

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. 201048816
Issue No. 2006
Case No. [REDACTED]
Load No. [REDACTED]
Hearing Date: December 2, 2010
Clinton County DHS

ADMINISTRATIVE LAW JUDGE: Marlene B. Magyar

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 December 2, 2010. Claimant did not appear; however, she was represented by [REDACTED]

ISSUE

Did the department properly deny claimant's December 30, 2009 Medicaid (MA) application for failure to provide necessary, requested verifications by the stated deadline?

FINDINGS OF FACT

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

1. On December 30, 2009, the department received a transmission containing a Filing Form (DHS-1171) and a Facility Admission Notice (MSA-2565C) from [REDACTED] in their effort to establish and protect that date as claimant's MA/retro-MA application filing date.
2. [REDACTED] purported to be claimant's authorized representative for application filing purposes; however, verification of representative status was not submitted with the above-referenced transmission (Department Exhibit #1, pgs 1-4).

3. In response, the local office registered and processed an MA/retro-MA application using the December 30, 2009 filing date, as ██████ requested.
4. Specifically, on January 22, 2010, the department transmitted a written Verification Checklist (DHS-3503) to ██████ at their business fax number (██████████)(Department Exhibit #2, pgs 1 and 2).
5. Not only did this checklist request claimant's personal records, income records and asset records, it also notified ██████ they must return a completed Assistance Application (DHS-1171) so the department could initiate a determination regarding whether or not ██████ had the legal authority to act as claimant's application filing representative (Department Exhibit #2, pg 2).
6. At hearing, ██████ representative stipulated to ██████ receipt of this checklist (DHS-3503) on January 22, 2010, as verified by the fax receipt (Department Exhibit #1, pg 1).
7. Additionally, this document specifies ██████ must return all requested verifications by February 1, 2010, and also, states in relevant part:

Call me right away if you cannot come to the interview or if you have any questions or problems getting the proofs. I will help you get the proofs if you ask for help. If the information must be provided on a DHS form, the form is enclosed.

You must get the proofs to me or call me by the due date below. **If you do not, your benefits may be denied or cancelled** (Department Exhibit #2, pg 2).

8. Because the department did not receive any of the requested verifications by the stated deadline, nor were they contacted by ██████ before this deadline expired, the department issued a written denial notice to claimant's address-of-record, dated March 1, 2010, as forewarned (Department Exhibit #3, pgs 1 and 2)(See also Finding of Fact #7 above)..

9. The department did not send █████ a copy of this denial notice because █████ failed to establish they were, in fact, claimant's authorized representative for application filing purposes.
10. At the MA/retro-MA hearing, the only Authorization to Represent documents █████ could produce verify claimant transferred her power to █████ by signature on February 2, 2010, but not earlier.

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).

The applicable departmental policy states:

AUTHORIZED REPRESENTATIVES

All Programs

An **Authorized Representative** (AR) is a person who applies for assistance on behalf of the client and/or otherwise acts on his behalf (e.g., to obtain FAP benefits for the group.) An AR is not the same as an Authorized Hearing Representative (AHR) PAM, Item 110, p. 6.

The AR assumes all the responsibilities of a client. See PAM 105. PEM, Item 110, p. 7.

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

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

VERIFICATION AND COLLATERAL CONTACTS

DEPARTMENT POLICY

All Programs

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. PAM, Item 130, p. 1.

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.

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.

MA Only

Send a negative action notice when:

- . the client indicates refusal to provide a verification, **or**
- . the time period given has elapsed. PAM, Item 130, p. 4.

The facts of record are undisputed. [REDACTED] purports to have had the duty and responsibility to submit certain verifications necessary to application processing by a specified deadline date. Their failure to do so requires/required the department to deny that application under the above-stated policy.

Furthermore, since one of the critical missing verifications was proof of [REDACTED] right to represent, the department was under no obligation to send them a copy of the denial notice, which was properly mailed to claimant-only on March 1, 2010,

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly denied claimant's December 30, 2009 MA application for failure to provide necessary, requested verifications by the stated deadline.

Accordingly, the department's action is AFFIRMED.

/s/
Marlene B. Magyar
Administrative Law Judge
For Ismael Ahmed, Director
Department of Human Services

Date Signed: December 7, 2010

Date Mailed: December 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.

MBM/db

cc:

