

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: 2009-451

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

July 15, 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 July 15, 2009. Claimant was represented by [REDACTED]

[REDACTED] Kelly Waterson, Family Independence Specialist, appeared on behalf of the Department.

ISSUE

Did the Department properly deny claimant's application for Medical Assistance 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. Claimant filed an application for Medical Assistance (MA-P and Retro MA) through her authorized representative, [REDACTED], on June 19, 2008.
2. Department sent a Verification Checklist (DHS-3503) to claimant's address on June 24, 2008 requesting she close her Plan First Medical Program so a spend-down medical case could be opened for her. The Verification Checklist also directed her to provide her birth certificate.
3. Department also faxed the Verification Checklist (DHS-3503) to claimant's authorized representative on June 25, 2008.
4. Verification was due on July 4, 2008.
5. Claimant's authorized representative again was faxed the Verification Checklist (DHS-3503) on July 22, 2008 and directed to submit claimant's birth certificate and proof of closure of her Plan First Medical Program.
6. Verification was due on August 1, 2008.
7. Claimant and/or claimant's authorized representative had from June 24, 2008 to September 24, 2008 to provide the verifications requested.
8. Claimant's authorized representative admitted to being in possession of claimant's birth certificate as of September 3, 2008, but provided no explanation for failing to submit it to the Department. Evidence of closure of claimant's Plan First Medical Program also was never presented.
9. On September 25, 2008, the Department denied claimant's application for Medical Assistance (MA-P and Retro MA).
10. Claimant requested a hearing contesting the Department's denial of her application for Medical Assistance.

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).

An authorized representative is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf. PAM, Item 110. The authorized representative assumes all the responsibilities of a client. PAM Item 110. Under PAM, Item 105, clients must cooperate with the local office in determining initial and ongoing eligibility, including the completion of necessary forms. 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. Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130, Page 1. 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 verification, 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.

In the present case, the Department needed verification from claimant to establish her eligibility under the Medical Assistance program. The Department mailed the Verification

Checklist to claimant's address of record on June 24, 2008 and faxed it to claimant's authorized representative on June 25, 2008. At first, claimant's authorized representative tried to allege non-receipt of the Verification Checklist on June 25, 2008 until the Department representative indicated in the file she had proof of the fax confirmation (Exhibit #1). Again, a Verification Checklist was faxed to claimant's authorized representative on July 22, 2008. Claimant's birth certificate and proof of closure of her Plan First Medical Program was never submitted, even though sufficient time was provided to furnish these verifications. The record establishes 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 acted appropriately in denying claimant's Medical Assistance (MA-P and Retro MA) due to claimant's failure to cooperate.

The Department's denial of claimant's Medical Assistance application of June 19, 2008 is **AFFIRMED**.

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

Date Signed: July 20, 2009

Date Mailed: July 23, 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.

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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:

