

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: 2009-9034

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

July 29, 2009

Eaton County DHS

ADMINISTRATIVE LAW JUDGE: Lisa D. Dahlquist

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 July 29, 2009. Claimant was represented by [REDACTED]

[REDACTED] Nellie Harvey, Assistant Payments Worker, appeared on behalf of the Department.

ISSUE

Did the Department properly deny claimant's application for Medical Assistance due to claimant's failure to cooperate?

FINDINGS OF FACT

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

1. Claimant filed an application for Medical Assistance (MA-P and Retro MA) through her authorized representative, [REDACTED], on June 28, 2008.

2. The Department sent a Verification Checklist (DHS-3503) to claimant and claimant's authorized representative, [REDACTED] on July 23, 2008.
3. The verification checklist directed claimant to provide income and asset records (including all savings and checking accounts), health insurance- 3<sup>rd</sup> party provider information and Social Security/SSI records.
4. Verification was due on August 4, 2008.
5. On August 2, 2008, claimant's authorized representative requested to extend the verification due date to August 14, 2008.
6. On August 14, 2008, a second request was submitted by claimant's authorized representative to extend the due date to August 24, 2008 in order to go to claimant's home to attempt to obtain the information.
7. On August 22, 2008, a third request was submitted by claimant's authorized representative to extend the due to date to August 27, 2008 for the same reason previously cited in the second request.
8. Claimant and/or claimant's authorized representative had from July 23, 2008 to August 24, 2008 to provide the verification information requested.
9. On August 25, 2008, the Department denied claimant's application for Medical Assistance (MA-P and Retro MA).
10. Claimant's authorized representative admitted, even if the due date had been extended a couple of days until August 27, 2008, they still would not have been able to produce all of the verification information.
11. On November 24, 2008, claimant's authorized representative requested a hearing contesting the Department's denial of claimant's application for Medical Assistance.

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).

An authorized representative is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf. PAM, Item 110. The authorized representative assumes all the responsibilities of a client. PAM Item 110. Under PAM, Item 105, clients must cooperate with the local office in determining initial and ongoing eligibility, including the completion of necessary forms. Claimants must take actions within their ability to obtain verification. 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, Page 1. Clients are allowed ten calendar days (or other time limits specified in policy) to provide the requested verification. PAM 130, Page 4. If the client cannot provide the verification despite a reasonable effort, the time limit should be extended up to three times. Id. The Department is to send a Negative Action Notice when: 1) the client indicates a refusal to provide verification, or 2) the time period given has lapsed and the client has not made a reasonable effort to provide it. Only adequate notice is required for application denial. PAM, Item 130.

In the present case, the Department needed verification from claimant to establish her eligibility under the Medical Assistance program. The Department mailed the verification checklist to claimant and claimant's authorized representative on July 23, 2008. The time limit

for submitting the verification can be extended up to three times if it can be shown the claimant was unable to provide the verification despite a reasonable effort. There is no evidence in the record to support a finding that claimant made a reasonable effort to obtain the verification information requested. A third extension request to modify the due date to August 27, 2008 would not have changed this outcome. Claimant's authorized representative acknowledged they did not possess all of the verification information as of August 27, 2008. Claimant's last contact with her authorized representative, concerning her Medical Assistance application occurred in July of 2008. The record establishes claimant's failure to cooperate.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department acted appropriately in denying claimant's Medical Assistance (MA-P and Retro MA) due to claimant's failure to cooperate.

The Department's denial of claimant's Medical Assistance application of June 28, 2008 is AFFIRMED.

/s/ \_\_\_\_\_  
Lisa D. Dahlquist  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: July 30, 2009

Date Mailed: August 5, 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.

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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.

LDD/law

cc:

