to reschedule the appointment with [REDACTED]. [REDACTED] refused to reschedule because claimant had missed two scheduled appointments.

(9) Additional Medical information was sent to the Medical Review Team but did not include a psychiatric examination.

(10) On May 19, 2008, the Medical Review Team stated that the medical information was still insufficient and that the case should have been closed already.

(11) On May 23, 2008, claimant was sent notice that her State Disability Assistance (SDA) case would be closed because claimant failed to provide information required to determine her eligibility.

(12) On May 29, 2008, claimant submitted a request for hearing.

CONCLUSIONS OF LAW

The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (DHS or department) pursuant to MCL 400.10, *et seq.* Department policies are contained in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

In this case the Department closed claimant's case because a psychiatric examination was necessary to re-determine claimant's eligibility and no psychiatric examination was obtained.

PEM 260 MA DISABILITY/BLINDNESS

DEPARTMENT POLICY

MA Only

This item explains the MA disability and blindness factors. "EXHIBIT I" in this item contains definitions of disability, substantial gainful activity and blindness.

A person meets the disability or blindness factor for a month if he is determined disabled or blind for the month being tested.

In addition, a disabled person does **not** meet the disability requirement if he refuses treatment without good cause. See "Treatment Requirement (Disability Only)" in this item.

Client Cooperation

The client is responsible for providing evidence needed to prove disability or blindness. However, you must assist the customer when they need your help to obtain it. Such help includes the following:

- Scheduling medical exam appointments
 - Paying for medical evidence and medical transportation
- See [PAM 815](#) and [PAM 825](#) for details.

A client who refuses or fails to submit to an exam necessary to determine disability or blindness **cannot** be determined disabled or

blind and you should deny the application or close the case. It is not necessary to return the medical evidence to MRT for another decision in this instance.

In this case claimant had two separate opportunities to submit to the required examination. Claimant had one week notice before the first missed examination. Claimant had 17 days before the second examination. Claimant clearly failed to submit to the examination and department policy does not contain any conditional or good cause excuses to be applied. The department has acted in accordance with their policy.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services properly closed claimant's Medical Assistance (MA) and State Disability Assistance (SDA) cases due to her failure to attend a psychiatric examination.

It is ORDERED that the actions of the Department of Human Services, in this matter, are UPHELD.

Gary F. Heisler
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: March 26, 2009

Date Mailed: March 26, 2009

NOTICE: Administrative Hearings may order a rehearing or reconsideration on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt date of the rehearing decision.

GFH 

cc:

