

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: 201048896

Issue No: 2006

[REDACTED] [REDACTED]

Hearing Date:

September 23, 2010

Calhoun 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 claimant's request for a hearing. After due notice, a telephone hearing was held on September 23, 2010. Claimant personally appeared. He was assisted by [REDACTED]

ISSUE

Did the department properly process claimant's January 21, 2010 Medicaid (MA)/retro-MA 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. On January 21, 2010, claimant's authorized representative ([REDACTED]) filed a disability-based MA/retro-MA application on claimant's behalf.
2. If this application had been approved, the expenses associated with claimant's December 2009 hospitalization and subsequent medical bills would have been covered by MA/retro-MA.
3. When the department denied claimant's application his authorized representative filed a timely hearing request to dispute the issue.

4. Claimant's hearing was held by telephone conference on September 23, 2010.
5. At hearing, claimant's authorized representative [REDACTED] stipulated the local office issued multiple extension deadlines for the submission of requested verifications necessary to complete application processing.
6. Specifically, after [REDACTED] original deadline passed (2/12/10), and in response to several written requests [REDACTED] made, the department extended their submission deadlines to: 1) February 22, 2010; 2) March 4, 2010; and 3) March 15, 2010.
7. When the department did not receive the requested verifications by the third deadline, the local office mailed [REDACTED] and claimant denial notices dated March 29, 2010, based on failure to timely cooperate in application processing.

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.

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.

At application and redetermination:

- . Thoroughly review all eligibility factors in the case.

Applications and redeterminations must be completed within the standards of promptness. See PAM 115, 210. PAM, Item 105, p. 11.

Document each determination of eligibility or ineligibility on the DHS-1171-C, Eligibility Determination and Certification, and inform the client of the decision. PAM, Item 105, p. 11.

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

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.

MA and AMP

Allow the client 10 calendar days (or other time limit specified in policy) to provide the verification you request. Refer to above policy for citizenship verifications. If the client cannot provide the verification despite a reasonable effort, extend the time limit up to three times.

Verifications are considered to be timely if received by the date they are due. For electronically transmitted verifications (fax, email), the date of the transmission is the receipt date.

Verifications that are submitted after the close of regular business hours through the drop box or by delivery of a DHS representative are considered to be received the next business day.

Send a case action notice when:

- The client indicates refusal to provide a verification, **or**
- The time period given has elapsed.

Only **adequate** notice is required for an application denial. **Timely** notice is required to reduce or terminate benefits. PAM Item 130, pg 5.

The credible evidence of record clearly establishes the department followed its policy to the letter in this case. Claimant's authorized representative argued that the department is obligated by policy to consider certain verification materials submitted to the local office nine days after their third deadline passed in this case.

This Administrative Law Judge strongly disagrees. Put simply, no basis exists in the department's current policy which would require the department to accept late verifications, in direct contrast to the above-referenced MA verification policy which succinctly states: "Send a case action notice when the client indicates a refusal to provide verification or the time period given has elapsed."

The initial due date and three subsequent extensions elapsed in this case. Consequently, the issuance of a case action denial notice was correct and it must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the department properly processed claimant's January 21, 2010 MA/retro-MA application.

Accordingly, the department's action is AFFIRMED.

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

Date Signed: September 28, 2010

Date Mailed: September 29, 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 receipt 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.

201048896/mbm

MBM/db

cc:

