### STATE OF MICHIGAN STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

# ADMINISTRATIVE HEARINGS FOR THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

Claimant

Reg. No:2008-15174Issue No:2006Case No:1000Load No:1000Hearing Date:1000August 5, 20091000Genesee County DHS

).

# ADMINISTRATIVE LAW JUDGE: Jay W. Sexton

# HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9

and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing

was held in Flint on August 5, 2009. Claimant resides in a nursing home and was unable to

attend. Claimant was represented by her guardian,

The department was represented by Jodi Sadler (ES).

The Administrative Law Judge appeared by telephone from Lansing.

### **ISSUE**

Did the department correctly deny claimant's MA-M/LTC application due to claimant's failure to comply with the department's verification procedures by the due date (January 28, 2008)?

### FINDINGS OF FACT

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

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(1) Claimant is an (MA-M/LTC) Medicaid applicant.

(2) Claimant resides in a long term care facility and was unable to come to the hearing.

(3) Claimant is represented by her guardian,

(4) On December 14, 2007, claimant applied for Retro-MA-M benefits.

(5) On January 7, 2008, the caseworker sent claimant a Verification Checklist (DHS-

3503) asking claimant to verify her income, assets, prepaid funeral contract, bank statements and other items listed on the DHS-3503.

(6) The due date for providing the required verifications was January 17, 2008.

(7) On January 17, 2008, a representative from the guardian's office called the

caseworker and requested an extension of the due date for submitting the required verifications.

(8) On January 17, 2008, the caseworker granted an extension to January 28, 2008.

(9) The guardian did not submit the verifications requested on the DHS-3503 by

January 28, 2008. The guardian did not request a second extension to comply with the

department's verification requirements, as stated on the DHS-3503.

(10) On February 1, 2008, the caseworker denied (DHS-4598) claimant's retro-MA application. The Denial Notice provided the following information:

\* \* \* **Denial**—you are not eligible for Medicaid, retro. The reason(s) is: Failure to provide required verifications. \* \* \*

**MESSAGE**: DHS did not receive October 2007 bank statement from Account Information, proof of guardianship being paid, status on whether contract is irrevocable or not.

Manual Policy Reference(s): PEM—400, 501. PEM—103.

\* \* \*

(11) On February 6, 2008, the guardian requested a hearing.

(12) The guardian did not provide all the required verifications properly promptly after the denial.

(13) The guardian did not clarify the status of the until the day of the Hearing.

(14) The guardian did not provide a good-cause reason for his failure to comply with the DHS-3503 by the extension date (January 17, 2008), as required.

#### 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 Program Administrative

Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual

(PRM).

The department's PAM provides the following policy:

#### Verification:

#### All programs

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See PAM 130 and PEM 702. PAM, Item 105, p. 8.

Current department policy requires MA-M applicants to cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms, and appearing for a face-to-face interview when requested. PAM 105. Cooperation also includes the requirement that applicant's provide verification of household composition, household income and household assets. PAM Item 210, 212 and 220. See also PEM 500 and PAM 115. The preponderance of the evidence in the record shows that claimant failed to verify all the eligibility factors as required by the DHS-3503 by the January 28, 2008 due date.

The caseworker correctly requested verification of claimant's income, checking accounts, life insurance policies, prepaid funeral agreements and other items specified.

The original due date for the verifications was January 17, 2008. At claimant's request, the due date was extended to January 28, 2008. However, claimant's guardian did not submit the required eligibility verifications by the extended due date.

Based on a careful review of the record, the caseworker correctly denied claimant's Medicaid application due to claimant's failure to verify her eligibility, as requested by the department on the DHS-3503.

In addition, a careful review of the record reveals no evidence of arbitrary or capricious action by the local office in processing claimant's Medicaid application.

Therefore, the denial action taken by the department is correct.

### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department correctly requested verification of claimant's eligibility factors for Medicaid purposes. Furthermore, claimant failed to comply with the department's eligibility verification requirements by the extension due date (January 28, 2008).

Accordingly, the action taken by the department is, hereby, AFFIRMED.

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# SO ORDERED.

<u>/s/</u>

Jay W. Sexton Administrative Law Judge for Ismael Ahmed, Director Department of Human Services

Date Signed: March 22, 2010

Date Mailed: March 23, 2010

**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 90 days of the filing of the original request.

The Claimant may appeal the Decision and Order to Circuit Court within 30 days of the mailing of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.

JWS/sd

