

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:



Reg. No.: 2011-3503
Issue No.: 2006
Case No.: [REDACTED]
Hearing Date: March 3, 2011
DHS County: Oakland (63-04)

ADMINISTRATIVE LAW JUDGE: Jonathan W. Owens

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 hearing was held on March 3, 2011. Claimant's representative appeared.

ISSUE

Did the Department of Human Services (Department) properly deny Claimant's application for Medical Assistance (MA) for failure to submit 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. On July 13, 2010, an application was submitted for MA.
2. On August 18, 2010, a verification checklist was sent to both Claimant and his representative.
3. On August 18, 2010, the Department also sent an email regarding the need for medical records in addition to the verification of life insurance policy.
4. On August 30, 2010, the checklist was due back to local office.
5. The Department had previously granted an extension for verifications until September 30, 2010.
6. On September 30, 2010, Claimant's representative requested another extension indicating they were in the process of obtaining the policy information.

7. On October 1, 2010, Claimant's application was denied.
8. On October 11, 2010, a request for hearing was received.

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 (formerly known as the Family Independence Agency) 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 Program Reference Manual (PRM).

In the present case, Claimant's MA case was denied for failure to return verifications. The Department provided copies of the verification request sent to Claimant. The Department sent an email on August 18, 2010, indicating the need for additional medical information. On August 30, 2010, Claimant's representative indicated the need for additional time. The Department extended the timeline out in this email for 3 more times, if required, eventually indicating the last date available to submit the information would be September 30, 2010. On September 30, 2010, Claimant's representative requested another extension and/or the Department's assistance in obtaining the records. During the hearing, Claimant's representative provided copies of the fax communications between his agency and the insurance provider, showing ongoing attempts to obtain the information. These faxes concluded on October 1, 2010, with the requested information being faxed to the representative regarding the requested information.

Relevant policy can be found in BAM Item 130, pp. 1-3:

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.

Verification is usually required at application/re-determination and for a reported change affecting eligibility or benefit level.

Obtaining Verification

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 re-determinations, the DHS-1175, MA Determination Notice, to request verification.

Use the DHS-3503C, Verification Checklist for Citizenship/Identity to request documentation of citizenship or identity for Medicaid determinations.

The client must obtain required verification, but you must assist if they need and request help.

If neither the client nor you can obtain verification despite a reasonable effort, use the best available information. If no evidence is available, use your best judgment.

Relevant policy can be found in BAM Item105, pg 9:

Assisting the Client

All Programs

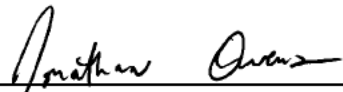
The local office must assist clients who ask for help in completing forms (including the DCH-0373-D) or gathering verifications.

Claimant's representative adequately demonstrated an ongoing effort to obtain the requested verification. The evidence provided indicates that Claimant made all required attempts to get the requested information and, in the end, requested one final extension and, if this was not possible, they requested the Department's assistance. In this case, the Department should have either granted an extension or assisted Claimant in obtaining the requested verification.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds the Department acted contrary to policy.

Therefore, it is ORDERED that the Department's decision in this regard be and is hereby REVERSED. The Department shall reprocess the application dated July 13, 2010.



Jonathan W. Owens
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: March 29, 2011

Date Mailed: March 29, 2011

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.

JWO/pf

cc:

