

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

IN THE MATTER OF:

[REDACTED]

Reg. No.: 201261501
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: August 8, 2012
County: Washtenaw DHS (20)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 following Claimant's request for a hearing. After due notice, an in-person hearing was held on August 8, 2012 from Ypsilanti, Michigan. Participants included [REDACTED]. Participants on behalf of Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) benefits due to an alleged failure to submit required verifications.

FINDINGS OF FACT

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

1. On 2/9/12, Claimant applied for MA benefits.
2. Claimant's application had an authorized representative (AR).
3. On 3/8/12, DHS mailed Claimant and the AR a Verification Checklist (VCL) requesting the submission of several medical documents.
4. The VCL gave a 3/19/12 due date to return medical documentation.
5. On an unspecified date, DHS received a DHS-49B and DHS-49F, two documents noting a substantial hospital balance and a Facility Admission Notice verifying that Claimant was hospitalized.

6. DHS did not evaluate Claimant for disability because DHS expected further documentation of Claimant's impairments.
7. Based on Claimant's AR's request, the AR was given an extension until 3/30/12 to return medical documentation.
8. Claimant and/or the AR failed to return any further documentation.
9. On 4/3/12, DHS denied Claimant's application due to an alleged failure by Claimant to submit sufficient medical documentation.
10. On 6/25/12, Claimant's AR requested a hearing to dispute the denial of MA 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). DHS 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).

MA provides medical assistance to individuals and families who meet financial and nonfinancial eligibility factors. The goal of the MA program is to ensure that essential health care services are made available to those who otherwise would not have financial resources to purchase them.

A request for program benefits begins with the filing of a DHS-1171 or other acceptable form. BAM 110 at 1. Before processing an application, DHS may require a client to verify information within their application. Verification is usually required at application. BAM 130 at 1. DHS must give clients at least ten days to submit verifications. *Id.*

The present case concerned an application of MA benefits based on disability. It was not disputed that Claimant's disability was not verified by Social Security Administration. Thus, a disability analysis was required by DHS. The analysis is explained by DHS regulations.

A client not eligible for RSDI based on disability or blindness must provide evidence of his disability or blindness. BEM 260 at 3. DHS specialists are directed to do all of the following to make a referral to the Medical Review Team (MRT) (see *Id.*):

- obtain evidence of the impairment (such as a 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; and
- obtain optional form DHS-49-G, Activities of Daily Living, completed by the client.

DHS is then to forward the medical evidence, DHS-49-B, DHS-49-F and DHS-49-G (optional) to the MRT. *Id.*

In the present case, it was not disputed that Claimant had submitted a DHS-49B and DHS-49F, leaving the basis for DHS denial as Claimant's failure to submit evidence of a medical impairment. The AHR contended that two bill-like documents and a form verifying hospitalization could have served as evidence of a medical impairment. The documents were not helpful in establishing a medical impairment. It is found that DHS properly failed to consider the bills and Facility Admission Notice to be sufficient evidence of a medical impairment. Despite this finding, it was not established that the onus falls on Claimant to present evidence of a medical impairment.

DHS is to tell the client what verification is required, how to obtain it, and the due date. BAM 130 at 2. DHS is to use the DHS-3503, Verification Checklist (VCL), or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. *Id.* at 4. The client must obtain required verification, but DHS must assist if they need and request help. *Id.*

DHS contended that the above policy places the burden upon the Claimant and/or AR to submit necessary verifications. The testifying specialist noted that DHS is required to assist in obtaining verifications, but that no such request was made in the present case.

BAM 815 contains the procedures DHS specialists must follow to process the medical determination. *Id.* Step 9 of the procedures state that specialists are to complete a DHS-1555, Authorization to Release Protected Health Information, to request existing medical records if the client has seen a physician within the last six months, gone to a clinic within the past six months or been hospitalized within the past 12 months. BAM 815 at 3. Step 10 of the procedures states that specialists are to select the appropriate examination report based on information on the DHS-49-B or DHS-49-BU, DHS-49-F and DHS-49-G. BAM 815 at 5. Step 10 elaborates that if the client has no current medical sources, DHS is to schedule a general medical examination and authorize payment (93A). *Id.*

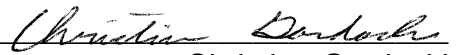
DHS has an obligation to obtain medical records and/or schedule a consultative examination which should result in a report which should serve as medical evidence. The AHR noted that DHS did not request any medical records or schedule an examination on behalf of Claimant. This is very persuasive evidence in establishing that the lack of medical evidence was the fault of DHS, not Claimant. Based on the presented evidence, it is found that DHS failed to obtain evidence of Claimant's impairment and therefore improperly denied Claimant's application for MA benefits.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly denied Claimant's application for MA benefits. It is ordered that DHS:

- (1) reinstate Claimant's application dated 2/9/12 for MA benefits; and
- (2) process Claimant's application in accordance with the DHS regulations outlined in BAM 815.

The actions taken by DHS are REVERSED.


Christian Gardocki
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: August 14, 2012

Date Mailed: August 14, 2012

NOTICE: Michigan Administrative Hearing System (MAHS) 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. MAHS 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. (60 days for FAP cases).

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.

Claimant may request a rehearing or reconsideration for the following reasons:

- A rehearing **MAY** be granted if there is newly discovered evidence that could affect the outcome of the original hearing decision.
- A reconsideration **MAY** be granted for any of the following reasons:
 - misapplication of manual policy or law in the hearing decision,
 - typographical errors, mathematical error, or other obvious errors in the hearing decision that effect the substantial rights of the claimant:
 - the failure of the ALJ to address other relevant issues in the hearing decision.

Request must be submitted through the local DHS office or directly to MAHS by mail at
Michigan Administrative Hearings
Reconsideration/Rehearing Request
P. O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc:

