

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.: 2009-22796
Issue No.: 2006
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
May 12, 2010
Macomb County DHS (20)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

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 May 12, 2010. Claimant and his representative appeared and testified.

ISSUE

Did the Department of Human Services (Department) properly deny Claimant's Medical Assistance (MA-P) case for failure to provide verifications?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as a material fact:

1. On October 30, 2008, Claimant's representative applied for MA-P and retroactive MA-P.
2. On November 10, 2008, the Department issued a verification checklist addressed to Claimant and not to Claimant's representative.

3. On November 20, 2008, the Department contacted Claimant's representative regarding the verifications. No verifications had been submitted.
4. On December 1, 2008, the Department had expected Claimant's representative to send in the verifications. No documents were received.
5. On December 15, 2008, Claimant's representative provided copies of ID, Social Security card, birth certificate and bank statements.
6. On December 29, 2008, the Department denied the application for failure to provide requested verifications. No notice of case action was sent to Claimant's representative.
7. On March 13, 2009, Claimant's representative requested a hearing.

CONCLUSIONS OF LAW

The Medical Assistance (MA-P) 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 administers the MA-P 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).

In the present case, Claimant's application for MA-P was denied for failure to return verifications. The Department provided copies of the verification request sent to the address provided for the Claimant. This verification request, however, failed to show Claimant's representative as being copied. Claimant's representative asserts they received no denial notice for the application in question. Further, it has asserted the documents requested by the Department were, in fact, submitted on December 15, 2008. This assertion is bolstered by the

date-stamped packet indicating Claimant's representative had dropped off the requested documents.

Relevant policy can be found in BAM Item 130, pp.1-3:

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- Required by policy. PEM items specify which factors and under what circumstances verification is required.
- Required as a local office option. The requirement must be applied the same for every client. Local requirements may not be imposed for MA, TMA-Plus or AMP without prior approval from central office.
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/re-determination and for a reported change affecting eligibility or benefit level.

Obtaining Verification

Tell the client what verification is required, how to obtain it, and the due date (see "Timeliness Standards" in this item). Use the DHS-3503, Verification Checklist, or for MA re-determinations, the DHS-1175, MA Determination Notice, to request verification.

Use the DHS-3503C, Verification Checklist for Citizenship/Identity to request documentation of citizenship or identity for Medicaid determinations.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.

The Department was unable to demonstrate that a verification checklist was provided to Claimant's representative and, further, was unable to demonstrate the information was not, in fact, received. In light of the date-stamped packet presented by Claimant's representative, the

Department, but maybe not the worker, did, in fact, receive a copy of the requested verifications prior to case action.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department failed to act in accordance with policy with regard to Claimant's application dated October 30, 2008.

Therefore, it is ORDERED that the Department's decision in this regard be and is hereby REVERSED. The Department is to process the application dated October 30, 2008, and if found eligible, supplement Claimant for any loss in benefit.



Jonathan W. Owens
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: June 7, 2010

Date Mailed: June 7, 2010

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.

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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.

JWO/pf

cc:

