

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.: 2009-20965  
Issue No.: 2005  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date:  
September 30, 2009  
Wayne County DHS (82)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the personal representative's request for hearing received on March 23, 2009. After due notice, a hearing was conducted from Redford, Michigan on Wednesday, September 30, 2009. [REDACTED], the Special Personal Representative, and [REDACTED] appeared on behalf of the Claimant/decedent. [REDACTED] appeared on behalf of the hospital. [REDACTED] appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant/decedent's Medical Assistance application?

FINDINGS OF FACT

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

1. The Claimant passed away on [REDACTED]. (Exhibit 8)

2. Prior to death, the Claimant/decedent was a recipient of FAP (food assistance program) and AMP (adult medical program) benefits.
3. On [REDACTED], a letter was signed by the hospital and the attorney who was appointed the Claimant's Special Personal Representative the following day, providing for the release of required information necessary to complete the MA application. (Exhibit 7)
4. On [REDACTED], a Special Personal Representative was appointed by the Wayne County Probate Court for the sole purpose of filing a MA application on behalf of the Claimant/decedent. (Exhibit 1)
5. On January 23, 2009, a MA application was submitted to the Department. (Exhibit 4)
6. On January 26, 2009, the Department sent a Verification Checklist requesting in part, identification and proof of citizenship, for the Claimant/decedent to be submitted by February 6, 2009. (Exhibit 2)
7. The due date for the verifications was extended three times. (Exhibits 2, 3, 5, 6)
8. On March 2, 2009, the Department received a letter indicating difficulty in securing identification of behalf of the Claimant/decedent noting the only document that was obtained was the picture obituary. (Exhibit 10)
9. On March 10, 2009, the Department denied the application based upon the failure to return the requested verifications. (Exhibit 1)
10. On March 23, 2009, the Department received a timely written request for hearing.

#### CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act. 42 USC 1397 and is administered by the Department of

Human Services, formally known as the Family Independence Agency, pursuant to MCL 400.10 *et seq* and MCL 400.105. Departmental policies are found in the Program Administrative Manual (“PAM”), the Program Eligibility Manual (“PEM”), and the Program Reference Manual (“PRM”).

A request for public assistance may be in person, by mail, telephone or through by an internet application. PAM 110 An application is incomplete until enough information is provided to determine eligibility. PAM 115 Registered applications must contain, at a minimum, the name, birth date, and address of the applicant, along with the signature of the applicant or authorized representative. PAM 105 An authorized representative may be court appointed. PAM 110 Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms. PAM 105 Verification means documentation or other evidence to establish the accuracy of the client’s verbal or written statements. PAM 130

To be eligible for full MA coverage, a person must be a U.S. citizen or an alien admitted to the U.S. under a specific immigration status. PEM 225 U.S. citizenship must be verified with an acceptable document to receive Medicaid. PEM 225 AMP does not require U.S. citizenship verification. *Id.* A person claiming U.S. citizenship for FAP benefits is not required unless the statements are questionable. *Id.* A U.S. passport/card, a certificate of naturalization, or certificate of citizenship are primary evidence of citizenship. *Id.* The identity of U.S. citizens must be verified for clients age 16 and above for MA purposes. PEM 221 Verification sources may include a current, valid driver’s license with a photograph of the individual. *Id.* For MA purposes, the Michigan Department of Community Health (“MDCH”) Program Eligibility Policy Section will evaluate applicants and current Medicaid recipients who are unable to provide

documentation of citizenship and identity on a case by case basis. PAM 130 The MDCH will attempt to verify citizenship and/or identity after all other possibilities have been exhausted by DHS which includes state to state written and/or verbal inquiries, interviews with friends and relatives and the use of computerized records. *Id.*

In this case, the Claimant died while in the hospital on [REDACTED]. On [REDACTED], a Special Personal Representative was appointed who in turn submitted an application for MA benefits. Pursuant to policy, the Department requested proof of citizenship and identification, extending the verification checklist deadline on three occasions. On [REDACTED], the Department was notified of the difficulty in obtaining the required identification documentation and instead, a copy of a picture obituary along with a request to contact the Representative if additional information was needed. There was no further communication between the Department, hospital, and/or representative until the [REDACTED] when the application was denied. There was no evidence that the Personal Representative had refused to cooperate or was otherwise non-compliant. Further, the record established that the Department was put on notice regarding the difficulty in securing the proper documentation. There were no requests of MDCH for assistance. In light of the foregoing, the Department's actions are not upheld.

#### DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law finds the Department's determination is not upheld.

Accordingly it is ORDERED:

1. The Department shall re-register and process the Claimant/Decedent's January 22, 2009 application.

2. The Department shall notify the Special Personal Representative in writing of the determination.
3. The Department shall supplement for any lost benefits (if any) the Claimant/Decedent was entitled to receive if otherwise eligible and qualified.

*Colleen M. Mamelka*

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Colleen M. Mamelka  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

Date Signed: 10/21/09

Date Mailed: 10/21/09

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.

CMM/jlg

cc:

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