

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. 201033630
Issue No. 2006
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: June 15, 2010
Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Carmen G. Fahie

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, an in-person hearing was held on Tuesday, June 15, 2010. The claimant was not present, but was represented by her authorized representative, [REDACTED], from [REDACTED].

ISSUE

Did the department properly deny the claimant's Medical Assistance (MA) application based upon the fact that neither the claimant nor her authorized representative provided the required verification?

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 December 23, 2008, the claimant applied for MA benefits. (Department Exhibit 1-4)
2. On February 10, 2009, a Verification Checklist, DHS-3503 and 3503-C was sent to the claimant to verify citizenship for the claimant and her child that was due February 20, 2009. (Department Exhibit 7-8)
3. Subsequently, the department caseworker gave an extension of 10 days for the required information of the Verification Checklist with a new due date of March 3, 2009.

4. On March 9, 2009, the department caseworker sent the claimant a denial notice because the required verification was not submitted to determine eligibility.
5. On December 18, 2009, the department caseworker received a hearing request from the claimant's authorized representative stating that they had not received a copy of the eligibility determination notice.
6. The parties have reached an agreed settlement to resolve the dispute. The department agrees to reprocess the claimant's December 23, 2008 application and resend a Verification Checklist to the claimant and her authorized representative.

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).

In the present case, the parties have reached an agreed settlement to resolve the dispute. The department agrees to reprocess the claimant's December 23, 2008 application and resend a Verification Checklist to the claimant and her authorized representative. If the claimant or her authorized representative does not agree with the determination, they may file another request for a hearing.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the parties have reached an agreed upon settlement.

The department is **ORDERED** to reprocess the claimant's December 23, 2008 application to determine eligibility, if it has not already done so.

/s/ _____
Carmen G. Fahie
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: July 27, 2010

Date Mailed: July 27, 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.

CGF/vc

cc:

