

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: 2009-1297  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
July 30, 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 July 30, 2009. Claimant appeared and was represented by her brother [REDACTED], who is her legal guardian. Deborah Hoseit, Eligibility Specialist/Assistant Payment Worker (E-10) and Calvin Mitchell, Family Independence Manager, appeared on behalf of the Department.

ISSUE

Did the Department properly terminate claimant's Medical Assistance?

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's Medical Assistance (MA) review was overdue from February 2008.

2. On September 8, 2008, the Department sent a review packet (application and verification checklist) to claimant's last known address. The Department failed to send the review packet to claimant's legal guardian/authorized representative. There is no evidence claimant received this information.
3. On September 19, 2008, when the Department received no response to the review request, claimant's MA case was pended to close.
4. Claimant's authorized representative discovered via the AFC home on September 25, 2008 that claimant's Medical Assistance was to be cancelled. He immediately contacted the Department and a review packet (application and verification checklist) was sent to him on September 25, 2008.
5. Claimant's Medical Assistance (MA) was terminated by the Department effective October 1, 2008.
6. Claimant's authorized representative submitted a request for hearing.

#### 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).

The Medical Assistance (MA) application may be made on behalf of a client by his/her spouse, parent, legal guardian, adult child, step-child, specified relative or any other person provided the person is at least age 18 or married. An authorized representative is a person who

applies for assistance on behalf of the client and/or otherwise acts on his/her 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 the necessary forms. The application form must be signed by the client or the individual acting as the claimant's authorized representative. 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. 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 verifications, 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, in order to process claimant's MA review, the Department needed claimant to submit a completed application and appropriate verifications to establish her ongoing eligibility under the Medical Assistance (MA) program. The Department mailed the review packet to claimant's last known address on September 8, 2008, but there is no evidence it was received. The Department had notification the claimant had a legal guardian/authorized representative but appears to have misplaced this paperwork in the process of reconstructing claimant's file. Policy, as cited above, necessitates that notice must be sent to claimant's authorized representative as he "assumes all the responsibilities of a client". Claimant's authorized representative contacted the Department and a review packet (application and verification checklist) was sent to him on September 25, 2008. The Department terminated

claimant's MA coverage effective October 1, 2008. The Administrative Law Judge cannot find that the claimant failed to cooperate in providing the requested information. The Department failed to allow the client at least ten calendar days to submit the MA application and verifications as required.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted in error in denying claimant's Medical Assistance case due to claimant's failure to cooperate.

The Department's cancellation of claimant's Medical Assistance coverage effective October 1, 2008 is REVERSED.

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

Date Signed: August 12, 2009

Date Mailed: August 14, 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:

