

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.: 2009-23260  
Issue No.: 2006  
Case No.: [REDACTED]  
Load No.: [REDACTED]  
Hearing Date:  
July 2, 2009  
St. Clair County DHS

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the Claimant's request for a hearing. After due notice, a hearing was conducted from Port Huron, Michigan on July 2, 2009. The Claimant's authorized hearing representative, [REDACTED], appeared and testified. [REDACTED] appeared on behalf of the Department.

ISSUE

Whether the Department properly deny the Claimant's Medical Assistance ("MA") application?

FINDINGS OF FACT

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

1. On September 4, 2008, the Claimant submitted an application for MA-P benefits. (Exhibit 3)
2. The Claimant was represented by [REDACTED]. (Exhibit 3)

3. On September 30, 2008, a Verification Checklist was sent to the Claimant requesting verifications be submitted to the Department by October 13, 2008. (Exhibit 1)
4. The Authorized Representative did not receive the Verification Checklist.
5. The Department did not receive the requested verifications.
6. On October 15, 2008, the Department sent an Eligibility Notice to the Claimant informing him that his MA-P benefits were denied based upon the failure to return requested verifications. (Exhibit 2)
7. On October 24, 2008, the Department received the Claimant's request for hearing protesting the denial of the MA-P application.

#### CONCLUSIONS OF LAW

The Medical Assistance ("MA") program is established by Subchapter XIX of Chapter 7 of The Public Health & Welfare Act. 42 USC 1397 and is administered by the Department of Human Services pursuant to MCL 400.10, *et. seq.* The Department of Human Services ("DHS"), formally known as the Family Independence Agency, administers the program pursuant to MCL 400.10, *et seq* and MAC R 400.3001-3015. Departmental policies are found in the Program Administrative Manual ("PAM"), the Program Eligibility Manual ("PEM"), and the Program Reference Manual ("PRM").

A request for public assistance may be in person, by mail, telephone or through by an internet application. PAM 110 Clients must complete and sign public assistance applications. PAM 115 If a client refuses to cooperate in the application process, a denial notice is sent within the standard of promptness. PAM 115 Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements. PAM 130 A collateral contact is a direct contact with a person, organization or agency to verify information from the client.

PAM 130 When documentation is not available, or clarification is needed, collateral contact may be necessary. PAM 130 The client must obtain the required verification, however, the Department must assist if needed and/or requested. PAM 130 If neither the client nor the Department is able to obtain verification despite reasonable effort, the Department should use the best available information. PAM 130 If no evidence is available, the Department should use its best judgment. PAM 130 Clients are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. PAM 130 If a client cannot provide the verification, despite reasonable effort, a one time extension is provided. PAM 130

Any person, regardless of age, or his authorized representative, may apply for assistance. PAM 110 An authorized representative (“AR”) is a person who applies for assistance on behalf of the client and/or otherwise acts of his behalf. PAM 110 An individual who is not a spouse, parent, legal guardian, adult child, stepchild, or other specified relative of the person, must have a signed authorization to act on behalf of the client, by the client, client’s spouse, parent(s) or legal guardian. PAM 110 An AR assumes all responsibilities of the client and must provide his name, address, and title or relationship to the client. *Id.* The application form must be signed by the client or the individual acting as the authorized representative. *Id.* An application received from an agency is acceptable if it is signed by an individual and is accompanied by written documentation from the client authorizing the agency to act as the authorized representative. PAM 110 For MA purposes, an authorized representative must be designated in writing by the client. *Id.*

In the record presented, the Authorized Representative testified credibly that the Verification Checklist was not received, nor was the Department able to establish that one was sent. Pursuant to PAM 110, the authorized representative acts on behalf of the Claimant



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