

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: 2010-49119  
Issue No: 2006  
Case No: [REDACTED]  
Load No: [REDACTED]  
Hearing Date:  
December 1, 2010  
Jackson County DHS

ADMINISTRATIVE LAW JUDGE: Suzanne L. Morris

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 December 1, 2010. The claimant was not present, but was represented by [REDACTED]

ISSUE

Did the department properly deny the claimant's Medicaid and Retroactive Medicaid application for failure to return the required verifications?

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 submitted an application for MA and retroactive MA benefits on March 2, 2010.
2. On March 18, 2010, the claimant was mailed a Verification Checklist (DHS-3503) and a Medical Determination Verification Checklist (DHS-3503-MRT) requiring the claimant to submit proof of disability and any income and also complete and return some medical forms. These items were due to the department by March 29, 2010. (Department Exhibit 6-9)
3. The department did not receive the requested items back from the department. On March 30, 2010, the department mailed the claimant a

Notice of Case Action (DHS-1605) that informed the claimant her application was denied. (Department Exhibit 2 – 5)

4. On June 11, 2010, the claimant's representative filed a hearing request on behalf of the claimant.

### 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).

Department policy states:

#### **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. BAM, Item 105, p. 5.**

##### **Refusal to Cooperate Penalties**

###### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. BAM, Item 105, p. 5.

##### **Verifications**

###### **All Programs**

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See BAM 130 and BEM 702. BAM, Item 105, p. 8.

##### **Assisting the Client**

## **All Programs**

The local office must assist clients who ask for help in completing forms (including the DCH-07 33-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. BAM, Item 105, p. 9.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. BAM, 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 Check list, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM, Item 130, p. 2.

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

## **Timeliness Standards**

### **All Programs (except TMAP)**

Allow the client 10 calendar days ( **or** other time limit specified in policy) to provide the verification you request. If the client cannot provide the verification despite a reasonable effort, extend the time limit at least once. BAM, Item 130, p. 4.

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. BAM, Item 130, p. 4.

## **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) BAM, Item 110, p. 6.

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

The AR must give his name, address, and title or relationship to the client. To establish the client's eligibility, he must be familiar enough with the circumstances to complete the application, answer interview questions, and collect needed verifications. BAM, Item 110, p. 7.

Claimants and authorized representatives are required to comply with the local office to allow the department to determine initial or ongoing eligibility. BAM 105. The department informs the client/representative what verification is required, how to obtain it, and the due date by using the Verification Checklist form (DHS-3503). BAM 130. Clients/representatives are provided ten days to return the verifications, but can request an extension of time to provide the verifications. BAM 130. If the time period to provide the verifications expires and the verifications have not been provided, the department is directed to send a negative action notice. BAM 130.

Department policy indicates that the authorized representative assumes the responsibilities of the client. BAM 105, BEM 110. The role of an authorized representative is often described as "stepping into the shoes of the client." For an authorized representative to be able to ensure verifications are provided to the department in a timely manner, they must first receive the notice that requires the verifications be submitted.

The department staff person testified that there was no evidence she could submit to show the Verification Checklists were sent to the claimant's authorized representative. The department staff member did not have the case file to find any notes showing the documents were mailed to [REDACTED]. There was no case worker present who had personal knowledge of the situation. Thus, there was no evidence to support the department's belief that the Verification Checklists were mailed to [REDACTED].

The claimant's representative testified that he did not receive any Verification Checklist from the department. As the department has failed to provide any evidence to show contrary, the department's action in denying the case for failure to provide the required verifications can not be upheld.

