

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.: 2010-30438
Issue No.: 2009
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date:
May 10, 2010
Macomb County DHS (36)

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 10, 2010. Claimant's representative appeared and testified.

ISSUE

Did the Department of Human Services (Department) properly close Claimant's Medical Assistance (MA-P) case for failure to provide verifications for MA-P 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 October 14, 2009, Claimant was mailed a review packet with a request for verifications due back by November 2, 2009.
2. On November 2, 2009, no verifications were returned.
3. On November 19, 2009, Claimant's MA-P case was placed into closure.

4. On December 29, 2009, Claimant requested a hearing.

CONCLUSIONS OF LAW

The Medical Assistance (MA-P) 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 administers the MA-P 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, Claimant's case was closed for failure to provide requested verifications and review papers. Claimant acknowledged she had received the review papers. Claimant, in fact, had brought them with her to the hearing.

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.

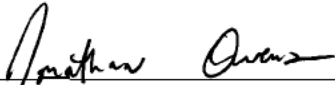
The Department is required by policy to complete a review on open MA-P cases and request updated information. This Administrative Law Judge finds the Department acted according to policy when closing the MA-P case based upon a failure to return the review materials timely.

Claimant, during the hearing, wished to address an application from 2008 for MA-P benefits as well as a notice of benefits sent to her in February of 2009. Claimant acknowledged she had received a denial for the application in question and had received the notice of ongoing coverage in February of 2009. Claimant failed to request a hearing regarding those matters within 90 days of the notice of action taken by the Department. According to MAC R 400.904(4), a client is given 90 days from the mailing of the proper notice of case action to request a hearing. Therefore, those additional matters are found to be untimely and are hereby DISMISSED.

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 regard to Claimant's MA-P 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: May 21, 2010

Date Mailed: May 21, 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 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/pf

cc:

