

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. 201010391  
Issue No. 2006  
Case No. [REDACTED]  
Load No. [REDACTED]  
Hearing Date: June 22, 2010  
Genesee 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 3-way telephone hearing was held on Tuesday, June 22, 2010. The claimant personally appeared and testified with her authorized representative, [REDACTED]

**ISSUE**

Did the department properly deny the claimant's application for Medical Assistance (MA) based upon the fact that the claimant or her authorized representative 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 as material fact:

1. On May 4, 2009, [REDACTED] submitted an application on behalf of the claimant.
2. Subsequently, the claimant's application was opened effective May 1, 2009, but the claimant's retroactive application was not determined because March 2009 earned income verification were not returned to the department to make an eligibility determination for retroactive MA.
3. On July 13, 2009, the department sent the claimant a denial notice stating that she did not provide the required income verification needed to process the application.

4. On October 5, 2009, [REDACTED] filed a hearing request on behalf of the claimant.
5. During the hearing, [REDACTED] stated that they submitted an application on April 29, 2009 for retroactive benefits to January 2009.
6. During the hearing, the department caseworker contested [REDACTED], [REDACTED] statement that they filed an application on April 29, 2009 stating that the only thing registered was the May 4, 2009 application.
7. During the hearing, the record was left open for [REDACTED] to provide a receipt of their registration and for the department to double check that there was no other application registered.
8. On June 29, 2010, the claimant's authorized representative submitted a letter of an email communication from [REDACTED], Genesee County Program Manager indicating that she spoke with [REDACTED], the Administrative Manager, who confirmed that the application was received on April 29, 2009 in District 5 and that it was denied by the caseworker on July 13, 2009. According to [REDACTED], there was an additional application registered on May 4, 2009. [REDACTED] made the argument that it may actually have been a second registration of the April 29, 2009 application. The application was originally received in District 5, registered and then transferred to District 2.
9. This Administrative Law Judge notes that the April 29, 2009 application was processed by District 5 and denied on July 13, 2009 for failure to provide income verification and the transferred application that was registered to District 2 was processed and again denied for failure to provide income verification on July 13, 2009.

### **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).

The department manuals provide the following relevant policy statements and instructions for caseworkers:

## **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, [REDACTED] applied on April 29, 2009 in District 5. The application was registered in District 5, then forwarded to District 2. However, District 5 still processed the application and it was denied on July 13, 2009 for failure to provide income verification. Even with the confusion of an April 29, 2009 versus a May 4, 2009 application, the required income verification was not provided by the claimant or her authorized representative. As a result, the claimant's application was correctly denied on July 13, 2009 for failure to provide income verification.

Therefore, the department has established that it was acting in compliance with department policy by determining that the claimant and her authorized representative failed to provide the required income verification to determine MA eligibility.

## **DECISION AND ORDER**

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides that the department appropriately denied the claimant's MA application because the claimant or her authorized representative did not provide the required income verification to determine MA eligibility.

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

/s/

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

Date Signed: July 27, 2010

Date Mailed: July 27, 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:

