

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: 2009-8154

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

July 30, 2009

Kalamazoo 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 30, 2009. Claimant appeared and testified. Claimant was represented by [REDACTED]. Marni Hall, 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) through his authorized representative, [REDACTED] on June 20, 2008. (Exhibit #1)

2. On July 24, 2008, the Department sent a Verification Checklist (DHS-3503C) to claimant and claimant's authorized representative requesting proof of U.S. citizenship. (Exhibit #2)
3. Verification was due on August 4, 2008.
4. On August 4, 2008, claimant's authorized representative requested to extend the verification due date to August 14, 2008 because they were waiting for a copy of claimant's identification to order his birth certificate. (Exhibit #3, Page 1)
5. On August 14, 2008, a second request was submitted by claimant's authorized representative to extend the due date to August 24, 2008, for the same reason previously cited in the first request. (Exhibit #3, Page 2)
6. On August 22, 2008, a third request was submitted to extend the due date to September 3, 2008. Unbeknownst to claimant's authorized representative, claimant, on his own, had sent off the necessary paperwork to [REDACTED] [REDACTED] to acquire his birth certificate. (Exhibit #3, Page 3)
7. On September 3, 2008, a fourth request was received by the Department from claimant's authorized representative to extend the due date until September 13, 2008. (Exhibit #3, Page 4)
8. The Department notified claimant's authorized representative, by telephone on September 4, 2008, that another extension could not be granted.
9. On September 5, 2008, the Department issued the application eligibility notice (DHS-1150) denying claimant's application for failure to provide verification. (Exhibit #4)

10. Claimant's authorized representative acknowledged being in possession of claimant's birth certificate (Exhibit #6) as of September 9, 2008, but provided no explanation for failing to submit it to the Department until November 17, 2008.
11. Claimant's authorized representative requested a hearing on November 17, 2008 contesting the Department's denial of claimant's application for Medical Assistance. (Exhibit #5)

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 his eligibility under the Medical Assistance (MA) program. The Department mailed the verification checklist to claimant and claimant's authorized representative on July 24, 2008. Claimant and/or claimant's authorized representative had from July 24, 2008 to September 3, 2008 to provide the verification information requested. Claimant's authorized representative was in possession of claimant's birth certificate on September 9, 2008, but failed to produce this verification to the Department until November 17, 2008. The record establishes claimant failed to cooperate in providing the requested verification.

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) due to claimant's failure to cooperate.

The Department's denial of claimant's Medical Assistance application of June 20, 2008 is AFFIRMED.

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

Date Signed: July 31, 2009

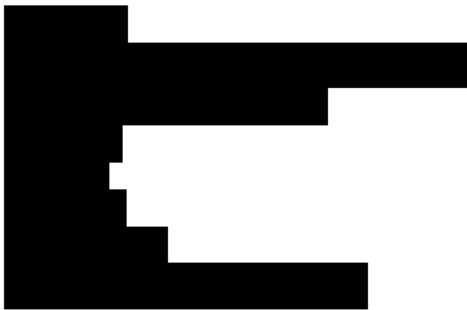
Date Mailed: August 5, 2009

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:

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