

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: 2010-28632

Issue No: 2006

Case No:

Load No:

Hearing Date:

May 5, 2010

Wayne 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 May 5, 2010. Claimant's Representative appeared and testified.

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. On July 29, 2009, the Claimant applied for MA.
2. On August 20, 2009, the Claimant passed away.
3. On August 27, 2009, MRT approved MA without knowledge of the Claimant's death.

4. On September 10, 2009, the Department requested verification of income prior to opening MA benefits. A copy of the request was sent to the hospital.
5. On September 21, 2009, the verifications were due back.
6. On October 26, 2009, the Department denied the application for failure to return requested verifications.
7. On November 19, 2009, [REDACTED] appointed a Special Representative for the Claimant's estate.
8. On January 4, 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 and review papers. The Claimant and the hospital were both sent verification request after MRT approval. The Department was unaware of the Claimant's death at the time it sent out the verification request. [REDACTED] was appointed Special Personal Representative on November 19, 2009. At the time of application, no person had the authority to respond to the request for additional information.

Relevant policy can be found in PAM 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.

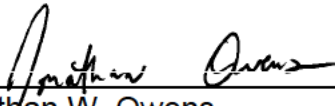
The Department is required by policy to verify income at application. This Administrative Law Judge finds the Department acted according to policy when denying the Claimant's MA case based upon a failure to return the review materials timely. The Department was unaware of the Claimant's passing until after the application had been

denied; no person had the authority to apply or represent the Claimant or her estate when the Department denied the Claimant's application.

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.

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

Date Signed: 05/26/10

Date Mailed: 05/26/10

**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:

