

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: 2009-21694

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

August 27, 2009

St. Joseph 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 27, 2009. Present were: [REDACTED], Claimant, Sheila Beaty, Family Independence Manager, and Nancy Scott, Eligibility Specialist. All 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. [REDACTED] was receiving Social Security Disability Income for a serious heart condition.

2. Social Security Disability requested that she apply for Medicaid through the State and she did so on November 5, 2008.
3. On November 5, 2008, Nancy Scott, Eligibility Specialist, sent a verification checklist to the claimant requesting significant documents.
4. On November 11, 2008, [REDACTED] called Ms. Scott and informed her she was going in to have surgery on November 17, 18, and 19, 2008 and would get the documents to her as soon as she could.
5. After [REDACTED] had her defibrillator surgery, she sent at least 33 pages of financial documents to Ms. Scott.
6. Ms. Scott could not understand the documents sent by [REDACTED] in regards to her husband's sole proprietor earned income.
7. [REDACTED] called several times daily in an attempt to reach Ms. Scott without a responsive call.
8. [REDACTED] daughter called and left messages for Ms. Scott to call, without a responsive call.
9. [REDACTED] doctor's office called to speak with Ms. Scott, without a responsive call.
10. Finally, on February 4, 2009, [REDACTED] called and spoke with Ms. Scott's supervisor indicating that she wanted to be sure that she had supplied all of the documentations necessary because she had not heard from Ms. Scott.
11. On February 4, 2009, Ms. Scott did not call [REDACTED] but sent a denial.

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.*

Under Program Administrative Manual Item 600, clients have the right to contest any Department decision affecting eligibility or benefit levels whenever they believe the decision is illegal. Efforts to clarify and resolve the client's concerns start when the Department receives a hearing request and continues through the date of the hearing. The Department provides an Administrative Hearing to review the Department decision and determine if it is appropriate.

Several phone calls were made and messages left with the Eligibility Specialist. Policy requires that the worker give a return call within one workday, or a letter within five workdays for clients who telephone. See, PAM 115, page 2.

In this matter, the Department did allow [REDACTED] extra time to submit her documentation. However, the Eligibility Specialist failed to respond in a timely manner to the calls of the claimant, her daughter, or her doctor. When claimant finally spoke with the supervisor, instead of a return call or letter, a denial was sent. Further, at no time did the Eligibility Specialist ever notify the claimant that her documents were deficient, or that she did not understand them or any other aspect.

The verification checklist is dated November 3, 2008, two days before claimant filed her application. Further, the Notice of Hearing has several dates crossed out and seems to be erroneous as well. This shows a lack of attention and supports the claimant's testimony that the Specialist was not responsive to her requests for assistance or to her phone calls.

The Department did not give the special assistance required and requested by this claimant nor respond in a proper manner to her requests. The Department had an obligation to inform the claimant what was lacking so that she could supply the documents, especially when she requested special assistance. The Department has not processed this claim in a proper manner and the denial is reversed.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the decision denying benefits on February 4, 2009 is REVERSED.

IT IS ORDERED that the Department reprocess claimant's application for Medical Assistance.

/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:

