

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

IN THE MATTER OF:

[REDACTED]

Reg No: 2011 28639
Issue No. 2006
Case No: [REDACTED]
Hearing Date:
June 14, 2011
Wayne County DHS (35)

ADMINISTRATIVE LAW JUDGE: Lynn M. Ferris

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 hearing. After due notice, a telephone hearing was conducted by the undersigned in Detroit, Michigan on June 14, 2011. The Claimant's authorized representative [REDACTED] was present and testified in the Claimant's behalf. The Department did not appear.

ISSUE

Whether the Department properly denied the Claimant's application for retroactive Medical Assistance for failure to verify information.

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Claimant through her authorized representative applied for retroactive medical Assistance.
2. The Department did not appear at the hearing after being notified that the Claimant's representative was ready to proceed.

3. The Department's hearing summary provided the following information: "...DHS will reinstate the application for retro Medicaid assistance, verification of income and assets ... is needed in order to process the application. Clients case is not pending for MA G2C."
4. The retroactive application for Medical Assistance was filed June 24, 2010, and requested retro active coverage to May of 2010.
5. The Claimant's authorized hearing representative requested a hearing on November 13, 2010, protesting the denial of the Claimant's retro MA application for failure to verify information as no verification checklist 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 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 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 questionable 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 5.

The Department is required to verify employment and income as well as other information at application. If the client fails to verify these items the Department must close the Claimant's case or deny the application for failure to verify the requested information. BEM 554, p. 11. The verification checklist advises clients that the proofs must be provided by the due date and that failure to return the information may cause benefits to be denied.

In this case, the Department did not appear and no proofs were submitted that it had sent a verification checklist to the Claimant. It could not be verified that the application was currently pending. It does not appear that the Claimant refused to cooperate as no verification checklist was received.

In this case, because of the Claimant's authorized representative's credible testimony that no verification was received, and the failure of the Department to appear, the Department's denial of the retroactive application for Medical Assistance is in error and is reversed.

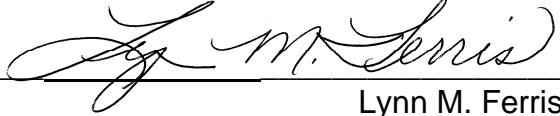
Based on the foregoing, it is found that the Department's denial of the Claimant's retroactive application for Medical Assistance was in error as no failure to verify was established and no verification checklist has been received by the Claimant's authorized representative. Therefore, the Department's denial of the Claimant's retroactive MA application was in error and is REVERSED.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, finds that the denial of the Claimant's retroactive MA application was in error and that the Claimant did not fail to verify information as no verification checklist was received by the Claimant's authorized representative by the due date. Therefore, the Department's determination to deny the Claimant's application is REVERSED.

Accordingly, it is ORDERED:

1. The Department is ordered to reinstate the Claimant's Retroactive MA application retroactive to the date of the application and to process the application to determine eligibility.


Lynn M. Ferris
Administrative Law Judge
for Maura Corrigan, Director
Department of Human Services

Date Signed: 06/16/11

Date Mailed: 06/20/11

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:

