

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 2010-47029
Issue No.: 2006
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: October 28, 2010
Wayne County DHS (57)

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 October 28, 2010. The claimant appeared and testified. The Department's representative [REDACTED], FIM and [REDACTED], ES Assistant Payment Worker also appeared and testified on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's application for State Disability Assistance (SDA) benefits due to Claimant's failure to return the medical examination report and other requested information pursuant to the verification checklist?

FINDINGS OF FACT

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

1. The Claimant filed an application with the Department for State Disability Assistance (SDA) benefits and Adult Medical Program AMP on May 6, 2010.
2. At the time of the application the claimant's caseworker provided to the claimant a verification checklist and a Medical Examination Report. These documents were given to the claimant in person by his caseworker. Exhibits 1 and 2
3. The verification checklist was dated May 7, 2010 with a due date of May 17, 2010. Exhibits 1 and 2.

4. The claimant testified at the hearing that he returned the documents either in May or June 2010 to the department by leaving a copy with a supervisor at the district office.
5. The department has no record of receiving a completed medical examination report from the claimant and did not receive one.
6. A Notice of Case Action was sent to the Claimant dated May 17, 2010 which denied his application for medical assistance. The reason for the denial was due to the fact that the claimant had failed to return the documentation to complete a disability determination and that the AMP program was closed. Exhibit 3.
7. At the time of his application the claimant advised the department that he would have difficulty obtaining completion of the medical examination report as he had no medical insurance and therefore was given a list of free clinics where he could have the form filled out. The claimant attempted to have the form filled out at a free clinic but was unsuccessful. The claimant testified that his doctor, a [REDACTED] at the [REDACTED] completed the form.
8. The Claimant did not advise the Department prior to the denial of the medical assistance application that he was having difficulty obtaining the information, nor did he request an extension of time.
9. The Claimant requested a hearing on May 12, 2010, stating that he had medical issues as the reason for his hearing request. The hearing request was filed prior to the department denying the claimant's application for medical assistance. The request for hearing was received by the department on March 12, 2010, the day it was filed by the claimant. The claimant's request for hearing does not indicate that he had already filed the Medical Examination Report. Claimant Exhibit 1

CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by 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, formally 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 Bridges Program Reference Manual ("PRM").

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The Adult Medical Program (AMP) is established by Title XXI of the Social Security Act; (1115)(a)(1) of the Social Security Act, and is administered by the Department of Human Services (DHS or department) pursuant to MCL 400.10, et seq. Department policies are contained in the Program Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Bridges Reference Manual (BPRM).

The Claimant was denied Adult Medical Program because the program was closed. The Department had no discretion to exercise with regard to the denial of AMP as the program was closed and therefore its denial of the application was correct.

The State Disability Assistance (SDA) Program which provides financial assistance for disabled persons in established by 2004 PA 344. The Department of Human Services (DHS or Department) administers the SDA program pursuant to MCL 400.10, et seq., and MAC R400.3151-400.3180. Department policies are found in the Bridges Manual (BM) and Bridges Eligibility Manual (BEM) and the Bridges 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 hand delivered the verification checklist and Medical Examination Report to the Claimant at the time of his application and further assisted the Claimant by providing a list to the Claimant of free clinics where he could get the Medical Examination Report completed for free. The department closed the claimant's application for medical assistance when it did not receive the requested information by the due date, May 17, 2010. In the meantime, the claimant also filed a hearing request prior to the denial of his application for medical assistance. Obviously, the claimant's hearing request was premature as no determination had been made with regard to the claimant's applications. Furthermore, the Notice of case action dated May 17, 2010 granted food assistance benefits and then denied medical assistance and cash assistance.

This is a matter where the administrative law judge must weigh the testimony of the witnesses and determine, based on the credibility and testimony of the witnesses what

the proper outcome of the matter should be. The claimant's testimony and actions with regard to his providing verification requested by the department and completion of a Medical Examination Report are inconsistent. The claimant requested a hearing before the department had denied the application for assistance or had taken any action whatsoever. On the hearing request the Claimant did not request a time extension, did not indicate that he needed assistance, and that he could not get medically evaluated. The hearing request was filed before the due date of the verification checklist.

Additionally, the claimant's testimony was unclear as to when he filed his medical examination report stating it was filed by the due date and then indicating it may have been filed in May or June of 2010. The department, on the other hand, was very clear that it provided the information that the claimant had to have completed and also assisted him because he did not believe he could have his doctor complete to report as he had no medical insurance. Given this information the department gave the claimant a list of free clinics before he left the office after filing his application. The Claimant acknowledged receiving the list of free clinics. This decision is also based on the fact that the claimant did not indicate when filling out his hearing request that he had already filed the requested medical information.

Given these inconsistencies, it does not appear that the claimant's actually filed the requested information by the due date and therefore the department acted appropriately when it denied his application for cash assistance and medical assistance.

Moreover, the department fulfilled its obligations in assisting and helping the claimant as required by its policy specifically, when it further assisted the claimant by giving him a list of free clinics where he could have the required information filled out. The verification checklist provides that if proof cannot be obtained by the due date the Department is to be called. The document also suggests that the Department may be able to help the Claimant obtain the proofs if notified. Exhibit 1. BAM 130, page 5.

Based upon these facts and circumstances it is found that the Department did properly deny the Claimant's application for SDA medical assistance because the 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. As stated at the hearing the claimant is encouraged to reapply for medical assistance as soon as possible.

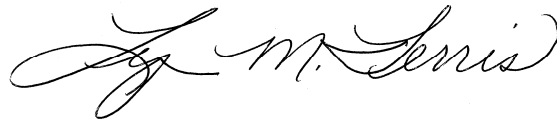
Based upon the foregoing facts and relevant law, it is found that the Department's decision to deny the claimant's application for SDA medical assistance and AMP is AFFIRMED for the reason that the Claimant did not provide the requested information required by the verification checklist by the due date.

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 SDA and AMP application. The department denied the AMP application because the program was closed and not available. The department denied the SDA application for failure to provide verification information and return the Medical Examination Report by the due date and therefore the Department's decision must be AFFIRMED.

Accordingly, it is ORDERED:

The Department's denial of the Claimant's application for medical assistance SDA and AMP is AFFIRMED.



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

Date Signed: 11/09/2010

Date Mailed: 11/09/2010

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.

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