

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

IN THE MATTER OF THE CLAIM OF:

[REDACTED]

Reg. No.: 201010298
Issue No.: 2006
Case No.: [REDACTED]
Load No.: [REDACTED]
Hearing Date: September 7, 2010
Wayne County DHS (35)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37 upon the claimant's request for a hearing. After due notice, a telephone hearing was held on September 7, 2010. The Claimant appeared and testified through her authorized representative [REDACTED] of [REDACTED], FIM and [REDACTED] Caseworker appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's Medical Assistance application due to Claimant's failure to provide verifications sought by DHS pursuant to a semi annual review?

FINDINGS OF FACT

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

1. The Claimant applied for Medicaid in July 2007 and also applied for a retroactive coverage. The application was originally denied by the Department. The application was reinstated pursuant to a hearing decision which required the Department to re register the application on February 26, 2009.
2. The Department re registered the application. The Department denied the re-registered application when it did not receive a response to the requested verifications by the due date of March 10, 2009. The Department did not know specifically when the application was denied and

did not have a file available at the hearing to provide a Notice of Case Action to verify the denial.

3. The Claimant's authorized representative, [REDACTED], faxed the requested verifications to the Department on March 10, 2009 and included the requested bank account information and a statement of support by the Claimant. The Claimant's response to the verification request was timely. Exhibit 1.
4. The Department did not provide the Notice of Case action denying the Claimant's application.
5. The Claimant's representative requested a hearing on October 26, 2009 protesting the denial of the application.

CONCLUSIONS OF LAW

The Medical Assistance (MA) program is established by the 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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility to provide verification. BAM 130, p. 1. The questionable information might be from the client or a third party. *Id.* The Department can use documents, collateral contacts or home calls to verify information. *Id.* The client should be allowed 10 calendar days to provide the verification. If the client cannot provide the verification despite a reasonable effort, the time limit to provide should be extended at least once. BAM 130, p.4; BEM 702. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. PAM 130, p. 4. Before making an eligibility determination, however, the department must give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source. BAM 130, p. 6.

The Department is required to verify income at application and when a change is reported.

In this case the Claimant applied for Medical Assistance and was required through her representative to supply verification of income and assets by the Department. The information was due to be returned to the Department on March 10, 2009. The Department did not apparently receive the information faxed to it by the Claimant's

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representative and thus denied the Claimant's application. The Department's denial was in error. The proof at the hearing established that the Department was faxed the requested information by the Claimant's representative by the due date as confirmed by the Fax confirmation provided by the Claimant's representative and thus the Claimant's application should not have been denied for failure to return the requested verification information by the due date.

Accordingly, it is found that the Department's denial of the Claimant's MA application REVERSED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the Department denied the Claimant's application for medical assistance in error and its decision to do so is REVERSED.

Accordingly, it is held:

1. The Department is ordered to re register and reinstate the Claimant's application for Medical Assistance retroactive to the date of application, July 1, 2007.
2. After the application is reinstated, the Department shall make a determination as to whether the Claimant is eligible for medical assistance and if the Claimant is found to be eligible the Department is required to supplement the Claimant for benefits she was otherwise entitled to receive.



Lynn M. Ferris
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 9/9/2010

Date Mailed: 9/9/2010

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

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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.

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