

[REDACTED]

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.: 2009-13810

Issue No.: 2006

Case No.: [REDACTED]

Load No.: [REDACTED]

Hearing Date:

April 1, 2009

Wayne County DHS [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

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 December 16, 2008. After due notice, a hearing was conducted from Detroit, Michigan on April 1, 2009. The Claimant appeared and testified. The Claimant was represented by [REDACTED]

[REDACTED] appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's September 25, 2007 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. On September 25, 2007, the Claimant through [REDACTED] submitted an application for public assistance application seeking MA-P benefits.

2. On May 23, 2008, the Department sent a Verification Checklist to the Claimant and authorized representative requesting current medical documentation be submitted by June 3<sup>rd</sup>. (Exhibit 6)
3. On May 29, 2008, the Medical Review Team (“MRT”) deferred the disability determination in order to obtain additional information, namely a neurological examination of the Claimant. (Exhibit 7)
4. On June 3, 2008, the Claimant’s representative sent a letter to the Department seeking an extension of the verification due date. (Exhibit 2)
5. On June 26, 2008, the Department sent a Medical Appointment Confirmation Notice to the Claimant instructing him to attend a neurological examination on [REDACTED] (Exhibit 4)
6. The Claimant did not attend the appointment.
7. On August 14, 2008, the Department scheduled a second neurological examination for [REDACTED] and notified the Claimant and his representative of the appointment. (Exhibit 5)
8. On August 18, 2008, the Claimant’s representative sent a letter to the Department stating it was unable to contact the Claimant requesting the MRT make a determination on the submitted records. (Exhibit 3)
9. The Claimant did not attend the [REDACTED] neurological appointment. (Exhibit 8)
10. On September 17<sup>th</sup>, the Department sent the Claimant and Representative a denial notice based upon the failure to complete the application process. (Exhibit 1, pp. 1, 2)

11. Neither the Department or the Claimant's Representative had any contact/communication with the Claimant until the Notice of Hearing was mailed in March of 2009, approximately 1 ½ years after the date of application.

#### 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 pursuant to MCL 400.10, *et. seq.* The Department of Human Services ("DHS"), formally known as the Family Independence Agency, administers the program pursuant to MCL 400.10, *et seq* and MAC R 400.3001-3015. Departmental policies are found in the Program Administrative Manual ("PAM"), the Program Eligibility Manual ("PEM"), and the Program Reference Manual ("PRM").

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 Registered applications must contain, at a minimum, the name, birth date, and address of the applicant, along with the signature of the applicant or authorized representative. PAM 105, p. 105 Retro MA coverage is available back to the first day of the third calendar month prior to the application date. PAM 115, p. 8 If a client refuses to cooperate in the application process, a denial notice is sent within the standard of promptness. PAM 115, p. 15 Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130, p. 1 A collateral contact is a direct contact with a person, organization of agency to verify information from the client. PAM 130, p. 2 When documentation is not available, or clarification is needed, collateral contact may be

necessary. PAM 130, p. 2 The client must obtain the required verification, however, the Department must assist if needed and/or requested. PAM 130. p. 2 If neither the client nor the Department is able to obtain verification despite reasonable effort, the Department should use the best available information. PAM 130, p. 3 If no evidence is available, the Department should use its best judgment. PAM 130, p. 3 Clients are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p.4 If a client cannot provide the verification, despite reasonable effort, an extension should be granted at least once. PAM 130 If an individual fails or refuses to take part in a consultative examination or tested arranged for by the department without good cause, a finding of not disabled may be made. 20 CFR 416.918(a)

In this case, there was no communication between the Department and the Claimant and the Claimant's Representative and the Claimant until March of 2009 when the Notice of Hearing was mailed to the Claimant. The Claimant's Representative asserted that the Department should have mailed the medical records to the MRT for a disability determination. This position ignores the purpose of the MRT's deferral which was to secure additional records because the existing record was insufficient to make a determination. Additionally, there was no evidence that the Claimant was in any way cooperating with the Department. In fact, approximately 1 ½ years passed before there was any communication with the Claimant. Under these facts, the Department established it acted in accordance with policy when it denied the Claimant's application for failing to complete the application process. Accordingly, the Department's denial of the Claimant's application is affirmed.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law find that the Department acted in accordance with departmental policy when it denied the Claimant's MA application based upon the Claimant's failure to complete the application process. The notice of denial is AFFIRMED.

/s/  
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Colleen M. Mamelka  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: 04/06/09

Date Mailed: 04/07/09

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 receipt 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.

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