

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: 2009-15102
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
August 19, 2009
Wayne County DHS (82)

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 19, 2009. The claimant, [REDACTED], was present for the hearing. He was assisted by two witnesses: [REDACTED] and [REDACTED]. The Department was represented by [REDACTED], a Department caseworker.

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 December 12, 2008, the claimant submitted an application for assistance under the Medicaid program.

- 2) On December 23, 2008, that Department mailed to the claimant a verification checklist, requesting various pieces of information to assist in the processing of the claimant's Medicaid application, with a due date of January 8, 2009.
- 3) Among other things, the Department asked for a copy of a current bank statement, life insurance policy information, if any, and a copy of a pension statement, showing the gross amount that the claimant was receiving under the pension.
- 4) The Department did not receive the requested information by the due date, so it denied the claimant's Medicaid application, issuing a denial notice on January 23, 2009.
- 5) The claimant received the denial notice within a few days of its stated mailing date, but he never received the December 23, 2008 verification checklist.
- 6) On the claimant's behalf, his daughter submitted to the Department a request for a hearing on February 9, 2009, and included with the request a copy of the claimant's most recent bank statement, as well as a pension summary statement showing the gross amount that the claimant had been receiving under his pension.

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.

In the record presented, there was no persuasive evidence offered to contradict the claimant's position that he never received the December 23, 2008 verification checklist. The evidence further showed that when he learned of the request, after receiving the denial notice, the requested information was promptly sent to the Department. The claimant cannot be held responsible for responding in a timely fashion to a request for information that he never received. Under these circumstances, it cannot be concluded that the claimant failed to cooperate in providing requested verification. Accordingly, the Department's Medicaid denial is REVERSED.

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 the claimant's Medicaid application is not upheld.

Accordingly, it is ORDERED:

1. The Department's denial of the Medicaid application is REVERSED.
2. The Department shall re-open and process the Claimant's December 12, 2008 Medicaid application in accordance with Department policy.

3. The Department shall supplement the Claimant for any lost benefits he was otherwise eligible and qualified to receive in accordance with Department policy.

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

Date Signed: 08/20/09

Date Mailed: 08/25/09

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 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.

KP/jlg

cc:

