

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

IN THE MATTER OF:



Reg. No.: 2014-11883
Issue No.: 2002
Case No.: [REDACTED]
Hearing Date: January 23, 2014
County: Oakland (02)

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 January 23, 2014, from Detroit, Michigan. Participants included the above-named Claimant. Participants on behalf of the Department of Human Services (DHS) included [REDACTED], Specialist.

ISSUE

The issue is whether DHS properly denied Claimant's application for Medical Assistance (MA) based on Claimant's alleged failure to submit specific medical documents.

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], Claimant applied for MA benefits based on a claim of disability.
2. Claimant submitted various medical documents to DHS in support of a claim of disability.
3. On an unspecified date, Claimant's specialist prepared a medical packet and forwarded it to the Medical Review Team (MRT).

4. On an unspecified date, the MRT deferred a medical decision and returned the medical packet to Claimant's specialist for the purpose of seeking additional medical documentation.
5. On [REDACTED] DHS mailed Claimant a Quick Note (Exhibit 1) which requested various medical items.
6. The Quick Note indicated that Claimant's deadline to return the items was [REDACTED]
7. On [REDACTED], DHS mailed Claimant a Notice of Case Action informing Claimant of a denial of her MA application.
8. On 1 [REDACTED], Claimant submitted a hospital letter (Exhibit 2) which stated that Claimant was treated in the emergency room on [REDACTED] and released on [REDACTED]
9. On [REDACTED], 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 requested a hearing to dispute an MA application denial. It was not disputed that DHS denied Claimant based on an alleged failure to return various medical records.

For all programs, DHS is to use the DHS-3503, Verification Checklist to request verification. BAM 130 (5/2012), pp. 2-3. DHS must give clients at least ten days to submit verifications. *Id.*, p. 3 DHS must tell the client what verification is required, how to obtain it, and the due date. *Id.*, p. 2. 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. *Id.*, 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.

DHS did not use a Verification Checklist to request medical records from Claimant; instead, DHS used a Quick Note. That is just one problem with the denial of Claimant's MA application.

The DHS request for documents was not very clear. The DHS Quick Note read that MRT needs the following items: “(1) a copy of the hospital history and physical and/or discharge summary had been submitted for a recent hospitalization relating to the client’s physical injury/illness; and (2) a copy of any specialist’s reports”. The first item is not a document request, it is a statement. Even if the first item was construed as a request, it is impossible to discern what exactly was requested. DHS cannot mandate Claimant to submit documents in response to a statement and/or a convoluted document request. The second item listed on the Quick Note is more clear, however, Claimant testified that she had no specialist reports to submit. DHS cannot mandate a client to submit documents which she does not have.

A third reason exists for finding that the denial of Claimant’s to be improper. DHS lists a 26-step process in evaluating a claim of disability (see BAM 815). Step 18 states that if additional documents are needed to determine disability, then the needed items should be documented on a DHS-49A before the packet is returned to the assigned DHS worker. Step 24 notes that if the MRT requests additional medical evidence, a worker is to review the DHS-49-A for the specific evidence needed and the DHS-49-C for whether the deferral could have been avoided and how; the steps also refer the specialist back to step 11 which notes that a DHS-1555 must be signed by the client. The DHS-1555 is a Claimant-signed form authorizing DHS to obtain documents from hospitals and physicians. The procedures imply that DHS is responsible for obtaining further medical documents, not clients.

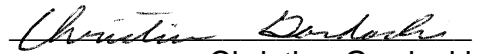
It is found that DHS improperly requested medical documents from Claimant concerning a claim of disability. Accordingly, it is found that DHS improperly denied Claimant’s MA benefit application.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that DHS improperly denied Claimant’s application for MA benefits. It is ordered that DHS perform the following actions:

- (1) reinstate Claimant’s MA benefit application dated [REDACTED];
- (2) initiate processing of Claimant’s application subject to the finding that DHS improperly requested medical documents.

The actions taken by DHS are **REVERSED**.


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

Date Signed: 2/13/2014

Date Mailed: 2/13/2014

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

CG/hw

cc:

