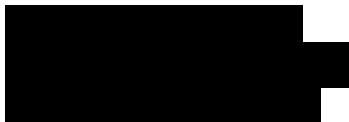


STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No: 2011-31028  
Issue No: 2006  
Case No: [REDACTED]  
Hearing Date:  
June 22, 2011  
Genesee County DHS (6)

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 22, 2011. The claimant appeared and provided testimony.

**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 disability-related MA on March 2, 2011. (Department Exhibit 1 – 10)
2. On March 2, 2011, the department mailed the claimant a Medical Determination Verification Checklist (DHS-3503-MRT), requesting a Medical Examination Report (DHS-49); an Activities of Daily Living form (DHS-49G) and a Medical-Social Questionnaire (DHS-49F). These completed forms were due back to the department by March 14, 2011. (Department Exhibit 11 – 12, 15 - 24)
3. The claimant was given an extension to provide the required documentation. On March 14, 2011, the department mailed the claimant a Verification Checklist (DHS-3503), requiring the claimant submit medical records by March 21, 2011. (Department Exhibit 13, 33 - 34)

4. The claimant was given another extension and mailed another Verification Checklist requiring medical records by March 30, 2011. (Department Exhibit 35 – 36)
5. The claimant was given another extension and mailed another Verification Checklist on April 1, 2011, requiring the medical records to be submitted by April 6, 2011. (Department Exhibit 37 – 38)
6. The claimant submitted the completed Medical-Social Questionnaire and the Activities of Daily Living to the department on March 14, 2011. (Department Exhibit 25 – 32)
7. No additional medical documentation was returned to the department. On April 7, 2011, the department mailed the claimant a Notice of Case Action (DHS-1605) that indicated the MA application was denied for failure to submit the required verifications. (Department Exhibit 39 – 44)
8. The claimant submitted a hearing request on April 26, 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 with diligence in 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.

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 is disputing the denial of his MA application. The department indicates that the claimant was required to provide medical records and/or a Medical

Examination Report (DHS-49) to the department and failed to do so, which caused the department to have to deny the application.

The claimant does not dispute that he received the Medical Determination Verification Checklist and subsequent Verification Checklists. The initial Medical Determination Verification Checklist was mailed to the claimant on March 2, 2011, along with several forms the claimant needed to complete and return by March 14, 2011. While the claimant did return the Medical-Social Questionnaire and the Activities of Daily Living (on March 14, 2011), he called the department on March 14, 2011 to request an extension to get the medical records/Medical Examination Report returned to the department. The department thereafter gave the claimant three extensions to provide the required documentation. However, when the third deadline expired, no medical records and/or Medical Examination Report had been submitted, so the application was denied, as per BAM 130.

The claimant testified that, while the department might not have received any medical records or a Medical Examination Report, he was told by his physician's office that it had been taken care of and was returned to the local DHS office. The claimant did not have any fax confirmation or statement from the physician's office to show that it had been returned to DHS.

This Administrative Law Judge finds that the material and substantial evidence shows that the department granted three extensions to allow the claimant additional time to submit the requisite medical records, but that the records were not received by the department. Thus, this Administrative Law Judge is unable to find that the department violated policy when they denied the claimant's application for failing to receive the required documentation by the due date.

### **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.

