

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: 2009-2570
Issue No: 2006
Case No: [REDACTED] A
Load No: [REDACTED]
Hearing Date:
July 23, 2009
Oakland County DHS (3)

ADMINISTRATIVE LAW JUDGE: Kenneth Poirier

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 July 23, 2009, by telephone, in Detroit, Michigan. The Department received the claimant's Request for a Hearing on August 27, 2008. The claimant, [REDACTED], appeared and testified. Family Independence Manager [REDACTED] and Family Independence Specialist [REDACTED] appeared on behalf of the Department.

ISSUE

Did the Department properly refrain from processing the claimant's July 29, 2009 application for Medical Assistance for her husband as an application for Medical Assistance for herself due to the claimant's failure to raise any issue concerning her own disability at the time of the application?

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 July 29, 2008, the claimant filed an assistance application with the State of Michigan Department of Human Services (Department).
2. In the July 29, 2008 application, the claimant was asked, at question 10 of the application to "List any person in your household who is blind or has a disability."
3. In discussing her application with her caseworker on July 29, 2008, the claimant identified her husband as having disability, but she did not identify herself as being disabled, so the claimant's husband was listed as the person in her household with a disability.
4. The July 29, 2008 application, at Section Q, also asked if there was anyone in the claimant's household with paid or unpaid medical expenses for services provided in the three months prior to the date of the application.
5. The claimant identified herself in the application as having such expenses for medical care, dental care, and emergency room services, although she placed no information on the application showing the amount of the expenses, the amount that the claimant was required to pay, or how often she was required to pay the expenses.
6. The claimant had previously been employed, but she was discharged from her position on July 9, 2008.
7. On August 5, 2008 the claimant submitted a request for a hearing.
8. In her hearing request the claimant stated that she had lupus, which she also characterized as rheumatoid arthritis.

9. In her hearing request the claimant stated that lupus affected her joints and her immune system; she described her condition as very painful, with swelling, stating that she had no medical insurance; and she stated that, "my knees and legs hardly work."
9. Although the claimant listed a leg brace as a condition requiring special arrangements for her to participate in a hearing, during the hearing that was held for the claimant on July 23, 2009, the claimant stated that she was not wearing her leg brace during the hearing, because her legs were fine that day.
10. During the hearing, the claimant also testified that she had worked with lupus for a company for over 10 years, and that she could do it again.

CONCLUSIONS OF LAW

The Medical Assistance 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 ("Department"), formerly 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, and the Program Reference Manual.

Claimants 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 claimant's verbal or written statements. PAM 130, p. 1. Claimants are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p. 4. If the claimant cannot provide the verification for Medical Assistance 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.*

The claimant's testimony at the hearing that she had worked with lupus for 10 years, and that she could do it again, casts doubt in the mind of the undersigned as to the credibility of the claimant's assertions in her request for a hearing that her lupus was a condition of such a serious nature that she needed to apply for medical assistance on her own behalf on July 29, 2008. If the claimant needed assistance based on a disabling condition, she had the obligation to state as much when she filed the July 29, 2008 application. It is the conclusion of the undersigned that the claimant did not do so.

Given the claimant's failure clearly to identify herself as a person with a disability in need of medical assistance at the time of the July 29, 2008 application, it is concluded that the claimant has not fulfilled her duty to cooperate with the Department in establishing Medical Assistance eligibility for herself. Accordingly, the Department's actions in refraining from processing the claimant's July 29, 2009 application for Medical Assistance for her husband as an application for Medical Assistance for herself should be UPHELD.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department appropriately refrained from processing a Medical Assistance case for the claimant due to her failure to cooperate.

It is ORDERED that the Department's failure to process a Medical Assistance application for the claimant on July 29, 2008 is UPHELD.

/s/ _____
Kenneth P. Poirier
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

2009-2570/KP

Date Signed: 08/20/09

Date Mailed: 08/25/09

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.

KP/jlg

cc:

A large black rectangular redaction box covers the names and contact information of the recipients listed in the 'cc:' field.