

STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 2011-31526  
Issue No: 2006  
Case No: [REDACTED]  
Hearing Date:  
June 28, 2011  
Shiawassee County DHS

**ADMINISTRATIVE LAW JUDGE:** Suzanne L. Morris

**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 telephone hearing was held on June 28, 2011. The claimant appeared and provided testimony and was represented by [REDACTED], a [REDACTED] worker.

**ISSUE**

Did the department properly deny the claimant's Medical Assistance (MA) application for failure to return the required verifications?

**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 submitted an application for MA on April 4, 2011. (Department Exhibit 1)
2. On April 7, 2011, the department mailed the claimant a Medical Determination Verification Check list (DHS-3503-MRT), which requested submission of completed forms (DHS-49; DHS-49-D; DHS-49-E; DHS-49-F; DHS-49-G; DHS-49I; DHS-1555; and 12 months worth of medical records). (Department Exhibit 2)
3. On April 20, 2011, the department denied the claimant's MA application for failure to provide the required verifications.

4. The claimant submitted a hearing request on April 28, 2011.

### **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 (DHS or department) 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).

Department policy states:

#### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

##### **Responsibility to Cooperate**

##### **All Programs**

**Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM 105.**

##### **Refusal to Cooperate Penalties**

##### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM 105.

##### **Verifications**

##### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM 105.

##### **Assisting the Client**

##### **All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-07 33-D) or gathering

verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM 105.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM 130.

## **Obtaining Verification**

### **All Programs**

Tell the client what verification is required, how to obtain it, and the due date (see “**Timeliness Standards**” in this item). Use the DHS-3503, Verification Check list, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM 130.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment. BAM 130.

### **Timeliness Standards**

#### **FIP, SDA, CDC, FAP**

Allow the client 10 calendar days ( **or** other time limit specified in policy) to provide the verification you request. BAM 130.

**Exception:** For CDC only, if the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email), the date of the transmission is the receipt date. Verifications that are submitted after the close of business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed and the client has **not** made a reasonable effort to provide it. BAM 130.

**Note:** For FAP only, if the client contacts the department prior to the due date requesting an extension or assistance in obtaining verifications, you must assist them with the verifications but do not grant an extension. Explain to the client they will not be given an extension and their case will be denied once the VCL due date is passed. Also, explain their eligibility will be determined based on their compliance date if they return required verifications. Re-register the application if the client complies within 60 days of the application date; see BAM 115, Subsequent Processing. BAM 130.

### **MRT/SRT Referrals**

A client **not** eligible for RSDI based on disability or blindness must provide evidence of his disability or blindness.

Do **all** of the following to make a referral to the MRT/SRT:

- Obtain evidence of the impairment (e.g., DHS-49, DHS-49-D or equivalent medical evidence/documentation).
- Complete an DHS-49-B, Social Summary.
- Obtain an DHS-49-F, Medical-Social Questionnaire, completed by the client.
- Obtain **optional** form DHS-49-G, Activities of Daily Living, completed by the client.
- Forward the medical evidence, DHS-49-B, DHS-49-F and DHS-49-G (optional) to the
  - MRT, for claims of disability, **or**
  - SRT, for claims of blindness.

**Note:** The MRT/SRT will determine disability/blindness for retro months even if retro MA is **not** requested by the client at application. If the client subsequently applies for retro MA,

refer to the DHS-49- A, Medical/ Social Certification, for the disability determination for those retro months. BEM 260.

Claimants are required to comply with the local office to allow the department to determine initial or ongoing eligibility. BAM 105. The department informs the client what verification is required, how to obtain it, and the due date by using the Verification Checklist form (DHS-3503). BAM 130. Clients are provided ten days to return the verifications, but can request an extension of time to provide the verifications. BAM 130. If the time period to provide the verifications elapses and the verifications have not been provided, the department is directed to send a negative action notice. BAM 130.

In this case, the claimant and her representative dispute the department's denial of the MA application. The claimant's representative testified that she dropped off the verifications to the department on the due date. The representative further testified that the documents did not include medical records or a DHS-49 because she was told by a worker that she only needed to submit a DHS-1555 to authorize the department to get the medical records.

The department workers testified that [REDACTED] is undergoing a pilot project that tracks all documents submitted to the local office. This system is called a "tracking tool." The department submitted 15 pages of printouts from this tracking tool. These pages show the client submitted several documents on April 18, 2011. Under the comments section, the tracking tool indicates "3503-MRT, 49-G, 49-F, 2240, 38, 3975, ". While there is a comma after the 3975 on the printout, there are no further items listed. The use of the comma would seem to indicate that perhaps some of the items did not fit into the space provided and that there were other documents submitted, but not listed on my printout. So, the undersigned finds that it is indeed possible that the representative submitted the DHS-1555.

The claimant's representative did, however, indicate that no medical records or examination reports (DHS-49, 49D, 49E, 49I or medical records) were submitted to the department. Department policy indicates that a client **not** eligible for RSDI based on disability or blindness must provide evidence of his disability or blindness. BEM 260. This would require the claimant to submit an examination report or some medical records to the department. In fact, the Medical Determination Verification Checklist (DHS-3503-MRT) does indicate these medical examination reports are required, in addition to 12 months worth of medical records. However, these were not provided. Therefore, this Administrative Law Judge finds that the claimant did not provide all of the verifications required in the Medical Determination Verification Checklist. Thus, the department properly denied the claimant's MA application.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department properly denied the claimant's MA application for failure to turn in the required verifications.

Accordingly, the department's actions are UPHELD. SO ORDERED.

Suzanne

/s/  
L. Morris  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: July 6, 2011

Date Mailed: July 6, 2011

**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.

SM/alc

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