

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201276495
Issue No: 2006, 4003
Case No: [REDACTED]
Hearing Date: October 17, 2012
Branch 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 September 4, 2012. After due notice, a telephone hearing was held on October 17, 2012.

ISSUE

Whether the Department of Human Services (Department) properly processed the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) benefits?

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 applied for Medical Assistance (MA) and State Disability Assistance (SDA) on April 23, 2012.
2. The Claimant's medical records were sent to the Medical Review Team (MRT), which returned the case to the Claimant's caseworker on May 25, 2012, without certifying whether the Claimant is disabled or blind.
3. On August 21, 2012, the Department denied the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) because the Claimant failed to return documentation to complete a disability determination.
4. The Department received the Claimant's request for a hearing on September 4, 2012, protesting the denial of his application for assistance.

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), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. Department of Human Services Bridges Assistance Manual (BAM) 105 (May 1, 2012). Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. Department of Human Services Bridges Assistance Manual (BAM) 130 (May 1, 2012). 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's procedures for determining whether a client is medically eligible to receive benefits is outlined in the Department of Human Services Bridges Assistance Manual (BAM) Item 815.

The Medical Review Team (MRT) will certify whether the client is disabled or blind on a Medical-Social Eligibility Certification (DHS-49-A). If medical basis to establish disability exists, the MRT will indicate the date and type of any additional medical evidence that will be needed if a review of continued disability or blindness is required. If medical basis does not exist the DHS-49-A will be returned to medical contact person. If additional medical evidence is required, the MRT will indicate/authorize on the DHS-49-A what specific evidence is needed, and complete a Deferral Monitor (DHS-49-C), to notify the specialist of the deferral, whether it could have been avoided and how. Department of Human Services Bridges Assistance Manual (BAM) 815 (June 1, 2012), p 5.

In this case, the Claimant applied for Medical Assistance (MA) and State Disability Assistance (SDA) on April 23, 2012. The Claimant's medical records were sent to the Medical Review Team (MRT), which returned the case to the Claimant's caseworker on May 25, 2012, without certifying whether the Claimant is disabled or blind. On August 21, 2012, the Department denied the Claimant's application for Medical Assistance (MA) and State Disability Assistance (SDA) because the Claimant failed to return documentation to complete a disability determination.

The Department failed to establish that it made a determination of whether the Claimant is disabled. The Department failed to establish that a Deferral Monitor (DHS-49-C) was completed or requested. The Department failed to establish that the Claimant did not make a reasonable attempt to provide the Department with medical records to determine whether a medical basis exists to determine whether the Claimant is disabled. Therefore, this Administrative Law Judge finds that the Department improperly denied the Claimant's April 23, 2012, application for assistance.

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 April 23, 2012, application for assistance.

Accordingly, the Department's Medical Assistance (MA) and State Disability Assistance (SDA) eligibility determination are REVERSED. It is further ORDERED that the Department shall:

1. Give the Claimant a ten-day period to submit additional medical documentation.
2. Submit the Claimant's application material to the Medical Review Team (MRT) for a determination of whether a medical basis exists to determine whether he is disabled.
3. Initiate a determination of the Claimant's eligibility for Medical Assistance (MA) and State Disability Assistance (SDA) with an application date of April 23, 2012, based on the determination of the Medical Review Team (MRT).
4. Provide the Claimant with written notification of the Department's revised eligibility determination.
5. 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: October 18, 2012

Date Mailed: October 18, 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 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/tb

cc:

