

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 2011-25814

Issue No: 2018

[REDACTED]

Allegan County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 received on March 24, 2011. After due notice, a telephone hearing was held on June 1, 2011. Claimant personally appeared and provided testimony.

ISSUE

Whether the department properly denied Claimant's Medical Assistance (MA) program?

FINDINGS OF FACT

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

1. Claimant applied for State Disability Assistance (SDA) and Medicaid on January 12, 2011. (Hearing Summary).
2. On January 12, 2011, a Verification Checklist (DHS 3503), was sent to Claimant requesting any new medical documentation. (Hearing Summary).
3. On March 18, 2011, the department mailed Claimant a Notice of Case Action denying his Medicaid application effective April 1, 2011, because he was not aged, blind, disabled, under 21, pregnant or a parent/caretaker relative of a dependent child, and the Claimant failed to return documentation to complete a disability determination. (Department Exhibits 11-12).
4. Claimant submitted a hearing request on March 24, 2011 protesting the denial of his Medicaid application. (Request for a Hearing).

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1).

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

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 Reference Tables Manual (RFT).

Department policy states that Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. Clients must take actions within their ability to obtain verifications and the department must assist Clients when necessary. BAM 105.

The local office must assist clients who ask for help in completing forms (including the DCH-0733-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.

The department tells the Client what verification is required, how to obtain it, and the due date through the use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. The Client must obtain the required verification, but the department must assist if they need and request help. BAM 130.

For MA, the Client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the Client cannot provide the verification despite a reasonable effort, the time limit is extended up to three times. A Notice of Case Action is sent when the Client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

Clients must apply for benefits for which they may be eligible. Refusal to pursue a potential benefit when applying for MA, results in a person's ineligibility. BEM 270.

For referral to the Medical Review Team and State Review Teams, a client is not eligible for RSDI based on disability or blindness must provide evidence of his disability or blindness. When making the referral the department:

- Obtains evidence of the impairment (e.g., DHS-49, DHS-49-D or equivalent medical evidence/documentation).
- Completes a DHS-49-B, Social Summary.
- Obtains a DHS-49-F, Medical-Social Questionnaire, completed by the client.
- Obtains optional form DHS-49-G, Activities of Daily Living, completed by the client.
- Forwards 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.

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. The policy at BAM 815 contains the procedures that are followed to process the medical determination.

The Client is not referred for a medical determination if the case contains a valid MRT/SRT certification. Valid means all of the following:

- SSA's determination that the client is not disabled or blind for SSI purposes is not final as defined in this item.
- The medical review is not due or past due.
- The client continues to be unable to engage in substantial gainful activity.
- The client's condition is the same.

In this case, the department provided Claimant with a Verification Checklist (DHS 3503), requesting a copy of any new medical documentation because he still had a decision pending on his last application for Medicaid from his hearing on February 24, 2011. Claimant did not contest the department's determination that he timely submitted medical documentation, however, nothing new since his pending decision was supplied.

Based on Claimant's failure to supply any new medical documentation, the department did not forward his application to the Medical Review Team because his condition was the same. The department then denied Claimant's MA application for failure to return

documentation to complete a disability determination. Furthermore, to receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older. Claimant submitted no proof he was disabled, caring for a disabled person, or was age 65 or older. Therefore, the Administrative Law Judge finds that the department acted properly by denying Claimant's application for SDA and MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department established Claimant did not comply with the requested new medical verifications and the department's decision denying Claimant's SDA and MA benefits is UPHELD.

It is SO ORDERED.

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

Date Signed: 6/7/11

Date Mailed: 6/7/11

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.

VLA/ds

