

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

IN THE MATTER OF:

[REDACTED]

Reg. No: 201023122  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date: June 22, 2010  
Monroe County DHS

**ADMINISTRATIVE LAW JUDGE:** Janice Spodarek

**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 telephone conference hearing was held on 6/22/10. Claimant was represented at the administrative hearing by [REDACTED].

**ISSUE**

Did the DHS properly deny claimant's 9/29/09 Medicaid application?

**FINDINGS OF FACT**

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

1. On 9/29/09, claimant's representative applied on behalf of claimant with the Michigan DHS for Medicaid.
2. On 10/7/09, claimant and claimant's representative were sent a checklist requesting proof of identity and citizenship. The due date was 10/19/09.
3. On 10/19/09, [REDACTED] attempted to call the DHS worker to request an extension. The worker's voicemail was full. [REDACTED] sent an e-mail to the worker requesting an extension for the checklist due on the same date. Claimant Exhibit A and B.

4. The department failed to respond to the e-mail.
5. On 10/23/09, the DHS denied claimant's application for failure to provide verifications requested in the checklist.
6. On 11/6/09, claimant's representative 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 (DHS or department) 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).

General verification policy and procedure states in part:

#### **DEPARTMENT POLICY**

##### **All Programs**

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- . Calculate the level of benefits.
- . Protect client rights. BAM, Item 105, p. 1.

#### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

##### **Responsibility to Cooperate**

##### **All Programs**

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. BAM, Item 105, p. 5.

### **Client Cooperation**

The client is responsible for providing evidence needed to prove disability or blindness. However, you must assist the client when they need your help to obtain it. Such help includes the following:

- . Scheduling medical exam appointments
- . Paying for medical evidence and medical transportation
- . See BAM 815 and 825 for details. BEM, Item 260, p. 4.

A client who refuses or fails to submit to an exam necessary to determine disability or blindness **cannot** be determined disabled or blind and you may deny or close the case. BEM, Item 260, p. 4.

### **All Programs**

Clients must completely and truthfully answer all questions on forms and in interviews. BAM, Item 105, p. 5.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information. BAM, Item 105, p. 5.

In this case, the department argues that it never received the e-mail which claimant's representative indicates was sent. In support thereof, claimant's representative submitted a copy of the e-mail as well as an internal log kept by their organization documenting the history of the case. On the 10/19/09 entry, [REDACTED] indicated that it attempted to request an extension by contacting the local office but that the worker's e-mail was full. Claimant Exhibit B [REDACTED] submitted a copy of the e-mail it then sent to the department requesting an extension on behalf of claimant.

An Administrative Law Judge assesses the evidence in a case based upon the burden of proof which is a preponderance of evidence. After careful review of the substantial and credible evidence on the whole record, this ALJ finds that [REDACTED] met its burden by preponderance of evidence that it did in fact request an extension herein. For these reasons, and for the reasons stated above, the department's denial is reversed.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were incorrect.

Accordingly, the department's denial is REVERSED.

The department is ordered to reinstate claimant's 9/29/09 Medicaid application. The department is ordered to issue a checklist to claimant's representative for any outstanding verification(s) and then proceed with processing this case as it usually would under its normal policy and procedure.

/s/ \_\_\_\_\_  
Janice Spodarek  
Administrative Law Judge  
for Ismael Ahmed, Director  
Department of Human Services

Date Signed: December 20, 2010

Date Mailed: December 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.

JS/vc

cc:

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