

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.: 2008-19994
Issue No.: 2006
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
June 18, 2009
Wayne County DHS (43)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

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 on June 18, 2009. Claimant appeared and testified.

ISSUE

Did the Department properly deny the Claimant's application for Medical Assistance (MA) for failure to provide verifications?

FINDINGS OF FACT

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

1. On December 18, 2007 the Claimant's representative applied for MA on behalf of the Claimant.
2. On January 11, 2008 the Department sent a verification check list and appointment to Claimant not the representative.
3. On January 24, 2008 the verifications were due back to the Department.

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4. On January 24, 2008 [REDACTED] requested a 10 day extension.
5. On January 24, 2008 the Department denied the Claimant's application.
6. On February 1, 2008 [REDACTED] submitted a DHS 38 and payroll print out as requested.
7. On May 5, 2008 the Claimant requested 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 present case, the Claimant requested a hearing on May 5, 2008. The Department provided a copy of the verification checklist sent to the Claimant. However the Department failed to provide any documentation showing the verification request was sent to the Claimant's representative who applied on behalf of the Claimant. The Claimant's representative testified that they received notice of the verifications days after it was sent to the Claimant. The representative testified their agency received a copy of the request from the Claimant. The representative was in the process of obtaining the necessary documentation and needed additional time to secure the requested documents. The representative requested an extension of the due date for verification on the date the verifications were in fact due. The Department failed to grant this extension request. Relevant policy can be found in PAM Item 130, p.1-3:

All Programs

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- Required by policy. PEM items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement **must** be applied the same for every client. Local requirements may **not** be imposed for MA, TMA-Plus or AMP without prior approval from central office.
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/re-determination **and** for a reported change affecting eligibility or benefit level.

If a client indicates he/she has a disability that impairs his/her ability to gather verifications and information necessary to establish eligibility for benefits, offer to assist the individual in the gathering of such information.

Verification is **not** required:

When the client is clearly ineligible, or
For excluded income and assets **unless** needed to establish the exclusion.

Obtaining Verification

All Programs

Tell the client what verification is required, how to obtain it and the due date (see “[Timeliness Standards](#)” in this item). Use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification.

Use the DHS-3503C, Verification Checklist for Citizenship/Identity to request documentation of citizenship or identity for FIP, SDA, and Medicaid determinations.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If **no** evidence is available, use your best judgment.

Alien information, blindness, disability, incapacity, incapability to declare one's residence and, for FIP only, pregnancy must be verified.

Citizenship and identity must be verified for clients claiming U.S. citizenship for applicants and recipients of FIP, SDA and MA.

Timeliness of Verifications

MA Only

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 up to three times.

The Department failed to initially advise the Claimant's representative of the need for additional verification and failed to extend the deadline for the verifications when the Claimant's representative requested an extension. Therefore, the Department denied Claimant's MA case contrary to policy.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted contrary to policy when it failed to send the verification request to the Claimant's representative and when it failed to extend the due date for verifications upon request from the Claimant's representative.

Accordingly, the Department decision is hereby REVERSED and the Department is ORDERED to re-determine eligibility MA for the application dated December 18, 2007 and to supplement the Claimant for any loss in benefits.

/s/ _____
Jonathan W. Owens
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

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Date Signed: 06/25/09

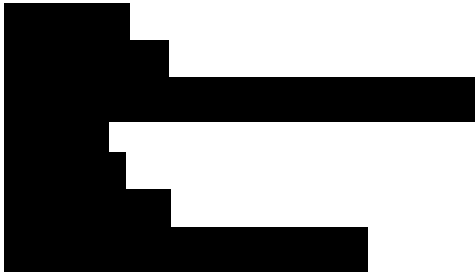
Date Mailed: 06/26/09

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 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.

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