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.: 2010-48373
Issue No.: 2006
Case No.: [redacted]
Load No.: [redacted]
Hearing Date: November 3, 2010
Wayne County DHS (82)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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, a telephone hearing was held on November 3, 2010. The claimant appeared and testified. [redacted], of [redacted] a service of [redacted] also appeared and testified on behalf of the Claimant. [redacted], FIM and [redacted] ES appeared on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's Medicaid application due to failure to return information requested by the Verification Checklist by the due date?

FINDINGS OF FACT

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

1. The claimant applied for medical assistance December 1, 2009. The Claimant also filed a retroactive Medicaid application at the same time. At the time the claimant applied she authorized Oak Assist to be her Authorized Representative and she was assisted by [redacted] the named representative of [redacted], a division all of [redacted]. Exhibit 1

2. A verification checklist was sent to the claimant and to the [redacted] representative, [redacted], on March 20, 2010, requesting medical documents in support of the claimant's disability for review by the Medical Review Team (MRT). The verification submission due date was March 20, 2010.

3. The Claimant did not receive the verification checklist. Exhibit 2

4. The Claimant's authorized representative at the time of the application did not attend the hearing because she "felt uncomfortable" attending the hearing. The representative incorrectly believed that the Claimant was deemed disabled by Social Security when instead the Claimant had received survivorship social security benefits. The Representative told the Department that the Claimant was not disabled and that the application could be denied.

5. The department never received medical documentation from the Claimant's authorized representative.

6. The claimant testified that she did not receive the verification checklist which was mailed to her at [redacted]. At the time claimant was not living at the address and had filed a change of address with the Postal Service

7. A notice of case action was sent to the Claimant and the Claimant's representative denying the Claimant's application for medical assistance and the retroactive application was also denied. Exhibit 3

8. The claimant's representative, [redacted] spoke with the claimant's case worker, [redacted] FIM and advised [redacted] that she would not be submitting documents for the MRT review as the claimant was not disabled. As a result of this information given to the department by the claimant's representative the department closed the claimant's retroactive application for medical assistance effective March 31, 2010. Exhibit 4

9. The Claimant's representative did receive the Verification Checklist.

10. [redacted], who currently still works for [redacted] did not appear at the hearing.

11. On February 17, 2010, the claimant became 65 years of age and became eligible for medical assistance effective February 1, 2010.

12. The Claimant's authorized representative requested a hearing on June 4, 2010 protesting the denial of the Claimant's Medicaid and Retroactive Medicaid applications. The hearing request was received by the Department on June 7, 2010.

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 400.1 *et seq*., and MCL 400.105. Department policies are found in the Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

Clients must cooperate with the local office in determining initial and ongoing eligibility to provide verification. BAM 130, p. 1. The questionable information might be from the client or a third party. Id. The Department can use documents, collateral contacts or home calls to verify information. Id. The client should be allowed 10 calendar days to provide the verification. If the client cannot provide the verification despite a reasonable effort, the time limit to provide should be extended at least once. BAM 130, p.4; BEM 702. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. BAM 130, p. 4. Before making an eligibility determination, however, the department must give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source. BAM 130, p. 6.

The Department is required to verify medical information at application for Medicaid. If the client fails to verify these items the Department must close the Claimant's case for failure to verify the requested information. BEM260, 261.

In this case, the Department provided a verification checklist to the [redacted] representative who was the Claimant's authorized representative on March 20, 2010 which was due on March 30, 2010. Although [redacted], by letter, contended that it did not receive the verification checklist by its letter dated June 7, 2010 requesting a hearing, it is found by the preponderance of the evidence presented that its representative did receive the checklist. This statement contained in the letter of June 7, 2010 cannot serve as evidence to prove receipt or non receipt of the checklist as this evidence is not admissible as it is hearsay. Also considered was the fact that actual witness (claimant's representative) who had knowledge of the facts did not appear at the hearing. The Department did not receive a response to the verification and denied the Claimant's application by Notice of Case Action dated March 30, 2010. Based on the testimony of the witnesses and the record as a whole it is found that the Claimant's authorized representative did receive the Verification Checklist in question and did not return it to the Department by the due date. Under these circumstances where the verification of requested medical information was not returned by the due date, the department had no choice but to deny the application for Medicaid.

The claimant has been deemed eligible for Medicaid as of February 1, 2010 as she reached age 65. The undersigned finds that the Department properly denied claimant's application for Medicaid and that the Claimant's representative did not provide requested medical information in the time provided.

Accordingly, it is found that the Department's denial of the Claimant's application for Medicaid benefits was proper and is AFFIRMED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that there was sufficient evidence presented to affirm the Department's actions.

Accordingly, it is ORDERED:

The Department's determination to deny the Claimant's Medicaid application and retroactive application by Notice of Case Action of March 20, 2010 for failure to provide the requested medical information by the due date is hereby AFFIRMED.

Lynn M. Ferris
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: 12/1/2010

Date Mailed: 12/1/2010

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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cc: [redacted]