

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

IN THE MATTER OF:

[REDACTED]
[REDACTED]
[REDACTED]

Reg. No: 201118091
Issue No: 2006
Case No: [REDACTED]

Hearing Date:
May 5, 2011
Iosco County DHS

ADMINISTRATIVE LAW JUDGE: Kevin Scully

HEARING DECISION

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on January 28, 2011. After due notice, a telephone hearing was held on Thursday, May 5, 2011.

ISSUE

Whether the Department of Human Services (Department) properly determined the Claimant's Medical Assistance (MA) and State Disability Assistance (SDA) eligibility?

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 Medical Assistance (MA) and State Disability Assistance (SDA) on September 30, 2010.
2. The Department scheduled the Claimant for a medical evaluation on November 17, 2010.
3. On November 30, 2010, the Claimant requested the Department to reschedule the medical evaluation originally scheduled for November 17, 2010.
4. On November 30, 2010, the Claimant reported to the Department that he had a hearing with the Social Security Administration on December 15, 2010.

5. The Department scheduled the Claimant for a medical evaluation on December 15, 2010.
6. On January 21, 2011, the Department notified the Claimant that it had denied his application for Medical Assistance (MA) and State Disability Assistance (SDA) for refusing to cooperate with the Medical Review Team (MRT).
7. The Department received the Claimant's request for a hearing on January 28, 2011, protesting the denial of Medical Assistance (MA) and State Disability Assistance (SDA) benefits.

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).

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is established by 2004 PA 344. The Department of Human Services (Department) administers the SDA program pursuant to MCL 400.10, et seq., and MAC R 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. BAM 105. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

The Department will make all arrangements on behalf of the client for a medical exam or other diagnostic tests requested by the MRT. If necessary, the Department will contact the MRT for specific providers enrolled in the program (for example physician, clinics, labs, etc.). The Department will use the DHS-800, Medical Appointment Confirmation, to notify the client of a scheduled appointment.

The DHS-800 tells the client:

- The department will not pay for a missed appointment.

- To call the physician, in advance, to reschedule if the client is unable to keep the appointment.
- To call his specialist if assistance is needed in rescheduling the appointment. BEM 815.

The client is responsible for providing evidence needed to prove disability or blindness. The Department will assist the customer when they need your help to obtain it, including scheduling medical exam appointments and paying for medical evidence and medical transportation. A client who refuses or fails to submit to an exam necessary to determine disability or blindness cannot be determined disabled or blind and the Department should deny the application or close the case. It is not necessary to return the medical evidence to MRT for another decision in this instance. BEM 260.

In this case, the Claimant submitted an application for Medical Assistance (MA) and State Disability Assistance (SDA) on September 30, 2010. The Department scheduled the Claimant for a medical evaluation on November 17, 2010. On November 30, 2010, the Claimant requested the Department to reschedule the medical evaluation originally scheduled for November 17, 2010. The Department scheduled the Claimant for a medical evaluation on December 15, 2010. The Claimant did not attend this appointment either.

On January 21, 2011, the Department notified the Claimant that it had denied his application for Medical Assistance (MA) and State Disability Assistance (SDA) for refusing to cooperate with the Medical Review Team (MRT).

The Claimant argued did not dispute that he missed the November 17, 2010, appointment. The Claimant testified that on November 30, 2010, he requested that the missed appointment be rescheduled. The Claimant testified that he notified the Department that he was unavailable for an appointment on December 15, 2010.

The Department rescheduled the Claimant's medical evaluation for December 15, 2010, and the Claimant did not attend this appointment. The Department then denied the Claimant's applications for Medical Assistance (MA) and State Disability Assistance (SDA) due to his failure to attend the appointment on December 15, 2010. The Claimant did not contact the Department concerning the missed appointment until January 14, 2011.

The Department failed to establish that the Claimant failed to attend three appointments to determine his eligibility for benefits.

The Department had prior knowledge that the Claimant would be unable to attend an appointment scheduled for December 15, 2010. This Administrative Law Judge finds that the Claimant had good cause for failing to attend his scheduled appointment on December 15, 2010. Therefore, the Department failed to establish that it properly denied the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA).

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department has failed to establish that it properly denied the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA).

Accordingly, the Department's MA and SDA eligibility determination are REVERSED. It is further ORDERED that the Department shall:

1. Initiate a determination of the Claimant's eligibility for Medical Assistance (MA) and State Disability Assistance (SDA) as of his application date of September 30, 2010.
2. Provide the Claimant with written notification of the Department's revised eligibility determination.
3. Issue the Claimant any retroactive benefits he may be eligible to receive, if any.

/s/ _____
Kevin Scully
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: May 23, 2011

Date Mailed: May 23, 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 60 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.

KS/tg

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