

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: 2009-11904

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

August 12, 2009

Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Lisa D. Dahlquist

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 August 12, 2009. Claimant appeared and was represented by [REDACTED] with [REDACTED] Tamara Beedy, Family Independence Program (FIP) Worker, appeared on behalf of the Department.

ISSUE

Did the Department properly deny claimant's application for Medical Assistance (MA) due to claimant's failure to cooperate?

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 July 16, 2008, claimant applied for MA and Retro MA (for payment of hospital bills from April, 2008).

2. Claimant has an authorized representative, [REDACTED].
3. On August 19, 2008, claimant's authorized representative submitted to the Department claimant's medical records and some VA benefit information.
4. On August 27, 2008, the Department mailed a Verification Checklist (DHS-3503) to claimant requesting proof of his income (Exhibit #1).
5. The verification was due on September 9, 2008.
6. Claimant's authorized representative was never furnished with the verification request.
7. On September 18, 2008, the Department issued an application eligibility notice (DHS-1150) denying claimant's MA application due to his failure to provide the verification requested (Exhibit #2).
8. The Department representative indicated she was unaware claimant had an authorized representative and that she was unable to locate claimant's case file for this proceeding.
9. A request for hearing was submitted on December 16, 2008.

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).

Under PAM, Item 105, clients must cooperate with the local office in determining initial and ongoing eligibility, including the completion of the necessary forms. The application form must be signed by the client or the individual acting as the claimant's authorized representative. Claimants must take actions within their ability to obtain verification. Local office must assist clients who ask for help in completing forms or gathering verification. Clients are allowed ten calendar days (or other time limits specified in policy) to provide the requested verification. PAM 130, page 4. If the client cannot provide the verification despite a reasonable effort, the time limit should be extended up to three times. Id. The Department is to send a negative action notice when: 1) the client indicates a refusal to provide verifications, or 2) the time period given has lapsed and the client has not made a reasonable effort to provide it. Only adequate notice is required for application denial. PAM, Item 130.

An authorized representative is a person who applies for assistance on behalf of the client and/or otherwise acts on his/her behalf. PAM Item 110. The authorized representative assumes all the responsibilities of a client. PAM Item 110.

In the present case, the Department needed verification from claimant to establish his eligibility under the Medical Assistance (MA) program. The Department mailed the Verification Checklist (DHS-3503) to claimant's address requesting this verification. [REDACTED] has been claimant's authorized representative since April 10, 2008 and submitted information regarding claimant's MA case to the Department's attention on August 19, 2008. The Department had notification that claimant had an authorized representative. Policy, as cited above, necessitates that notice must be sent to the authorized representative, since the authorized representative "assumes all the responsibilities of a client". At the hearing, the Department representative admitted the Verification Checklist (DHS-3503) was not sent to claimant's

authorized representative. Since the verification was not received by claimant's authorized representative, this Administrative Law Judge cannot find that claimant failed to cooperate in providing the requested verification. The authorized representative had no knowledge that verifications were requested. This Administrative Law Judge finds that the Department has acted in error in denying claimant's Medical Assistance case due to claimant's failure to cooperate.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department's denial of claimant's MA application for failure to cooperate is REVERSED.

It is ORDERED that the Department shall reinstate and process claimant's MA application of July 16, 2008 in accordance with Departmental policy.

/s/

Lisa D. Dahlquist
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: August 14, 2009

Date Mailed: August 19, 2009

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.

2009-11904/LDD

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cc:

