

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.: 2010-13689

Issue No.: 3008

Case No.: [REDACTED]

Load No.: [REDACTED]

Hearing Date:

February 1, 2010

Oakland County DHS (2)

ADMINISTRATIVE LAW JUDGE: Colleen M. Mamelka

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to an Amended Stipulation and Order for Remand issued by the 6th Circuit Court in the County of Oakland on December 22, 2009 for a hearing on the issue of whether or not reasonable efforts were being made to secure the requested verifications. After due notice, a telephone hearing was conducted from Detroit, Michigan on Monday, February 2, 2010. The Claimant appeared and testified along with her authorized representative, [REDACTED] of [REDACTED]. [REDACTED] appeared on behalf of the Department.

ISSUE

Whether or not reasonable efforts were being made to secure the requested verifications resulting in the denial of the Claimant's January 29, 2007 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 January 29, 2007, the Claimant's submitted a public assistance application seeking MA-P benefits retroactive for October 2006.
2. On August 3, 2007, the Department sent a Verification Checklist to the Claimant requesting the verifications be submitted by August 13, 2007. (Exhibit 1)
3. On August 13, 2007, the Claimant, through her authorized representative, requested an extension to submit the requested verifications. (Exhibit 2)
4. The Department granted the extension request until August 23, 2007.
5. On August 23, 2007, the Claimant, through her authorized representative, submitted the Claimant's birth certificate, bank verification, notice of support statement, and self-employment income statement. (Exhibit 3)
6. On this same date, August 23rd, the Claimant, through her authorized representative, requested a second extension indicating that ordered medical records from two physicians had not yet been received. (Exhibit 3)
7. On this same date, the Claimant's MA application was denied to to the failure to provide the requested documentation by the extension due date. (Exhibit 4)
8. On December 22, 2009, an Amended Stipulation and Order for Remand was issued by the 6th Circuit Court in Oakland County for a hearing on whether or not reasonable efforts were made to secure the requested verifications.

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 ("DHS"), formerly known as the Family Independence Agency, pursuant to MCL 400.10, *et seq* and MCL 400.105. 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 An application is incomplete until enough information is provided to determine eligibility. PAM 115 Retro MA coverage is available back to the first day of the third calendar month prior to the application date. 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 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 At the time of the denial (August 2007), PAM 130 provided that clients are allowed 10 calendar days (or other time limit specified in policy) to provide the requested verifications. If a client cannot provide the verification, despite reasonable effort, an extension should be granted at least once. PAM 130

In this case, on January 29, 2007, the Department received a facility admission notice indicating that the Claimant was hospitalized on [REDACTED] through [REDACTED], along with an application for MA-P benefits. Subsequently, the Department sent the Claimant a Verification Checklist with a due date of August 13, 2007. The Claimant, through her authorized representative, requested, and was granted, an extension of the verification(s) due date until August 23, 2007. On August 23, 2007, the Claimant’s birth certificate, bank verification, notice

of support statement, and self employment income statements were submitted. On this same date, a second extension request was made. The stated reason for the request was because ordered medical records from two physicians had not yet been received. At the time of the second request, there was no communication between the Department and the Claimant/authorized representative nor was the application processed based upon the best available information. Instead, the application was denied prior to the expiration of the extended due date. Policy in effect at the time of the denial provided that an extension request should be granted at least once. Although the Department granted one extension request, based on the submitted record, there was no evidence that the Claimant/authorized representative was not cooperative or had otherwise refused to submit the requested verifications. Pursuant to the Order of Remand, it is found that the Claimant/authorized representative made reasonable efforts to secure the requested information from two of the Claimant's physician. Accordingly, the Department's denial of the Claimant's application is REVERSED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that reasonable efforts were made to secure the requested verifications.

Accordingly, it is ORDERED:

1. The Department's denial of the January 29, 2007 MA application is REVERSED.
2. The Department shall re-open and re-process the Claimant's January 29, 2007 application in accordance with department policy.
3. The Department shall notify the Claimant and her authorized representative in writing of the determination in accordance with department policy.

4. The Department shall supplement for any lost benefits (if any) that the Claimant was entitled to receive if otherwise eligible and qualified in accordance with department policy.

Colleen M. Mamelka

Colleen M. Mamelka
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: 3/02/2010

Date Mailed: 3/02/2010

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.

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.

CMM/jlg

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