

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 2010-12554
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
August 9, 2010
Macomb County DHS

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 August 9, 2010. Claimant's Representative appeared and represented.

ISSUE

Did the Department properly close Claimant's Medical Assistance (MA) case for failure to provide verifications for MA review?

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. A verification checklist was sent to the Claimant's representative on January 26, 2009. The Department granted three extensions.
2. On May 1, 2009, an additional verification checklist was sent with a due date of May 15, 2009.
3. On June 4, 2009, the case was opened.
4. On June 5, 2009, a new verification request was sent to the representative requesting additional verifications since the Department discovered the Claimant's community spouse had passed in December 2008.
5. On June 15, 2009, the Department received some of the verifications but the documents were not legible. The Department granted another

extension for the Claimant's representative to supply legible documents.

6. On June 24, 2009, some documents were received from the Claimant's representative. However, key documents requested were not included, specifically, the [REDACTED] money market, [REDACTED] savings and bankers accounts.
7. On June 26, 2009, another worker initiated the redetermination due for the open MA case without knowledge of the other worker's action. The redetermination was due to be completed by July 8, 2009.
8. On July 16, 2009, the Department initiated closure of case for failure to supply the requested verifications. This negative action was subsequently deleted by a worker completing a redetermination in error.
9. On July 27, 2009, the Department's worker, completing the redetermination, closed the Claimant's case based upon a failure to provide verifications such as life insurance, pension benefits, and current bank statements.
10. On July 30, 2009, the Claimant requested a hearing.

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).

In the present case, the Claimant's case was closed for failure to provide requested verifications. The Claimant was not present at the hearing. The Claimant's attorney stated verification checklists were sent to the Claimant's son in Florida and, due to mail delay, there was insufficient time to act. However, the Department pointed out, based upon Department exhibits, all verification requests were sent to the Claimant's attorney's office. The Department also provided multiple extensions for verifications to be submitted. There appears to be no evidence the Claimant nor her representative requested assistance in obtaining any documentation being requested. The documents outlined by the Department to be missing are items necessary to determine eligibility.

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. BEM 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.

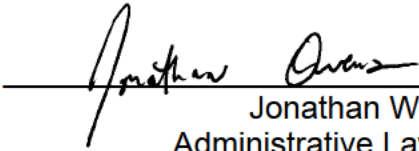
If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.

The Department is required by policy to obtain verifications. The Claimant's attorney was unable indicate where the Department error in there decision. This Administrative Law Judge finds the Department acted according to policy when closing the MA case based upon a failure to return requested materials timely.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted in accordance with policy with regards to Claimant's MA benefits.

Therefore, it is ORDERED that the Department's decision in this regard be and is hereby UPHELD.


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

Date Signed: 08/11/10

Date Mailed: 08/11/10

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 mailing 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/dj

cc:

