

STATE OF MICHIGAN  
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES  
ADMINISTRATIVE HEARINGS FOR THE  
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No:

[REDACTED]

ADMINISTRATIVE LAW JUDGE: [REDACTED]

**HEARING DECISION**

This matter is before the undersigned Administrative Law Judge by authority of MCL 400.9 and MCL 400.37. Claimant's request for a hearing was received on [REDACTED]  
[REDACTED]

**ISSUE**

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

**FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On [REDACTED], the Claimant authorized [REDACTED], Inc. to represent her for the purposes of submitting an application for Medical Assistance (MA).
2. On [REDACTED], the Claimant applied for Medical Assistance (MA) with retroactive benefits to [REDACTED].
3. On [REDACTED], the Department sent the Claimant a Verification Checklist with a due date of [REDACTED].
4. On [REDACTED] [REDACTED] Checklist due date.
5. On [REDACTED] the Claimant's representative requested a 10 day extension to the Verification Checklist due date.
6. On [REDACTED] the Claimant's representative requested a 10 day extension to the Verification Checklist due date.

7. The Department's records indicate that the final due date to submit verification had been extended to [REDACTED] which is [REDACTED] after the [REDACTED] extension request.
8. The Department denied the Claimant's application for Medical Assistance (MA) on [REDACTED] for failure to provide information necessary to determine her eligibility to receive benefits.
9. The Department received the Claimant's request for a hearing on [REDACTED] [REDACTED] protesting the denial of her Medical Assistance (MA) application.
10. On [REDACTED] a representative [REDACTED] was appointed as the Claimant's personal representative by the [REDACTED].
11. The [REDACTED] [REDACTED] dismissed the Claimant's request for a hearing on [REDACTED] on the basis [REDACTED] Authorized Hearing Representative.
12. On [REDACTED] the Claimant's representative appealed the dismissal of her hearing request to the [REDACTED].
13. On [REDACTED] [REDACTED] ordered the [REDACTED] to reinstate the Claimant's hearing request and schedule a hearing on the issue of whether the Claimant is eligible for Medicaid benefits.
14. On [REDACTED], a representative from [REDACTED] was appointed as the Claimant's personal representative by the [REDACTED].

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). The Department of Human Services (DHS or Department) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM) (formerly known as the Program Administrative Manual (PAM)), the Bridges Eligibility Manual (BEM), Reference Table Manual (RFT), and the Bridges Reference Manual (BRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes the completion of necessary forms. BAM 105. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. BAM 130. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level when it is required by policy, required as a local office option, or information regarding

an eligibility factor is unclear, inconsistent, incomplete, or contradictory. BAM 130. The Department uses documents, collateral contacts, or home calls to verify information. BAM 130. A collateral contact is a direct contact with a person, organization, or agency to verify information from the client. BAM 130. When documentation is not available, or clarification is needed, collateral contact may be necessary. BAM 130.

Clients are allowed ten calendar days to provide the verifications requested by the Department. BAM 130. The Department should send a negative action notice when the client indicates a refusal to provide the verification, or the time period provided has lapsed and the client has not made a reasonable effort to provide it. BAM 130. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times. BAM 130.

The Department will send a case action notice when:

- The client indicates refusal to provide a verification, or
- The time period given has elapsed. BAM 130.

All clients have the right to request a hearing. A hearing may be requested by an adult member of the eligible group or the client's authorized hearing representative (AHR). An AHR must be authorized before signing a hearing request for the client. The following documents are acceptable verification sources:

- Probate court order or court issued "Letters of Authority" naming the person as guardian or conservator.
- Authorization signed by the client authorizing this person to represent the client in the hearing process. PAM 600 (11/1/2006).

On [REDACTED], Inc. to represent her for the purposes of submitting an application for Medical Assistance (MA) and to represent her as an [REDACTED]. The Department received the Claimant's request for a hearing on December 14, 2006. On [REDACTED], a representative from [REDACTED] was appointed as the Claimant's personal representative by the [REDACTED]. On [REDACTED], the Claimant's hearing requested was dismissed by the [REDACTED].

Hearings and Rules (SOAHR) to reinstate the Claimant's hearing request and schedule a hearing on the issue of whether the Claimant is eligible for Medicaid benefits.

This Administrative Law Judge finds that [REDACTED] is authorized to act as the Claimant's [REDACTED] for the purposes of appealing the Department's denial of the Claimant's application for Medical Assistance (MA).

On [REDACTED] the Claimant applied for Medical Assistance (MA) with retroactive benefits to [REDACTED]. On [REDACTED] sent the Claimant a Verification Checklist with a due date of [REDACTED]. On [REDACTED], the Claimant's representative requested a 10 day extension to the Verification Checklist due date. [REDACTED] the Claimant's representative requested a 10 day extension to the Verification Checklist due date. On [REDACTED], the

Claimant's representative requested a 10 extension to the Verification Checklist due date.

The Department's records indicate that the final due date to submit verification had been extended to [REDACTED] which is [REDACTED] after the [REDACTED] 06, extension request.

The Department denied the Claimant's application for Medical Assistance (MA) on [REDACTED] eligibility to receive benefits.

In this case, no evidence was presented to show that the Claimant or her representatives refused to provide the verification documents the Department had requested, but the Department's denial of the Claimant's application was dated before the time period given had elapsed.

The Department's representative argued that the Claimant failed to supply the required verification documents before the [REDACTED], due date. The Department's representative testified that had the Claimant's representative supplied the necessary verification documents before [REDACTED], that the Department would have continue to process her application even though it had already been denied.

Whether the Department would have continued to process the Claimant's application for benefits after the application had been denied is mere speculation. This Administrative Law Judge finds that it was reasonable for the Claimant's representative to rely on the Department's denial notice on [REDACTED] as being the Department's final decision, and then proceeds with a request for an administrative hearing request.

This Administrative Law Judge finds that the Department denied the Claimant's application for Medical Assistance (MA) before the time period given had elapsed. Based on the evidence and testimony available during the hearing, the Department has failed to establish that it acted properly when it denied the Claimant's application for Medical Assistance (MA).


### **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the Department failed to establish that it properly denied the Claimant's application for Medical Assistance (MA).

Accordingly, the Department's Medical Assistance (MA) eligibility determination is REVERSED. It is further ORDERED that the Department shall:

1. Initiate a determination of the Claimant's eligibility for Medical Assistance (MA) with retroactive benefits to [REDACTED]
2. Provide the Claimant with written notification of the Department's revised eligibility determination.

3. Issue the Claimant any retroactive benefits she may be eligible to receive, if any.

\_\_\_\_\_/s/\_\_\_\_\_  


Date Signed: \_\_4/8/11\_\_\_\_\_

Date Mailed: \_\_4/8/11\_\_\_\_\_

**NOTICE:** Administrative Hearings 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. Administrative Hearings will not order a rehearing or reconsideration on the Department's motion where the final decision cannot be implemented within 60 days of the filing of the original request.

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 was made, within 30 days of the receipt date of the rehearing decision.

