

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:

[REDACTED]

Reg. No: 201125816

Issue No: 2006

[REDACTED]

Genesee County DHS

ADMINISTRATIVE LAW JUDGE: Vicki L. Armstrong

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 received on March 16, 2011. After due notice, a telephone hearing was held on June 15, 2011. Claimant's authorized representative, [REDACTED] personally appeared and provided testimony.

ISSUE

Whether the department properly denied Claimant's Medical Assistance (MA) application for failure to timely return 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. Claimant applied for Medicaid on July 26, 2009. (Hearing Summary).
2. On March 13, 2010, a Verification Checklist was sent to Claimant requesting he complete a DHS-1171 for his July 13, 2009 hospitalization in order for the department to process his application for medical coverage, with a due date of March 23, 2010. (Hearing Summary; Department Exhibit 11).
3. A Notice of Case Action was mailed to Claimant on March 24, 2010, denying Claimant's Medicaid application from July 1, 2009 ongoing, for failure to comply with verification. (Department Exhibits 37-42).
4. On March 25, 2010, the department received the requested DHS-1171 with partial documentation. The application was not processed because

the department had mailed out the Notice of Case Action denying Claimant's application on March 24, 2011, effective July 1, 2009 ongoing. (Department Exhibits 37-42; Hearing Summary).

5. Claimant submitted a hearing request on March 16, 2011, protesting the denial of his Medicaid application. (Request for a Hearing).

CONCLUSIONS OF LAW

The regulations governing the hearing and appeal process for applicants and recipients of public assistance in Michigan are found in the Michigan Administrative Code, MAC R 400.901-400.951. An opportunity for a hearing shall be granted to an applicant who requests a hearing because his claim for assistance is denied. MAC R 400.903(1).

Clients have the right to contest a department decision affecting eligibility or benefit levels whenever it is believed that the decision is incorrect. The department will provide an administrative hearing to review the decision and determine the appropriateness. BAM 600.

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Reference Tables Manual (RFT).

Department policy states that Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. Clients must take actions within their ability to obtain verifications and the department must assist Clients when necessary. BAM 105.

The local office must assist clients who ask for help in completing forms (including the DCH-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or not fluent in English. BAM 105. Verification is usually required at application/redetermination and for a reported change affecting eligibility or benefit level. BAM 130.

The department tells the Client what verification is required, how to obtain it, and the due date through the use the DHS-3503, Verification Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. BAM 130. The Client must obtain the required verification, but the department must assist if they need and request help. BAM 130.

For MA, the Client is allowed 10 calendar days (or other time limit specified in policy) to provide the verification requested. If the Client cannot provide the verification despite a

reasonable effort, the time limit is extended up to three times. A Notice of Case Action is sent when the Client indicates refusal to provide a verification, or the time period given has elapsed. BAM 130.

As an initial matter, the department protests the timeliness of the hearing because the Notice of Case Action denying Claimant's Medicaid application was mailed to Claimant on March 24, 2010. The department admitted there was no evidence that Claimant's authorized representative was sent a Notice of Case Action informing them that Claimant had been denied Medicaid. Claimant's authorized representative testified that they discovered the denial of the Medicaid application on February 16, 2011, and filed the hearing request on March 16, 2011. The department does not dispute this timeline. Therefore, the Administrative Law Judges finds the hearing request was submitted timely and the hearing was held.

In this case, the department provided Claimant with a Verification Checklist, requesting Claimant complete the attached Assistance Application (DHS 1171), and return it to the department so the department could process his Medicaid application for his July 13, 2009 hospitalization. The due date was March 23, 2010. On March 24, 2010, the department closed Claimant's MA case for failure to return the required verification, effective July 1, 2009 ongoing.

During the hearing, Claimant admitted the verifications were not turned into the department until March 25, 2011. As a result, Claimant has conceded the verifications were untimely. However, Claimant argues that had the department acted in accord with the standard of promptness policy and properly processed Claimant's application when it was received in July 2009, Claimant would have been able to comply. The Administrative Law Judge finds this argument without merit. Therefore, the Administrative Law Judge finds that the department acted properly by denying Claimant's application for Medicaid, because he failed to timely return the requested verifications.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department established Claimant did not comply with the requested verification and the department's decision denying Claimant's MA benefits is UPHELD.

It is SO ORDERED.

/s/

Vicki L. Armstrong
Administrative Law Judge
for Maura D. Corrigan, Director
Department of Human Services

Date Signed: 6/20/11

Date Mailed: 6/21/11

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.

VLA/ds

■ [REDACTED]