

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

IN THE MATTER OF:

[REDACTED]

Oakland

Reg
Issue
Case
Hearing

No: 2011-20804
No: 2006
No: [REDACTED]
Date: [REDACTED]

County DHS (03)

ADMINISTRATIVE LAW JUDGE: [REDACTED]

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 received by the Department on [REDACTED]. After due notice, a telephone hearing was conducted from Detroit, Michigan on [REDACTED]. The Claimant's authorized representative and attorney [REDACTED] appeared and testified on behalf of the Claimant. The Department's representatives [REDACTED] Assistance Payments Supervisor, and [REDACTED], [REDACTED], Assistance Payments Worker appeared and testified on behalf of the Department.

ISSUE

Whether the Department properly denied the Claimant's application for Medical Assistance due to Claimant's failure to return the requested verification information by the due date?

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 applied for Medical Assistance on [REDACTED]
2. The Department sent a verification check list and retroactive medical assistance application to the Claimant's Authorized Representative (AR) on [REDACTED] which was postmarked [REDACTED], and had a due date of [REDACTED]. Exhibit 1.
3. The Verification checklist requested extensive financial information, medical bills health insurance verification, IRA initial assessment, Life insurance policies, copy of vehicle title, burial plots owned, and required dual bank statements for the date of assessment and date of the application, shelter expenses, and asset information for the retroactive Medical Assistance application which was also enclosed. There were 11 paragraphs in all requesting detailed information. Exhibit 1.
4. The Department acknowledged that it did not process the Claimant's application within the 45 day standard of promptness for processing applications.
5. The Claimant's authorized representative credibly testified that after he received the verification checklist, he attempted on numerous occasions to contact the assigned caseworker specialist by telephone, the DHS office where the application was filed, and called Lansing for assistance in seeking answer to questions regarding the requested verification information.
6. None of the Claimant's authorized representative's phone calls were returned.
7. The Department denied the application on [REDACTED] for failure to return the requested verifications by the due date. Exhibit 2
8. The Claimant's authorized representative requested a hearing on [REDACTED], protesting the denial of the application.

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, 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 Bridges Program Reference Manual (“PRM”).

Clients must cooperate with the local office in determining initial and ongoing eligibility to provide verification. BAM 130, p. 1. The information might be from the client or a third party. Id. The Department can use documents, collateral contacts or home calls to verify information. Id. The client should be allowed 10 calendar days to provide the verification. If the client cannot provide the verification despite a reasonable effort, the time limit to provide should be extended at least once. BAM 130, p.4; BEM 702. If the client refuses to provide the information or has not made a reasonable effort within the specified time period, then policy directs that a negative action be issued. BAM 130, p. 4. Before making an eligibility determination, however, the Department must give the client a reasonable opportunity to resolve any discrepancy between his statements and information from another source. BAM 130, p. 6.

In this case, the Department mailed out a Medical Determination Checklist to the Claimant with a due date of [REDACTED]. This Verification Checklist was sent to the Authorized Representative almost six months after the application was filed. After filing the application in-person, the Claimant’s AR was told it would take about one month to hear from the Department regarding the application. The Department took no action on the application until almost a full six months had passed. The Department confirmed that the Standard of Promptness requires certification of the program

approval or denial within 45 days of the application. BAM 115 page 11. The Claimant's AR did not return the forms by the due date as he needed assistance and his questions answered by the Department regarding the numerous pieces of information requested by the Verification Checklist. He attempted to contact the assigned case specialist numerous times before the due date without success or a return call. He also attempted to contact the local office and Lansing office for assistance without success.

Based on the record as a whole, it is found that the Department did not properly deny the application as the Claimant attempted to respond but could not reach anyone to help with his questions and the specialist did not return his phone calls. In situations like this where extensive information is sought by the Department efforts must be must be taken to respond to inquiries, especially where as here the Department took no action for almost six months, and then sent an extensive verification checklist. Based upon the record as a whole it is determined that the Claimant did not refuse to cooperate.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the evidence presented at the hearing did not support the decision of the Department to deny the Claimant's Medical Assistance application for failure to return the requested verification forms and information by the due date, and therefore, the Department's decision is REVERSED.

Accordingly, it is ORDERED:

1. The Department shall reopen and reprocess the Claimant's Medical Assistance application and determine the Claimant's eligibility in accordance with the Department's Policy.



Administrative
for
Department

Law Judge
Maura Corrigan, Director
of Human Services

Date Signed: 04/21/11

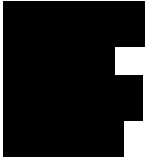
Date Mailed: 04/26/11

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 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.

LMF/dj

cc: 
Oakland County DHS (Dist #03) / DHS-1843



Administrative Hearings