

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: 2009-19402

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

August 26, 2009

Ingham County DHS

ADMINISTRATIVE LAW JUDGE: Susan Payne Woodrow

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 August 26, 2009. Present were: Kathy Meyers, Family Independence Manager, Janette Stephens, Eligibility Analyst, and [REDACTED] [REDACTED] Representative. Both witnesses were sworn.

ISSUE

Whether the Department properly denied the claimant's application for Medical Assistance (MA).

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 August 8, 2008, a Friday, at 9:32, an application was filed by fax, by [REDACTED] on behalf of [REDACTED] for his wife, [REDACTED]
[REDACTED]
2. On August 10, 2008, [REDACTED] died.
3. The Department of Human Services assigned the claim to Janette Stephens on August 12, 2008.
4. The application indicated that [REDACTED] was an authorized representative, of the [REDACTED] family as of August 4, 2008.
5. On August 19, 2008, a verification checklist and verification checklist of citizenship were sent to [REDACTED] requesting medical records for verification of disability, bank statements, vehicle titles, and paycheck stubs for [REDACTED]
[REDACTED] and his daughter, [REDACTED]
6. Some financial records were received on September 2, 2008, but no medical records.
7. On September 3, 2008, Mrs. Stephens spoke with [REDACTED] and indicated that the checklist had not been completed and medical records were outstanding. The first extension was given until September 15, 2008.
8. September 10, 2008, medical records were received and the documents were forwarded to the Medical Review Team.
9. On September 19, 2008, the Medical Review Team denied medical assistance and directed the worker to determine family Medicaid.

10. On September 23, 2008, Mrs. Stephens reviewed the documentation and found additional verification required due to questionable deposits.
11. On September 30, 2008, [REDACTED] supplied explanation about two unidentified bank deposits (see Exhibit 27). He did not indicate that his wife was deceased and this was his first notification that he had not worked since August 1, 2008.
12. Another DHS-3503 verification checklist was mailed on October 3, 2008.
13. On October 3, 2008, [REDACTED] sent in financial information which included pay stubs for [REDACTED].
14. Since there was more financial to be supplied, on October 2, 2008, [REDACTED] requested and was granted a second extension to October 13, 2008. However, this extension related to the new verification checklist of October 3, 2008, and was extension one.
15. On October 13, 2008, an [REDACTED] representative sent an email indicating that they felt the documentation was complete. Ms. Stephens responded that the documentation was not complete, but granted the second extension to October 24, 2008 for the new verification checklist.
16. On October 24, 2008, [REDACTED] requested a third extension to November 3, 2008, which was also granted.
17. On November 3, 2008, when [REDACTED] requested another extension, it was denied because they had multiple extensions and the file was seriously aged.

18. On November 6, 2008, Medicaid was denied for the adult group members for failure to cooperate with request for information on the verification checklist.

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).

Clients must cooperate with the local office in determining initial and ongoing eligibility, including the completion of the necessary forms. PAM 105, p. 5. Claimants must take action within their ability to obtain verification. The 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, p. 1. Clients are allowed ten (10) calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130, p. 4. If the client cannot provide the verification, despite a reasonable effort, the time limit should be extended up to three times. *Id.* Each verification checklist is entitled to three extensions, not three extensions per the file.

Here, neither the authorized representative nor claimant bothered to inform the Department of the death of claimant's wife. Such information would have significantly changed the processing of this matter, but is not noncooperation. Since there was a

new verification checklist, a new set of three extensions was possible. The claimants did not have the advantage of those extensions despite their request. It is understandable that the Eligibility Specialist felt that she had spent unnecessary time which could have been saved by being informed about the death of claimant's wife; but, it is not reason to deny their request for relief.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the denial of the Department was inappropriate and is REVERSED.

The claimant must supply the requested documentation quickly.

The department must process the application from the effective date it was filed.

/s/

Susan Payne Woodrow
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: September 3, 2009

Date Mailed: September 9, 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.

SPW/law

cc:

