

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: 2010 36096
Issue No: 2006
Case No: [REDACTED]
Load No: [REDACTED]
Hearing Date:
October 6, 2010
Macomb 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 October 6, 2010. Claimant appeared and testified.

ISSUE

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

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 June 15, 2009, the Claimant applied for MA.
2. On December 16, 2009, verifications were requested for MA disability. Due back on December 28, 2009.
3. On December 28, 2009, no verifications were received.
4. On January 5, 2010, the Department denied the application.
5. On March 3, 2010, the Claimant 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 (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 was denied for failure to provide requested verifications. The Department representative, who was not the worker, who took the action, presented a copy of a verification checklist purported to have been mailed on December 16, 2009. The Claimant testified credibly that he never received any requests for verifications or medical forms. The Claimant testified he had been trying to get something for months. This is supported since the Department took from June 2009 until December 2009 to even begin processing the Claimant's application for MA.

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.

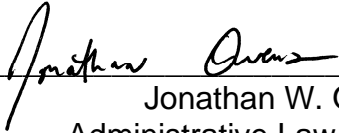
If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.

In the instant case, the Claimant's testimony is credible and this Administrative Law Judge is giving great weight to his testimony regarding not receiving the verification request. This Administrative Law Judge, therefore, finds the Department failed to send a verification request to the Claimant. Therefore, the Department improperly denied the Claimant's application. Further, it should be noted, the Department violated the standard of promptness in this case and failed to process this application timely.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted contrary to policy with regards to Claimant's MA application.

Therefore, it is ORDERED that the Department's decision in this regard be and is, hereby, REVERSED. The Department shall re-register the Claimant's June 15, 2009 application and determine eligibility, and if otherwise eligible, grant MA coverage for the requested period.


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

Date Signed: 10/13/10

Date Mailed: 10/14/10

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:

