

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Claimant

Reg. No.: 2008-14553

Issue No.: 2007

Case No.: [REDACTED]

Load No.: [REDACTED]

Hearing Date:

March 5, 2009

Genesee County DHS (2)

ADMINISTRATIVE LAW JUDGE: Michael J. Bennane

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; MSA 16.409 and MCL 400.37; MSA 16.437 upon the Claimant's request for a hearing. After due notice, a telephone hearing was held on March 5, 2009. The Claimant, now deceased, was represented by his authorized representative [REDACTED]

ISSUE

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

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 October 19, 2007 the Claimant through his AR applied for MA.
2. On November 20, 2007, the Department provided the Claimant and his AR with a verification checklist, due November 30, 2007, requesting various items of documentation. (Department exhibit 2, pp. 1-2).
3. Neither the Claimant nor the AR provided the requested verifications.

4. On December 3, 2007, the Department sent the Claimant and his AR a notice that his MA was denied. (Department exhibit 3, pp. 1-4).
5. On January 3, 2008, the Claimant's AR filed a request for a hearing.

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 (formerly known as the Family Independence Agency) administers the MA program pursuant to MCL 400.10, et seq., and MCL 400.105. Department policies are found in the Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

In the instant case, the Claimant failed to provide any of the requested information. At the hearing the Claimant's AR testified that they had not received the verification checklist.

The record shows that the verification checklist was sent to the Claimant's representatives including his AR. The record further shows that the AR requested information concerning the verification checklist on December 13, 2007, after the department had denied the application.

Timeliness of Verifications

CDC, FIP, FAP

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (e.g., fax, email), the date of the transmission is the receipt date. Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

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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.

MJB/jlg

cc:

