

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: 2009-3544  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
Wednesday July 29, 2009  
Wayne County DHS (15)

ADMINISTRATIVE LAW JUDGE: Roger Winkleman

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 Wednesday July 29, 2009 at 3:00 p.m. The claimant's request for hearing was received on October 6, 2008. The claimant was represented by [REDACTED] as an authorized hearing representative as of October 25, 2007. [REDACTED] appeared on behalf of [REDACTED] as an authorized hearing representative on behalf of the claimant. [REDACTED], Medical Contact Worker appeared on behalf of the Department. The claimant, himself, did not appear.

ISSUE

Whether the Department properly denied the customer's application for medical assistance?

FINDINGS OF FACT

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

1. [REDACTED] is claimant's authorized representative as per the appearance form of October 16, 2007.
2. The claimant applied for medical assistance (MA) based on disability on October 25, 2007.
3. The Department of Human Services (DHS or Department) sent the claimant a letter on June 25, 2008 at address [REDACTED] to schedule a doctor's appointment on [REDACTED] and a DHS Form 3503.
4. The Department's letter of June 25, 2008 came back to the Department unopened.
5. The Department sent out a letter to the claimant on June 26, 2008 to an additional address for the claimant at [REDACTED] to schedule a doctor's appointment on [REDACTED] and a DHS Form 3503.
6. The Department's letter of June 26, 2008 came back to the Department unopened.
7. Neither the claimant nor the authorized representative appeared or contacted the Department for the July 9, 2008 doctor's appointment.
8. On July 16, 2008 the Department requested a correct address from authorized representative. The authorized representative gave the Department the address of [REDACTED].
9. The Department again sent out a letter to the claimant on July 28, 2008 scheduling a doctor's appointment for [REDACTED] and a DHS Form 3503.
10. The letter of July 28, 2008 came back unopened to the Department.
11. At some point in July the Department also sent notice of the August 8, 2008 doctor appointment and a DHS Form 3503 to the claimant at [REDACTED].

- 12 The authorized representative stated that they never received notice of the doctor appointments on July 9, 2008 or August 8, 2008 or copies of the letters sent to the claimant as discussed above.
- 13 Neither the claimant nor the authorized representative responded to the Department by August 14, 2008. As a result, the Department denied medical eligibility.
- 14 The claimant is homeless but can be reached by telephone through the authorized representative.

#### 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.

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms under PAM 105, Item 105. This includes completing necessary forms. Customers must take actions within their ability to obtain verification. The local office must assist customers who ask for help in completing forms and gathering verification. Particular sensitivity must be shown to customers who are illiterate, disabled, or not fluent in English. The Department must allow the client 10 calendar days (or other time limit specified in policy) to provide verification requested. If the client cannot provide the verification despite a reasonable effort, the Department must extend the time limit at least once. The Department is to send a negative action notice when (a) the client indicates a

refusal to provide verification, or (2) the time period has elapsed and the client has not made a reasonable effort to provide it. Only adequate notice is required for application denial under PAM, Item 130. An authorized representative is a person who applies for assistance on behalf of the client and /or otherwise acts on his behalf. PAM, Item 110. The authorized representative assumes all the responsibilities of a client under PAM, Item 110.

In the present case, the Department needed verification by Form 3503 and had scheduled two doctor appointments for the claimant. The Department tried to mail Form 3503 and the notice of the appointments to the claimant a number of times at a variety of addresses. The Department had notification that the claimant had an authorized representative. Policy, as cited above, necessitates that notice be sent to the authorized representative since the authorized representative “assumes all the responsibilities of a client”. At the hearing the Department’s representative did not testify as to whether the authorized representative was also given notice concerning Form 3503 and the respective doctor appointment. The authorized hearing representative indicated that neither the request for Form 3503 nor notice of any doctor appointments was received by them. Since Form 3503 and notice of the doctor appointments were not received by the authorized representative, this Administrative Law Judge cannot find that the claimant failed to cooperate. The Department should reinstate the claimant’s application for Medical Assistance and process the application.

#### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department erred in closing the claimant's Medical Assistance case due to the claimant's failure to cooperate.

It is ordered that the Department reinstate claimant's application of October 25, 2007 in accordance with this opinion.

/s/ \_\_\_\_\_  
Roger Winkleman  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: 08/24/09 \_\_\_\_\_

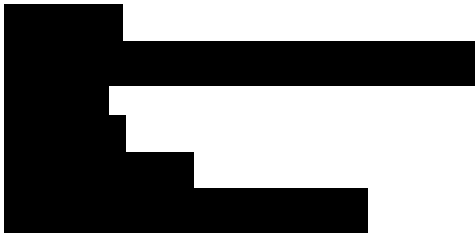
Date Mailed: 08/27/09 \_\_\_\_\_

**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.

RW/jlg

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