

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

**IN THE MATTER OF:**

████████████████████  
████████████████████  
████████████████████

Reg. No.: 2013-67722  
Issue No.: 2018  
Case No.: ██████████  
Hearing Date: October 30, 2013  
County: Wayne (82-49)

**ADMINISTRATIVE LAW JUDGE:** Alice C. Elkin

**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 on behalf of Claimant included Claimant. Participants on behalf of the Department of Human Services (Department) included █████ █████ █████

████████████████████

**ISSUE**

Did the Department properly deny Claimant's application for Medical Assistance (MA) coverage?

**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 April 24, 2013, Claimant's authorized representative (AR) applied for MA for Claimant and requested retroactive coverage to February 2013.
2. On July 1, 2013, the Department sent Claimant a Medical Determination Verification Checklist (VCL) requesting, among other things, all medical records for the last 12 months by July 11, 2013.
3. On July 11, 2013, Claimant submitted a completed Medical-Social Questionnaire, DHS-49F; Activities of Daily Living, DHS-49G; and Authorization to Release Protected Health Information, DHS-1555, and four pages of medical

documentation dated [REDACTED]. In his DHS-49F, Claimant disclosed a 2013 hospitalization and doctor visits in [REDACTED].

4. At the request of the AR, the Department extended the VCL due date on two occasions to allow the AR to submit medical records for the 12 months prior to Claimant's application.
5. The AR did not provide any additional medical documents.
6. On August 23, 2013, the Department sent Claimant a Notice of Case Action denying his application.
7. On September 4, 2013, Claimant filed a request for hearing disputing the Department's action.

### **CONCLUSIONS OF LAW**

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

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.

Additionally, to establish a disability in order to be eligible for disability-based MA coverage, an individual who is not receiving Supplemental Security Income (SSI) or disability-based Retirement, Survivors, and Disability Insurance (RSDI) must complete certain medical documents for submission to the Medical Review Team (MRT). BEM 260, p. 3; BAM 815 (July 2013), p. 3. MRT reviews the medical evidence provided by the client and physician to determine the client's eligibility for assistance based on a disability. BAM 815, p. 1.

In this case, in response to the Medical Determination VCL, Claimant timely submitted a completed DHS-49F, DHS-49G, and DHS-1555, and four pages of medical documentation [REDACTED]. The Department testified that it had requested medical documentation dated within 12 months of Claimant's application and denied Claimant's application because neither Claimant nor his AR had provided this documentation despite two extensions it granted to the VCL due date.

Department policy requires that the client is responsible for completing the Medical Social Questionnaire DHS-49F, and the medical packet is incomplete without the DHS-49F. BAM 815, p. 3; Department of Human Services Reference Forms and Publications Manual 49F, p. 4. It is the Department's responsibility to obtain evidence

of impairment (such as a DHS-49, DHS-49D or equivalent medical evidence/documentation). BEM 260, p. 3. BAM 815 provides that, if the client completes appropriate sections of the a DHS-1555, Authorization to Release Protected Health Information, the Department specialist has the responsibility of completing the form to request existing medical records if the client has (i) seen a physician within the last six months, (ii) gone to a clinic within the past six months, or (iii) been hospitalized within the past 12 months. BAM 815, p. 3. Furthermore, in circumstances where a client has no current medical sources, the Department must schedule a general medical examination, authorize payment, and, if needed, authorize payment for transportation to the examination. BAM 815, p. 4.


In this case, in his DHS-49F, Claimant identified a [REDACTED] hospitalization at [REDACTED] [REDACTED] and [REDACTED] office visits at identified health care providers. Therefore, the Department had the information necessary to request the medical documents it sought itself, and it failed to act in accordance with Department policy when it denied Claimant's MA application because he did not provide requested medical documents. Because Claimant also indicated that he did not have money for additional medical assistance, to the extent a general medical examination was necessary, the Department did not act in accordance with Department policy when it denied Claimant's MA application without scheduling such an exam.

**DECISION AND ORDER**

Accordingly, the Department's decision is REVERSED.

THE DEPARTMENT IS ORDERED TO BEGIN DOING THE FOLLOWING, IN ACCORDANCE WITH DEPARTMENT POLICY AND CONSISTENT WITH THIS HEARING DECISION, WITHIN 10 DAYS OF THE DATE OF MAILING OF THIS DECISION AND ORDER:

1. Reregister Claimant's April 24, 2013, MA application, with request for retroactive MA coverage;
2. Reprocess the application;
3. Provide Claimant with any MA coverage he is eligible to receive from the date of eligibility; and
4. Notify Claimant in writing of its decision.

  
**Alice C. Elkin**  
Administrative Law Judge  
for Maura Corrigan, Director  
Department of Human Services

Date Signed: November 13, 2013

Date Mailed: November 13, 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

ACE/pf

cc: [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]