

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: 2010-15749
Issue No: 2006-3008
Case No: [REDACTED]
Load No: [REDACTED]
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 and his representative appeared and testified.

ISSUE

Did the Department properly deny Claimant's Medical Assistance (MA) case for failure to provide verifications and properly closed FAP benefits?

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 September 8, 2009, Claimant applied for SDA, FAP, and MA.
2. On September 16, 2009, The Department denied MA for failure to return review packet and SDA was approved as was expedited FAP benefits.

3. On September 28, 2009, no medical verifications received. The Department denied the medical request.
4. On December 16, 2009, the Department determined the Claimant was not eligible for FAP due to the Claimant not being a senior, veteran, or disabled.
5. On December 17, 2009, case closed.
6. On December 27, 2009, request for hearing received.

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 application for MA was denied for failure to return verifications. The Department provided copies of the verification requests sent to the address provided for the Claimant. The Claimant failed to provide the requested documentation. The Department activated SDA based upon the Claimant's residence. The Department also opened expedited FAP. When the Claimant was not found to be a senior, veteran, or disabled, the Department initiated closure of his FAP benefits.

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. 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 properly denied the Claimant's MA application for failure to return verifications timely. The Claimant was sent the request to his listed address. The Department properly closed his FAP benefits when it was determined he failed to meet the criteria for benefits. The Department acknowledged that the issuance of FAP benefits was the Department's error, and they are fully aware that the home, not the Claimant, received the FAP benefits. The Department had initiated a correction on the Claimant's FAP record to prevent recoupment of FAP benefits he never received.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted according to policy with regards to Claimant's application dated September 8, 2009.

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



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

Date Signed: 05/19/10

Date Mailed: 05/20/10

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:

