

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF THE CLAIM OF:

[REDACTED]

Reg. No.: 201013785
Issue No.: 2006
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: August 30, 2010
Oakland County DHS (3)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on August 30, 2010. The claimant appeared and testified. The Department's representative [REDACTED], FIS and [REDACTED], FIM also appeared and testified on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's application for Medicaid Cash Assistance based on disability due to Claimant's failure to return verification information about his medical condition when due?

FINDINGS OF FACT

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

1. The Claimant filed an application with the DHS for Food Assistance (FAP), Cash Assistance based on disability and Medical Assistance (MA) May 29, 2009.
2. The Claimant currently is receiving FAP benefits and AMP (Adult Medical) benefits.
3. The Claimant testified that he provided medical information when he came in to apply and received the request for verification only days before it was due.

4. The verification forms advise that if there is difficulty getting the proofs the department will assist if help is requested and the Claimant is to call the case worker right away. The case worker's phone number was provided. Exhibit 1.
5. The Claimant's application for Cash Assistance based on disability was denied because the medical information necessary to determine his eligibility was not submitted by the due date.
6. The Department mailed a Verification Checklist to the Claimant on June 8, 2009 requesting that a DHS 49 be returned by June 18, 2009. Exhibit 1
7. The Claimant provided a partially completed DHS 49 on June 22, 2010, after the due date, which provided information regarding the Medical Social Questionnaire and Activities of Daily Living. The Medical Examination Report requested was not completed by the claimant's doctor. Exhibit 2.
8. The Department denied the Claimant's application for Medicaid Cash Assistance by Application Notice dated June 26, 2010 due to the Claimant's failure to provide the information necessary to determine eligibility. Exhibit 3.
9. The Claimant provided information from [REDACTED] on September 22, 2009 with his hearing request and also advised the Department that he was blind in one eye, the name of his Doctor and a hand written release granting the department access to his medical information. Claimant Exhibit 1, (Hearing Request on back of form).
10. The medical information was provided after the time for providing the information. Claimant Exhibit 1, (Hearing Request on back of form).
11. The Department ultimately submitted the medical information provided by the Claimant to the Michigan Medical Review Team (MRT) and the MRT denied Claimant's request for Cash assistance based on disability and found the Claimant did not establish his disability.
12. The Claimant requested a hearing on September 22, 2009, the Department received the Claimant's Request for Hearing on September 23, 2009 which protested the Department's denial of the Claimant's Medicaid Cash assistance application.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility to provide verification. BAM 130, p. 1. The information might be from the client or a third party. Id. The Department can use documents, collateral contacts or home calls to verify information. Id. The client should be allowed 10 calendar days to provide the verification. If the client cannot provide the verification despite a reasonable effort, the time limit to provide should be extended at least once. BAM 130, p.4; BEM 702. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. BAM 130, p. 4. Before making an eligibility determination, however, the department must give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source. BAM 130, p. 6.

In this case, the Department mailed out a verification checklist requesting the claimant provide the Department with information to establish his medical condition including returning a DHS 49 Medical Examination Report, questionnaire and activities of daily living and any medical documentation regarding disability. The claimant did not respond within the time required. The Claimant did submit medical information but it was after the due date. While the Claimant testified that he called the Department numerous times, he did not apparently ask for an extension and apparently was ultimately given help as discussed below in the next paragraph. The Department did properly deny the Claimant's application for Cash Assistance based on disability because the medical verifications were not received by the due date. Under these circumstances the Department's action must be upheld. The undersigned finds that Claimant did not provide requested information within the time provided and did not request an extension.

It is also noteworthy that the Department after it had denied the Claimant's application, nonetheless processed the Medical information it received from the Claimant to the Medical Review Team for a determination of disability even though no application was pending. The administrative law judge sympathizes with the Claimant's plight but can only suggest that the Claimant reapply for Cash Assistance based on disability based on updated medical information if any.

201013785/LMF

Based upon the foregoing facts and relevant law, it is found that the Department's decision to deny the Claimant's Cash Assistance based on disability application is AFFIRMED for the reason that the Claimant did not provide the requested information required by the verification checklist by the due date.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the evidence presented at the hearing did support the decision of the Department to deny the Claimant's Cash Assistance based on disability application for failure to provide verification of information necessary to determine eligibility and is correct, therefore the Department's decision must be AFFIRMED.

Accordingly, it is ORDERED:

The Department's determination to deny the Claimant's Cash Assistance based on disability application is AFFIRMED.



Lynn M. Ferris
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 8/31/2010

Date Mailed: 8/31/2010

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.

LMF/jlg

201013785/LMF

cc:

