

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: 2008-9436
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
August 17, 2009
Macomb County DHS

ADMINISTRATIVE LAW JUDGE: Jeanne M. VanderHeide

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 Hearing received by the Department on July 17, 2007. After due notice, a telephone hearing was conducted on August 17, 2009. The Claimant's authorized representative, [REDACTED] from [REDACTED], appeared and testified. The Claimant was not present. Marquettas Allen-Harris appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's Medical Assistance ("MA-P") application?

FINDINGS OF FACT

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

1. The Claimant is represented by [REDACTED].

2. In February, 2006, the authorized representative (“AR”) submitted a public assistance application on behalf of the Claimant seeking MA-P benefits. Along with this application, a DHS 49 was submitted. (Exhibit 2, p. 6-7).
3. This application was lost and not processed by the Department.
4. A second application was submitted on 6/29/06.
5. The case was not referred to MRT for medical determination until May, 2007.
6. On 4/1/07 a Verification Checklist was forwarded to Claimant and her AR requesting an updated DHS 49. (Exhibit 1, p. 6).
7. At this point, Claimant was not treating with a doctor and was unable to submit a new DHS 49.
8. The Department then requested that Claimant attend an independent medical examination (“IME”).
9. The Department testified that the case worker spoke with Claimant and Claimant refused to see another doctor.
10. As a result, the Department sent a denial of the MA-P case effective 5/27/09.
11. The AR testified that she did not receive a copy of the denial notice.
12. On July 17, 2008, the Department received a written hearing request from the authorized representative on behalf of the Claimant, protesting the denied application.
13. The record was left open to obtain a copy of the SOLQ report to determine Claimant’s SSI onset date. Claimant’s SSI onset date is was 6/1/09.

CONCLUSIONS OF LAW

The Medical Assistance (“MA”) program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act, 42 USC 1397, and is administered by the Department of

Human Services (“DHS”), formally known as the Family Independence Agency, pursuant to MCL 400.10 *et seq* and MCL 400.105. Department policies are found in the Program Administrative Manual (“PAM”), the Program Eligibility Manual (“PEM”), and the Program Reference Manual (“PRM”).

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. PAM 105, p. 5. Verification means documentation or other evidence to establish the accuracy of the client’s verbal or written statements. PAM 130, p. 1. Client’s are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p. 4. If the client cannot provide the verification for MA purposes, despite a reasonable effort, the time limit should be extended up to three times. *Id.* Verifications are considered timely if received by the due date. *Id.* An authorized representative is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf. PAM 110, p. 7.

A client who refuses or fails to submit to an exam necessary to determine disability or blindness cannot be determined disabled or blind and the Department is required to deny the application or close the case. PEM 260, p. 4. Furthermore, the Department is instructed not to return the medical evidence to MRT for another decision in this instance. Id.

A request for public assistance may be in person, by mail, telephone or through by an internet application. PAM 110, p. 1. Clients must complete and sign public assistance applications. PAM 115, p. 1. An application is incomplete until enough information is provided to determine eligibility. PAM 115, p. 3. The Department is required to process each application within a specified time period. This standard of promptness begins the date the department receives an application/filing form, with minimum required information. PAM 115, p. 10-11. The Department is required to approve or deny the application and mail the client a notice within

45 days. PAM 115, p. 11. The Standard of promptness for MA cases cannot be changed for any reason.

In the record presented, Claimant refused to attend a medical examination. Claimant was not present to testify and the Department gave credible testimony that the case worker had spoken to Claimant on the phone at which point Claimant refused to see another doctor. According to PEM 260, if a Claimant does not appear for a medical examination, then the case is to be closed and it is not necessary to refer the case back to MRT. Accordingly, the Department appropriately processed the denial.

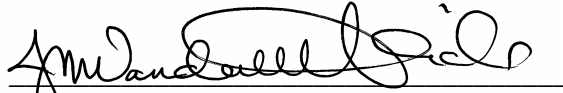
Claimant's AR argues that the appropriate medical information was provided when the case was first filed in February of 2006. While there was a DHS 49 form provided in February of 2006, the Department is entitled to ask for additional medical information at any time. The fact that Claimant refused to attend an IME is valid reason for the Department to deny the claim. Claimant's AR further argues that the Standard of Promptness was violated as the MA was not processed until May of 2007. The undersigned finds that there was a violation of the Standard of Promptness. However, such a violation merely allows Claimant entitlement to benefits retroactive to the date of application if all other eligibility factors are met. In the subject case, Claimant was properly denied based on the refusal to attend a medical appointment. Therefore, there is no remedy available to Claimant as an independent remedy of blanket entitlement to benefits does not exist.

Accordingly, the Department's MA denial is AFFIRMED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department's denial of the Claimant's MA application is upheld.

Accordingly, it is ordered that the Department's denial of the MA application is
AFFIRMED.



Jeanne M. VanderHeide
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 10/29/09

Date Mailed: 10/30/09

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.

JV/dj

cc:

