

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

IN THE MATTER OF:

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Reg. No.: 2014-1790
Issue Nos.: 2002, 4002
Case No.: ██████████
Hearing Date: December 12, 2013
County: Oakland (63-03)

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 December 12, 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 State Disability Assistance (SDA) and Medical Assistance (MA) benefits?

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 or about May 24, 2013, Claimant applied for SDA and MA benefits.
2. On May 24, 2013, the Department sent Claimant a Medical Determination Verification Checklist (VCL) requesting medical documents including medical records by June 3, 2013.
3. Before the due date, Claimant submitted a completed Medical-Social Questionnaire (DHS-49F); Activities of Daily Living (DHS 49-G); and a signed authorization to release protected health information, but was unable to obtain requested medical documents.

4. On August 30, 2013, the Department sent Claimant a Notice of Case Action denying her SDA and MA application, because she had failed to submit requested medical documents.
5. On September 19, 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.

The State Disability Assistance (SDA) program is established by the Social Welfare Act, MCL 400.1-.119b. The Department of Human Services (formerly known as the Family Independence Agency) administers the SDA program pursuant to MCL 400.10 and Mich Admin Code, R 400.3151-.3180.

Additionally, Claimant requested a hearing concerning the Department's denial of her SDA and MA application. Claimant filed her hearing on September 19, 2013, and her request was tied into a Notice of Case Action dated August 30, 2013. The Department did not provide a copy of the August 30, 2013, Notice of Case Action in the hearing packet, but the evidence at the hearing established that Claimant had filed an MA and SDA application on or about April 24, 2013, and the Department denied the application in the August 30, 2013, Notice of Case Action because Claimant had failed to provide any medical evidence with the medical packet she submitted. Although Claimant filed a subsequent MA and SDA application, which is still pending with the Medical Review Team (MRT), this hearing addressed the Department's denial of the April 24, 2013 application.

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 MRT. BEM 260 (July 2013), pp. 3, 6-7; BAM 815 (July 2013), p. 1. Likewise, to establish SDA eligibility based on a disability, the client must obtain medical evidence of the disability to submit to the Department. BEM 261 (July 2013), pp. 1-2, 6; BAM 815, p. 1. 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.

At the hearing, the Department explained that it denied Claimant's April 24, 2013, MA and SDA application because, although she had provided a DHS-49F and DHS-49G and a signed authorization to release medical records, she did not provide any current medical records as requested in the June 2013 VCL 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. It is the Department's responsibility to obtain evidence of impairment (such as a DHS-49, DHS-49D or equivalent medical evidence and/or 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. 4.

In this case, the Department testified that Claimant identified her medical providers in the DHS-49F she completed. 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 SDA and MA application because she did not provide requested medical documents.

At the hearing, Claimant explained that she was unable to obtain medical records because she lacked funds to pay for them. The Department is responsible for payments for obtaining medical evidence including (i) medical/psychiatric/psychological evaluations; (ii) copies of existing medical evidence; and (iii) certain diagnostic testing including laboratory and x-ray studies. BAM 815, pp. 8-9. Furthermore, in circumstances where a client has no current medical sources, the Department must schedule a general medical examination and authorize payment for services and, if needed, for transportation to the examination. BAM 815, p. 4. Thus, to the extent the Department did not assist Claimant with payment when made aware of her financial circumstances, the Department did not act in accordance with Department policy.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, and for the reasons stated on the record, if any, finds that the Department did not act in accordance with Department policy when it denied Claimant's MA and SDA application.

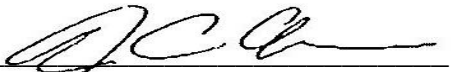
DECISION AND ORDER

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 MA and SDA application filed on or about April 24, 2013;
2. Reprocess the application;
3. Provide Claimant with any MA coverage she is eligible to receive from April 1, 2013, ongoing;
4. Issue supplements to Claimant for any SDA benefits she is eligible to receive but has not from April 24, 2013, ongoing;
5. Notify Claimant in writing of its decision.


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

Date Signed: December 17, 2013

Date Mailed: December 17, 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]
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