

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 201340204  
Issue No.: 2006  
Case No.: [REDACTED]  
Hearing Date: July 11, 2013  
County: Wayne County (#15)

**ADMINISTRATIVE LAW JUDGE: MICHELLE HOWIE**

**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, a telephone hearing was conducted on Thursday, July 11, 2013, from Detroit, Michigan. The Claimant appeared and testified. Participant on behalf of Department of Human Services (Department) was [REDACTED] (Eligibility Specialist).

As a preliminary matter, it is noted that Accretive Health was acting as Claimant's authorized representative when it submitted the December 13, 2012 MA application on Claimant's behalf to the Department. However, it is unclear from the record whether [REDACTED] is still an authorized representative on the case at the time of hearing. [REDACTED] did not appear, Claimant testified that he did not recall speaking to a representative from [REDACTED] while in the hospital and was unaware of the agency. Further, it was noted that Claimant submitted the hearing request to the Department. Therefore, the hearing proceeded in the absence of [REDACTED].

**ISSUE**

Did the Department properly  deny Claimant's application  close Claimant's case for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP)?  | <input type="checkbox"/> Adult Medical Assistance (AMP)?    |
| <input type="checkbox"/> Food Assistance Program (FAP)?      | <input type="checkbox"/> State Disability Assistance (SDA)? |
| <input checked="" type="checkbox"/> Medical Assistance (MA)? | <input type="checkbox"/> Child Development and Care (CDC)?  |

### **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 December 13, 2012, Accretive Health submitted an application on behalf of Claimant for:

- |  |   |
|--|---|
| <input type="checkbox"/> Family Independence Program (FIP).  | <input type="checkbox"/> Adult Medical Assistance (AMP).    |
| <input type="checkbox"/> Food Assistance Program (FAP).      | <input type="checkbox"/> State Disability Assistance (SDA). |
| <input checked="" type="checkbox"/> Medical Assistance (MA). | <input type="checkbox"/> Child Development and Care (CDC)   |

The Department

denied Claimant's application       closed Claimant's case  
due to failure to provide necessary medical verification.

2. The Department sent

Claimant       Claimant's Authorized Representative (AR)  
notice of the       denial.       closure.

3. On April 2, 2013, Claimant filed a hearing request, protesting the

denial of the application       closure of the case.

### **CONCLUSIONS OF LAW**

The Department of Human Services (DHS) policies are contained in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM), and the Reference Tables Manual (RFT).

The Medical Assistance (MA) program is established by the 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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, *et seq.*, and MCL 400.105.

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion and submission of the necessary forms. BAM 105 (September 2012), p. 5. The Department has the responsibility of telling the client what verification is required, how to obtain it, and the due date. BAM 130 (May 2012), p. 1. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130 (May 2012), p. 1. The client must obtain the required verification, however, the Department must assist if needed and/or requested. BAM 105, p. 8; BAM 130, p. 3.

In MA cases, the client is responsible for providing evidence to prove disability or blindness. A client who refuses or fails to submit to an exam necessary to determine

disability or blindness cannot be determined disabled and the Department will deny the MA application or close the case. BEM 260 (October 2011), p. 4. The Department is required to make arrangements on behalf of a client when a medical exam or other testing is required by the Medical Review Team (MRT); and to provide the client with a Medical Appointment Confirmation Notice (DHS-800).

In this case, the record shows [REDACTED] (AR) submitted a MA application on behalf of Claimant while he was in the hospital that was processed by the Department. On February 25, 2013, the MRT requested that Claimant obtain a Medical Examination. (Exhibit 1). The Department scheduled a medical appointment for Claimant on March 11, 2013. Evidence indicates the Department faxed [REDACTED] the Appointment Confirmation Notice on February 28, 2013, but did not send Claimant a copy of the notice. Claimant missed the appointment. On March 18, 2013, the Department sent Claimant Notice of Case Action denying the December 13, 2012 MA application. Claimant testified that he has some mental impairment due to his medical condition, and as a result does not recall some information. He stated that his elderly mother told him about the appointment after the date, which caused him to miss the appointment. He did not receive notice of the appointment in writing from the Department. He subsequently made several attempts to speak with a specialist, but was unable to do so. As a result he requested a hearing. Policy provides that a client is notified in writing of a medical appointment or what verification is needed. Here, the evidence does not support a finding that this was done.

Further, the Department representative testified that another worker was to have mailed the Notice of Case Action to [REDACTED]. The other worker did not appear at hearing and there was no evidence presented at hearing that the document was in fact sent. [REDACTED] did not request the hearing, nor appear at hearing. I find the evidence on record insufficient to support a finding that [REDACTED] was properly notified of the case action as the Authorized representative. In this type of matter, the Department bears the burden of establishing by a preponderance of the evidence that it acted properly in any action that negatively affects a client. Here, the Department did not present sufficient testimony and/or documentary evidence to meet its burden. The Department did not establish that it acted in accordance with policy when it denied Claimant's MA application.

Accordingly, the Department's action is not upheld for the reasons stated on the record.

### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, finds that the Department did not establish it acted properly when it denied the December 13, 2012 application for MA benefits.

Accordingly, the Department's  MA decision is hereby, **REVERSED**.

THE DEPARTMENT IS ORDERED TO DO THE FOLLOWING WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. The Department shall reinstate the December 13, 2012 MA application and continue processing by rescheduling the Claimant for another medical appointment, as requested by MRT, in accordance with department policy.
2. The Department shall send a Medical Appointment Notice Confirmation to Claimant and the AHR, if applicable, in accordance with department policy.



**Michelle Howie**  
Administrative Law Judge  
For Maura Corrigan, Director  
Department of Human Services

Date Signed: 7/29/2013

Date Mailed: 7/29/2013

**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

MH/hw

cc:

