

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

**IN THE MATTER OF:**

[REDACTED]

Reg. No.: 2014-32222  
Issue No.: 2001  
Case No.: [REDACTED]  
Hearing Date: April 15, 2014  
County: Macomb #12

**ADMINISTRATIVE LAW JUDGE:** Kevin Scully

**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 April 15, 2014, from Lansing, Michigan. Participants on behalf of Claimant included the Claimant's authorized hearings representative [REDACTED] of [REDACTED]. Participants on behalf of the Department of Human Services (Department) included [REDACTED].

**ISSUE**

Whether the Department of Human Services (Department) properly deny the Claimant's Medical Assistance (MA) application?

**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) on July 29, 2013.
2. On October 11, 2013, a determination of disability was deferred to obtain additional medical documentation.
3. On December 2, 2013, the Medical Review Team (MRT) determined that the Claimant did not meet the disability standard for Medical Assistance (MA-P) because it had determined that the Claimant failed to cooperate with the eligibility determination process.
4. On December 16, 2013, the Department denied the Claimant's application for Medical Assistance (MA).

5. The Department received the Claimant's request for a hearing on March 7, 2014, protesting the denial of her Medical Assistance (MA) application.

### **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.

If the client is not eligible for Retirement, Survivors, and Disability Insurance (RSDI) based on disability or blindness, the Medical Review Team (MRT) certified disability and blindness. A client not eligible for RSDI based on disability or blindness must provide evidence of his disability or blindness. Department of Human Services Bridges Eligibility Manual (BEM) 260 (July 1, 2013), p 3.

If additional medical evidence is required to make a determination of disability, the Department will indicate on a Medical-Social Eligibility Certification (DHS-49-A) what specific evidence is needed. Department of Human Services Bridges Administrative Manual (BAM) 815 (July 1, 2013), p 7.

The Department will make arrangements on behalf of the client for a medical exam or other diagnostic tests requested by the Medical Review Team (MRT), and will use the Medical Appointment Confirmation (DHS-800) to notify the client of a scheduled appointment. BAM 815, p 9.

In this case, the Claimant applied for Medical Assistance (MA) on July 29, 2013. On October 11, 2013, a determination of disability was deferred to obtain additional medical documentation. On October 28, 2013, the Medical Review Team (MRT) determined that the Claimant did not meet the disability standard for Medical Assistance (MA-P) because it had determined that the Claimant failed to cooperate with the eligibility determination process.

The Department determined that since the Claimant had been placed in a skilled nursing home in Ohio, that she was unable to participate in a necessary medical examination to determine disability.

No evidence was presented during the hearing that the Department made arrangements on behalf of the Claimant for a medical exam, or that the Claimant was sent a Medical Appointment Confirmation (DHS-800).

Based on the evidence and testimony available during the hearing, this Administrative Law Judge finds that the Claimant did not refuse to cooperate with the Department's determination of disability, and the Department did not deny the Claimant's Medical Assistance (MA) application in accordance with Department policy. Therefore, the Department's eligibility determination is reversed.

**DECISION AND ORDER**

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 the Claimant's July 29, 2013, application for assistance.

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. Re-process the Claimant's July 29, 2013, Medical Assistance (MA) in accordance with policy.



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Kevin Scully  
Administrative Law Judge  
for Maura D. Corrigan, Director  
Department of Human Services

Date Signed: April 28, 2014

Date Mailed: April 28, 2014

**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

KS/tb

cc:

