

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: 2009-22176  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
August 27, 2009  
Washtenaw 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 27, 2009. Claimant was represented by [REDACTED] with [REDACTED] Mary Weathers, Family Independence Manager and Jamie Lewis-Clay, Eligibility Specialist, appeared on behalf of the Department.

ISSUE

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

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 October 28, 2008, claimant applied for MA and Retro-MA (for hospitalization that occurred in July & August of 2008).
2. Claimant had an authorized representative at the time of the application.

3. On November 21, 2008, the Department sent claimant a verification checklist (DHS-3503) requesting income and asset records, household expenses and completed SDA package.
4. Verification was due on December 2, 2008.
5. On December 3, 2008, the Department issued Application Eligibility Notice (DHS 1150) for claimant's failure to provide requested information timely.
6. Claimant's authorized representative notified the Department, via letter, dated January 6, 2009 that the verification checklist (DHS 3503) was never received by their office.
7. On January 6, 2009, the Department representative acknowledged sending a copy of the verification checklist (DHS 3503) to the authorized representative's attention.
8. Claimant, via his authorized representative, requested a hearing on February 9, 2009.

#### 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).

Clients must cooperate with the local office in determining initial and ongoing eligibility, including the completion of the necessary forms. PAM 105, p. 5. Claimants must take action

within their ability to obtain verification. The local office must assist clients who ask for help in completing forms or gathering verification. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130, p. 1. Clients are allowed ten (10) calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p. 4. If the client cannot provide the verification, despite a reasonable effort, the time limit should be extended up to three times. *Id.*

In the record presented, the Department alleged the claimant and/or his authorized representative failed to timely provide the verification information requested. Claimant's authorized representative, however, argued the Department never provided their office with a verification checklist (DHS 3503). The Department offered no fax confirmation or proof of mailing/delivery of a verification checklist to the authorized representative's address of record prior to the application denial being issued on December 3, 2008.

Under Program Administrative Manual Item 600, clients have the right to contest any Department decision affecting eligibility or benefit levels whenever they believe the decision is illegal. Efforts to clarify and resolve the client's concerns start when the Department receives a hearing request and continues through the date of the hearing. The Department provides an Administrative Hearing to review the Department decision and determine if it is appropriate.

In the present case, claimant, via his authorized representative, is contesting the denial of his October 28, 2008 application for MA and Retro-MA. The Department needed verification from claimant to establish his eligibility under the Medical Assistance program. The Department had notification the claimant had an authorized representative. Policy, as cited above, necessitates a notice must be sent to the authorized representative, since the authorized representative "assumes all the responsibilities of a client". Claimant's authorized representative

indicated that no request for verification, in the form of a checklist, was received by their office. Since the verification of citizenship was not received by claimant's authorized representative, this Administrative Law Judge cannot find that claimant failed to cooperate in providing the requested verification. 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 application for MA and Retro-MA for failure to cooperate is REVERSED.

Therefore, it is ORDERED that the Department shall reinstate and process the application of October 28, 2008 for MA and Retro-MA in accordance with Departmental policy.

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

Date Signed: September 1, 2009

Date Mailed: September 9, 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.

LDD/law

cc:

