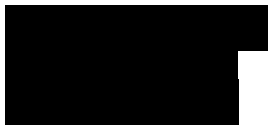


STATE OF MICHIGAN  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

**IN THE MATTER OF:**



Reg. No: 201212638  
Issue No: 4003, 2006  
Case No: [REDACTED]  
Hearing Date: February 8, 2012  
Genesee County DHS

**ADMINISTRATIVE LAW JUDGE:** Christopher S. Saunders

**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 February 8, 2012. Claimant personally appeared and provided testimony.

**ISSUE**

Whether the department properly denied the claimant's application for State Disability Assistance (SDA) and Medical Assistance (MA) benefits for failure to cooperate with the application process?

**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 State Disability Assistance (SDA) and Medical Assistance (MA) benefits on May 11, 2011. (Department Exhibits 1-13).
2. The claimant was sent a verification checklist along with medical forms with a due date of July 5, 2011. (Department Exhibit 14).
3. The department received the requested verifications by the due date with the exception of the medical examination report. (Department Hearing Summary).
4. The claimant was then sent a second verification checklist for the medical information with a due date of July 21, 2011. (Department Exhibit 23).

5. On July 18, 2011, the department received a blank medical examination report from the claimant. (Department Exhibit 25).
6. The claimant was sent a notice of case action (DHS 1605) on October 11, 2011 stating that his application for SDA and MA benefits was denied due to his failure to submit the requested documentation to complete the medical determination. (Department Exhibits 28-30).
7. The claimant filed a request for hearing on October 19, 2011 protesting the denial of his application.

### **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. BAM 600. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

The State Disability Assistance (SDA) program which provides financial assistance for disabled persons is 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 R 400.3151-400.3180. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

The Medical Assistance (MA) program was established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The department administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105. The goal of the Medicaid program is to ensure that essential health care services are made available to those who otherwise could not afford them. Medicaid is also known as Medical Assistance (MA).

When a claimant applies for SDA or MA, policy dictates that the claimant is responsible for providing the evidence needed to establish disability or blindness. BEM 260. The department is also required to assist the claimant when needed in obtaining such information including scheduling medical exam appointments and paying for medical evidence and medical transportation. BEM 260.

In relation to a claimant's responsibilities in obtaining the verifications needed for the department to make a determination, policy states as follows:

## **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-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.

### **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 Checklist, 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.

Additionally, in relation to obtaining medical information in relation to determining disability, department policy states that the department is to assist the claimant in scheduling a medical examination appointment and paying for medical evidence and/or medical transportation. BAM 815.

In the case at hand, the claimant was sent a medical examination report to have filled out by his physician(s) and returned to the department. The claimant testified that he was not able to get those forms filled out because his doctors would not fill out the forms in question without an appointment and that he was not able to schedule an

appointment for said doctors. Someone also wrote on the top of two forms provided by the department and offered by the department as evidence at the hearing, "will not fill out without appointment" (see Department Exhibits 24 and 26). The claimant testified that he did not write that on the forms and the department was not able to provide an explanation as to who may have written the statement on the forms. Regardless, it appears that the department was aware that the claimant was having difficulty getting the forms completed due to an inability to have the necessary appointments scheduled. There was no testimony or other evidence offered to show that the department had attempted to assist the claimant in scheduling the medical examination appointment. Therefore, based on the above-cited policy, the department should have assisted the claimant in scheduling a medical examination appointment to have the requested forms completed. Accordingly, the department did not follow policy in denying the claimant's application without assisting him in scheduling a medical examination appointment.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department improperly denied the claimant's SDA and MA application for failure to cooperate with the application process.

Accordingly, the department's actions are **REVERSED**.

It is **HEREBY ORDERED** that the department shall assist the claimant in obtaining a medical examination report or other medical documentation the department deems necessary, reprocess the claimant's application, and determine the claimant's eligibility.

/s/ \_\_\_\_\_  
Christopher S. Saunders  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: March 6, 2012

Date Mailed: March 6, 2012

**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.

201212638/CSS

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.

CSS/cr

cc:

