

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: 2010-30434
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
May 27, 2010
Lapeer County DHS

ADMINISTRATIVE LAW JUDGE: Landis Y. Lain

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 hearing was held on May 27, 2010. Claimant did not appear or testify. Claimant was represented at the hearing by [REDACTED]

ISSUE

Whether the Department of Human Services (the department) failed to process claimant's Medical Assistance (MA-P) 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) An application for Medical Assistance was received on May 25, 2009, for claimant.
- (2) At that time a retroactive Medical Assistance application was also received for the

months of September 2008, October 2008, and November 2008. The application was signed May 20, 2009. .

(3) A 3503 verification checklist was sent to claimant and to claimant's representative requesting income, asset, and identity verification on June 8, 2009.

(4) A 3503 also informed the claimant that Medical Assistance benefits could only be retroactive from 3 months of application.

(6) The verification's were due June 18, 2009.

(7) No verifications were presented to the department and the application was denied October 6, 2009.

(8) On October 6, 2009, the department caseworker sent claimant and claimant's representative notice that the applications were denied.

(9) On December 6, 2009, claimant's representative filed a request for a hearing stating that the department should be required to process a December 29, 2008, for Medical Assistance with retroactive coverage to September 2008. The application was denied for failure to meet Medical Assistance disability criteria per a 2565 with no reason given and there was no formal denial. The claimant had dependent children in the household and FIP related and Medical Assistance benefit eligibility needed to be determined.

(10) The department indicated that it never received an application in December 2008 for claimant and that the information provided by claimant's representative was an application for a [REDACTED] who was no relation to claimant.

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).

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. PAM, 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. PAM, 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 PAM 815 and 825 for details. PEM, 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. PEM, Item 260, p. 4.

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All Programs

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

FAP Only

Do **not** deny eligibility due to failure to cooperate with a verification request by a person **outside** the group. In applying this policy, a person is considered a group member if residing with the group and is disqualified. PAM, Item 105, p. 5.

Refusal to Cooperate Penalties

All Programs

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. PAM, Item 105, p. 5.

Responsibility to Report Changes

All Programs

This section applies to all groups **except** most FAP groups with earnings.

Clients must report changes in circumstances that potentially affect eligibility or benefit amount. Changes must be reported **within 10 days**:

- after the client is aware of them, or
- the start date of employment. PAM, Item 105, p. 7.

Income reporting requirements are limited to the following:

- Earned income
- Starting or stopping employment
- Changing employers

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- .. Change in rate of pay
- .. Change in work hours of more than 5 hours per week that is expected to continue for more than one month

_____ Unearned income

- .. Starting or stopping a source of unearned income
- .. Change in gross monthly income of more than \$50 since the last reported change. PAM, Item 105, p. 7.

See PAM 220 for processing reported changes.

Other reporting requirements include, but are **not** limited to, changes in:

- _____ Persons in the home
- _____ Marital status
- _____ Address and shelter cost changes that result from the move
- _____ Vehicles
- _____ Assets
- _____ Child support expenses paid
- _____ Health or hospital coverage and premiums
- _____ Day care needs or providers. PAM, Item 105, pp. 7-8.

For TLFA only, the client must report to the specialist any month the work requirement is not fulfilled.

Explain reporting requirements to all clients at application, redetermination and when discussing changes in circumstances. PAM, 105, p. 8.

Verifications

All Programs

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See PAM 130 and PEM 702. PAM, Item 105, p. 8.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. PAM, Item 130, p. 1.

Verification is **not** required:

- _____ when the client is clearly ineligible, or

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_____ for excluded income and assets **unless** needed to establish the exclusion. PAM, Item 130, p. 1.

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Obtaining Verification

All Programs

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 redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

The client must obtain required verification, but you must assist if they need and request help. PAM, Item 130, p. 2.

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.

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Exception: Alien information, blindness, disability, incapacity, incapability to declare one's residence and, for FIP only, pregnancy must be verified. Citizenship and identity must be verified for clients claiming U. S. citizenship for applicants and recipients of FIP, SDA and MA. PAM, Item 130, p. 3.

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Timeliness Standards

All Programs (except TMAP)

Allow the client 10 calendar days (**or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. PAM, Item 130, p. 4.

Send a negative action notice when:

_____ the client indicates refusal to provide a verification, **or** _____ the time period given has elapsed and the client has not made a reasonable effort to provide it. PAM, Item 130, p. 4.

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MA Only

Send a negative action notice when:

_____ the client indicates refusal to provide a verification, **or**

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the time period given has elapsed. PAM, Item 130, p. 4.

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Only **adequate** notice is required for an application denial.
Timely notice is required to reduce or terminate benefits.

Exception: At redetermination, **FAP** clients have until the last day of the redetermination month **or** 10 days, whichever is later, to provide verification. See PAM 210. PAM, Item 130, p. 4.

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TMAP

See PEM 64 regarding timeliness standards for TMA-Plus determinations. PAM, Item 130, p. 5.

In the instant case, [REDACTED] provided the department with page 3 of an application which lists [REDACTED] and [REDACTED] as applicants on the application. [REDACTED] [REDACTED] also provided the department with a facility admission notice on December 22, 2009, which it received on October 21, 2009 for a claimant. [REDACTED] did not establish that they ever provided an application for claimant in the instant case. Application for claimant appears to have been received in the mailroom at the [REDACTED] Department of Human Services on December 22, 2009 and not before. The application for claimant appears to have been signed on May 20, 2009.

This Administrative Law Judge finds that the department has established by the necessary competent, material and substantial evidence on the record that it was acting in compliance with department policy at all times during the application period. The department appropriately denied claimant's application for Medical Assistance benefits and sent claimant notice that he failed to provide the department with information needed to determine eligibility pursuant to BAM, Item 130. [REDACTED] did not establish on the record that it had filed an application on claimant's behalf in December 2008.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the department has established by preponderance of the evidence that it was acting in compliance with department policy when it denied claimant's application for Medical Assistance benefits for failure to provide verification information. The department also appropriately denied claimant's application for the months of September 2008, October 2008, and November 2008, because the request for retroactive Medical Assistance benefits was made after the 3 month deadline. There is no evidence of an application filed on claimant's behalf submitted to the department for December 2008 or the 3 retroactive months.

Accordingly, the department's decision is AFFIRMED.

/s/
Landis Y. Lain
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Depar

Date Signed: June 04, 2010

Date Mailed: June 7, 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.

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