

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

IN THE MATTER OF:

[REDACTED]

Reg No. 200934882  
Issue No. 2006  
Case No. [REDACTED]  
Load No. [REDACTED]  
Hearing Date:  
May 20, 2010  
Chippewa County DHS

**ADMINISTRATIVE LAW JUDGE:** Carmen G. Fahie

**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. After due notice, a telephone hearing was held on Thursday, May 20, 2010. The claimant personally appeared and testified with his authorized representative, [REDACTED].

**ISSUE**

Did the department properly deny the claimant's application for Medical Assistance (MA) application based upon the fact that the claimant did not provide the required verification?

**FINDINGS OF FACT**

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

1. On January 14, 2009, [REDACTED] filed an application for MA on behalf the claimant with retroactive benefits to October 2008. (Department Exhibit 1-19)
2. On January 29, 2009, the department caseworker sent the claimant a Verification Checklist, DHS-3503, for the claimant and his representative to provide the required verification to determine eligibility. (Department Exhibit 20)

3. On February 17, 2009, the department caseworker sent the claimant and his representative a denial notice for his January 14, 2009 application because the verifications were not provided to determine eligibility. (Department Exhibit 21)
4. On March 19, 2009, a hearing request was threatened by an employee of [REDACTED] (Department Exhibit 23-27)
5. On March 23, 2009, the application was registered again. (Department Exhibit 28)
6. On March 23, 2009, the department caseworker sent out another Verification Checklist, DHS 3503, to request income and assets for October 2008, November 2008, and December 2008 that was sent to the claimant and his representative. (Department Exhibit 29-30)
7. On March 25, 2009, the department caseworker received a fax for assets with large deposits showing on the bank account. (Department Exhibit 31-40)
8. On March 31, 2009, the department caseworker sent a third Verification Checklist, DHS-3503, to verify the large deposits and income to determine eligibility that was due April 11, 2009 and there an additional 10 days extension given to April 21, 2009. (Department Exhibit 41-42)
9. On April 9, 2009, [REDACTED] requested a 10-day extension. (Department Exhibit 43)
10. On April 27, 2009, the department caseworker denied the claimant's January 14, 2009 application and sent a notice to the claimant and his authorized representative that the department was unable to verify income in the form of deposits on the bank account. (Department Exhibit 44)
11. Subsequently, the claimant and/or his authorized representative submitted his [REDACTED] loan information that was dated June 15, 2009 stating the amount and the date of the claimant's student loans. (Department Exhibit 46-49)
12. On July 20, 2009, the department received a hearing request from the claimant, contesting the department's negative action.
13. During the hearing, the department caseworker testified that the department was missing income verification of the large deposits, which was required to determine eligibility for MA.

14. During the hearing, the claimant stated that he called multiple times, but did not receive the required information until June 15, 2009.

### **CONCLUSIONS OF LAW**

The Medical Assistance (MA) program is established by the 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 Program Administrative Manual (PAM), the Program Eligibility Manual (PEM) and the Program Reference Manual (PRM).

#### **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.

#### **CLIENT OR AUTHORIZED REPRESENTATIVE RESPONSIBILITIES**

##### **Responsibility to Cooperate**

##### **All Programs**

Clients must cooperate with the local office in determining initial and ongoing eligibility. This includes completion of the necessary forms. PAM, Item 105, p. 5.

##### **Client Cooperation**

The client is responsible for providing evidence needed to prove disability or blindness. However, you must assist the client when they need your help to obtain it. Such help includes the following:

- . Scheduling medical exam appointments
- . Paying for medical evidence and medical transportation

- . See PAM 815 and 825 for details. PEM, Item 260, p. 4.

### **All Programs**

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

### **Refusal to Cooperate Penalties**

#### **All Programs**

Clients who are able but refuse to provide necessary information or take a required action are subject to penalties. PAM, Item 105, p. 5.

### **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.

## **LOCAL OFFICE RESPONSIBILITIES**

### **All Programs**

Ensure client rights described in this item are honored and that client responsibilities are explained in understandable terms. Clients are to be treated with dignity and respect by all DHS employees. PAM, Item 105, p. 8.

In the instant case, the claimant and his authorized representative filed a January 14, 2009 MA application with retroactive benefits to October 2008. Through the re-registering and resending the Verification Checklist the department did not receive the income verification for the large deposits in the claimant's account by the time that the department denied the claimant's application on April 27, 2009 because the department could not determine eligibility for MA based on the information provided. Therefore, the department has established that it was acting in compliance with department policy by determining that the claimant failed to provide the required verifications.

**DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law decides that the department has appropriately denied the claimant's MA application because the claimant did not provide the required income verification of the large deposits in his account.

Accordingly, the department's decision is **AFFIRMED**.

/s/ \_\_\_\_\_  
Carmen G. Fahie  
Administrative Law Judge  
For Ismael Ahmed, Director  
Department of Human Services

Date Signed: July 9, 2010

Date Mailed: July 9, 2010

**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.

CGF / vc

cc:

