

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 17814
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
August 26, 2009
Wayne County DHS (82)

ADMINISTRATIVE LAW JUDGE: Lawrence Hollens

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 received by the Department on February 20, 2009. After due notice, a telephone hearing was conducted from Livonia, Michigan on August 26, 2009. The claimant's authorized hearing representative, [REDACTED], appeared and testified. [REDACTED], manager and [REDACTED], specialist appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the claimant's medical assistance application?

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 September 30, 2008, the guardian submitted an application for medical assistance.

- (2) On October 2, 2008, a verification checklist was sent to the guardian and the nursing home.
- (3) October 14, 2008, the verifications were due from the various parties.
- (4) On November 26, 2008, the case was denied as no verifications were received to establish the claimant's asset needs.
- (5) On February 20, 2009, a hearing was requested by the guardian for the involved claimant.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by Title XIX of Chapter 7 of the Public Health and Welfare Act, 33 USC 1397, and as administered by the Department of Human Services (DHS), formerly known as the Family Independence Agency, pursuant to MCLA 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 (PREM).

Clients must cooperate with the local office in determining initial and ongoing eligibility to include the completion of the necessary forms PAM 105, page 5. Verification means documentation or other evidence to establish the accuracy of the claimant's verbal or written statements. Clients are allowed 10 calendar days or other time limits specified in policy to provide the requested verifications.

An authorized representative is a person who applies for assistance on behalf of a client and/or otherwise acts on his or her behalf.

In the record presented, the Department received the claimant's signed authorization for patient representation along with the medical application. Accordingly, the requested verification was sent to the authorized representative and to the involved nursing home.

The authorized representative as well as the nursing home apparently failed to turn in the required verifications.

During the hearing process, the claimant's representative indicated they had some difficulty with the nursing home providing appropriate charges to the client and that the claimant's asset based on the bank statements would be inaccurate because the nursing home was not appropriately charging for the claimant's stay in their facility.

At the time of the hearing, the authorized representative apparently had more detailed information as to the charges from the nursing home which would impact upon the asset balance that the claimant had in any given month or time.

The authorized representative has agreed to turn in the requested bank statements and a monthly reconciliation of the charges for the claimant's stay in the nursing home. Based upon this data, the Department should be able to calculate the asset balance in any given month for the involved claimant.

Accordingly, the Department's medical assistance 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 medical assistance application is not upheld. Accordingly, it is ordered:

- (1) The Department's denial of the medical assistance application is REVERSED.
- (2) The Department shall reopen and process the payments September 30, 2008 medical application in accordance with Department policy and the information supplied by the authorized representative.

- (3) The Department shall supplement the claimant for any loss benefits she was otherwise eligible and qualified to receive in accordance with Department policy after reviewing the detailed information of the claimant's income, asset, and expenses.

/s/

Lawrence Hollens
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 09/09/09

Date Mailed: 09/09/09

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 mailing 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.

LH/kdj

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