

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: 2009-12911  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
August 6, 2009  
Wayne County DHS

ADMINISTRATIVE LAW JUDGE: Kenneth Poirier

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 hearing was held on August 6, 2009. The claimant was represented by [REDACTED] of [REDACTED], and the Department was represented by [REDACTED] a Family Independence Manager.

ISSUE

Did the Department properly deny the claimant's Medicaid application for 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 or about February 15, 2008, the claimant, through his representative, L&S Associates, submitted an application for assistance under the Medicaid program.

- 2) On September 3, 2008, that Department sent to the claimant's representative a verification checklist, Form DHS-3503, requesting various pieces of information to assist in the processing of the claimant's Medicaid Application.
- 3) Among other things, the DHS-3503 asked for a copy of a Form DHS 49, or a discharge summary, to explain the nature of the treatment that the claimant received for which reimbursement had been requested under Medicaid.
- 4) The Department never received a copy of a Form DHS 49, or a discharge summary, pursuant to the claimant's Medicaid application.
- 5) The Department denied the claimant's application for Medicaid on October 31, 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 (DHS or department) 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).

Claimants must cooperate with the local office in determining initial and ongoing eligibility to include completion of the necessary forms. PAM 105, p. 5. Verification means documentation or other evidence to establish the accuracy of the claimant's verbal or written statements. PAM 130, p. 1. Claimants are allowed 10 calendar days (or other time limits specified in policy) to provide the requested verifications. PAM 130, p. 4. If the claimant cannot provide the verification for Medicaid purposes, despite a reasonable effort, the time limit should be extended up to three times. *Id.* Verifications are considered timely if received by the due date. *Id.* A Medicaid applicant is required to provide evidence of a disability in support of

the application. PAM 260. An authorized representative is a person who applies for assistance on behalf of the claimant and/or otherwise acts on his behalf. PAM 110, p.7.

In the record presented, there was no persuasive evidence offered to show that either a copy of a Form DHS 49, or a discharge summary, or any evidence of disability had ever been sent to the Department on the claimant's behalf. The Department representative stated on the record during the August 6, 2009 hearing, without contradiction, that the forms in question were a necessary factor in determining the claimant's eligibility for Medicaid. As stated above, PAM 260 requires a Medicaid applicant to provide evidence of a disability in support of the application. Given the claimant's failure to provide information needed by the Department to process his Medicaid claim, the Department's denial of the claimant's claim was reasonable. Accordingly, the Department's Medicaid denial is UPHELD.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides and orders that the Department's denial of the claimant's Medicaid application is UPHELD.

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/s/  
Kenneth P. Poirier  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: 08/11/09

Date Mailed: 08/12/09

**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 60 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.

KP/jlg

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