

STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ADMINISTRATIVE HEARINGS FOR THE
DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF: [REDACTED]

Claimant

Reg. No: 2009-16480

Issue No: 2009

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

November 3, 2009

Kalamazoo County DHS

ADMINISTRATIVE LAW JUDGE: Janice Spodarek

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon claimant's representative's request for a hearing. After due notice, a three-way telephone hearing was held. Claimant was represented at the administrative hearing by [REDACTED] Claimant did not appear.

ISSUE

Did the Department of Human Services (DHS) properly deny claimant's March, 2008 retro Medical Assistance (MA-P) application?

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 6/20/08, the local office received an application for MA by [REDACTED] [hereinafter [REDACTED] and/or claimant] on behalf of claimant.
- (2) Claimant applied for three months of retro MA.

(3) On 6/24/08, the DHS issued a verification checklist requesting all income and bank statements and all records for all the assets that claimant has. Exhibit 70.

(4) On 12/11/2008, the DHS approved MA for the month of application, and including two months of retro MA. Claimant was denied in March, 2008, on the ground of excess assets.

(5) Claimant's only March, 2008, checking and savings account verification delivered by claimant was a statement from the bank from "March 26-2008-April 24, 2008." Exhibit 39.

(6) [REDACTED] submitted separate statements from the bank showing the lowest monthly balance for the months of May, June, and July, 2008.

(7) [REDACTED] stipulated at the administrative hearing that a separate statement for March retro month 2008 was not submitted.

(8) Based upon the verification submitted, evidence indicates that claimant's assets for the month of March, 2008 totaled over \$2,000--\$2,303.24 for [REDACTED] checking; \$324.81 for the [REDACTED] money market savings account. Exhibit 38.

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).

General verification policy and procedure states in part:

DEPARTMENT POLICY

All Programs

Clients have rights and responsibilities as specified in this item.

The local office must do **all** of the following:

- . Determine eligibility.
- . Calculate the level of benefits.
- . Protect client rights. PAM, Item 105, p. 1.

All Programs

Clients must completely and truthfully answer all questions on forms and in interviews. PAM, Item 105, p. 5.

The client might be unable to answer a question about himself or another person whose circumstances must be known. Allow the client at least 10 days (or other timeframe specified in policy) to obtain the needed information. PAM, Item 105, p. 5.

Responsibility to Report Changes

All Programs

This section applies to all groups **except** most FAP groups with earnings.

Clients must report changes in circumstances that potentially affect eligibility or benefit amount. Changes must be reported **within 10 days**:

- . after the client is aware of them, or
- . the start date of employment. PAM, Item 105, p. 7.

Verifications

All Programs

Clients must take actions within their ability to obtain verifications. DHS staff must assist when necessary. See PAM 130 and PEM 702. PAM, 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-0733-D) or gathering verifications. Particular sensitivity must be shown to clients who are illiterate, disabled or **not** fluent in English. PAM, Item 105, p. 9.

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 Checklist, or for MA redeterminations, the DHS-1175, MA Determination Notice, to request verification. PAM, Item 130, p. 2.

VERIFICATION AND COLLATERAL CONTACTS

DEPARTMENT POLICY

All Programs

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. PAM, Item 130, p. 1.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. PAM, Item 130, p. 1.

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

Also applicable to the case herein is policy in PEM, Item 400, which indicates that eligibility exists when at least one day during the month being tested the individual's assets are equal to or less than the asset limit. In this case, claimant's asset limit is \$2,000.

In this case, the department determined that claimant was in excess asset status for the retro month of March, 2008. While not discussed at the administrative hearing, the over 127 exhibits submitted in this case on a simple verification issue do show that [REDACTED] submitted separate statements from the bank which are handwritten statements showing the lowest monthly balance and the ending balance of both accounts at issue for the months of May, June, and July, 2008. This Administrative Law Judge finds it interesting that July was included, as that typically would not have been a month at issue as claimant applied in June with three months of retro. March 2008 was not submitted.

[REDACTED] stated at the administrative hearing: "The department did not have the information available to conclude he [claimant] was under the asset limit because we did not provide the verification to them." The department is upheld.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department's actions were correct.

Accordingly, the department's denial of March, 2008 was correct and is hereby UPHELD.

/s/ _____
Janice Spodarek
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: November 9, 2009

Date Mailed: November 10, 2009

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 mailing date of the rehearing decision.

JS/cv

cc:

