

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

IN THE MATTER OF:



Reg. No.: 2013-67692
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: October 30, 2013
County: Wayne (55)

ADMINISTRATIVE LAW JUDGE: Christian Gardocki

HEARING DECISION

Following Claimant's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10. After due notice, a telephone hearing was held on October 30, 2013, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included Kimberly Williams, Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's Medical Assistance (MA) application due to a failure to submit a Medical-Social Questionnaire.

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 [REDACTED]/13, Claimant applied for MA benefits.
2. Claimant's only basis for MA benefits was disability.
3. On [REDACTED]/13, DHS mailed Claimant a Medical Determination Verification Checklist (VCL) requesting various forms including a DHS-49F Medical Social Questionnaire.
4. The VCL due date was [REDACTED]/13.
5. Claimant failed to timely return the DHS-49F.

6. On [REDACTED]/13, DHS denied Claimant's MA application due to Claimant's failure to timely return requested medical forms.
7. On [REDACTED]/13, Claimant requested a hearing to dispute the MA application denial.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the Title XIX of the Social Security Act, 42 USC 1396-1396w-5, and is implemented by 42 CFR 400.200 to 1008.59. The Department of Human Services (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10 and MCL 400.105. Department policies are contained in the Department of Human Services Bridges Administrative Manual (BAM) and Department of Human Services Bridges Eligibility Manual (BEM) and Department of Human Services Reference Tables Manual (RFT).

Claimant checked the box "yes" on his hearing request in response to a question asking if special arrangements were necessary for participation in the hearing. Claimant testified that he did not understand what he was indicating on the hearing request and that he required no particular special arrangement to participate in the hearing.

Claimant's hearing request also noted that he had an authorized hearing representative (AHR). The AHR failed to appear for the hearing; the absence may be related to a lack of notice due to the illegibility of the AHR's name and/or address. During the hearing, Claimant waived his right to representation.

Claimant requested a hearing to dispute the denial of an MA benefit application. It was not disputed that DHS denied the application based on Claimant's failure to return verification of disability.

The Medicaid program is comprised of several sub-programs which fall under one of two categories; one category is FIP-related and the second category is SSI-related. BEM 105 (10/2010), p. 1. To receive MA under an SSI-related category, the person must be aged (65 or older), blind, disabled, entitled to Medicare or formerly blind or disabled. *Id.* Families with dependent children, caretaker relatives of dependent children, persons under age 21 and pregnant, or recently pregnant, women receive MA under FIP-related categories. *Id.* It was not disputed that Claimant's only basis for MA benefits was based on a claim of disability.

For MA benefits, a client is to complete all sections of the DHS-49F. BAM 815 (7/2013), p. 3. For MA benefits, if the client cannot provide the verification despite a reasonable effort, DHS is to extend the time limit up to three times. BAM 130 (7/2013), p. 2. DHS is to send a negative action notice when:

- the client indicates refusal to provide a verification, or
- the time period given has elapsed.

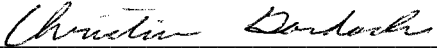
Id., p. 6.

It was not disputed that DHS mailed Claimant a Medical Determination Verification Checklist (Exhibits 1-2) requesting various forms, in particular a DHS-49F. Claimant's hearing request alleged that he called his specialist to request an extension. Claimant's testimony was diminished by his inability to understand and respond to questions at the hearing. Claimant was unable to support the evidence with persuasive documentation. Claimant's specialist credibly testified that she did not receive any calls from Claimant requesting an extension of the VCL due date. Based on the presented evidence, it is found that Claimant did not request an extension to submit medical documentation.

It was not disputed that Claimant failed to submit all medical documentation, including the DHS-49F. Accordingly, it is found that DHS properly denied Claimant's MA benefit application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS properly denied Claimant's MA benefit application due to Claimant's failure to timely return a Medical-Social Questionnaire. The actions taken by DHS are **AFFIRMED**.


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

Date Signed: 11/22/2013

Date Mailed: 11/22/2013

NOTICE OF APPEAL: 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 or Reconsideration was made, within 30 days of the receipt date of the Decision and Order of Reconsideration or Rehearing Decision.

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).

A Request for Rehearing or Reconsideration may be granted when one of the following exists:

- Newly discovered evidence that existed at the time of the original hearing that could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- Typographical, mathematical or other obvious error in the hearing decision that affects the rights of the client;
- Failure of the ALJ to address in the hearing decision relevant issues raised in the hearing request.

The Department, AHR or the claimant must specify all reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration. A request must be *received* in MAHS within 30 days of the date the hearing decision is mailed.

The written request must be faxed to (517) 335-6088 and be labeled as follows:

Attention: MAHS Rehearing/Reconsideration Request

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30639
Lansing, Michigan 48909-07322

CG/hw

cc:

