

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: 2010-12129

Issue No: 2006

Case No: [REDACTED]

Load No: [REDACTED]

Hearing Date:

May 11, 2010

Calhoun County DHS

ADMINISTRATIVE LAW JUDGE: Gary F. Heisler

HEARING DECISION

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9; and MCL 400.37 upon claimant's request for a hearing. After due notice, a telephone hearing was held on May 11, 2010. Claimant did not appear but was represented by his authorized hearing [REDACTED]

ISSUE

Did the Department of Human Services properly deny Claimant's application for Medical Assistance (MA) due to failure to provide verification of identification?

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 November 25, 2008, [REDACTED] submitted an application for Medical Assistance (MA) on Claimant's behalf.

(2) On March 19, 2009, the application was denied. [REDACTED] requested a

hearing on that denial and the Department of Human Services agreed to reprocess the application.

(3) On April 15, 2009, the Department of Human Services sent out a Verification Checklist (DHS Form 3503) requesting verification of Claimant's identity.

(4) On May 2, 2009, Claimant signed an [REDACTED] authorization to represent form. This form was submitted by [REDACTED] in their request for hearing packet.

(5) On May 5, 2009, [REDACTED] was granted an extension of time to provide the verification of identity.

(6) On May 14, 2009, [REDACTED] was granted a second extension of time to provide the verification of identity.

(7) On May 22, 2009, [REDACTED] was granted a third extension of time to provide the verification of identity.

(8) On June 16, 2009, Claimant signed an [REDACTED] authorization for release of information form. This form was submitted by [REDACTED] in their request for hearing packet.

(9) On July 13, 2009, another Verification Checklist (DHS Form 3503) was sent out requesting verification of Claimant's identity. The verification was due back July 24, 2009.

(10) On July 23, 2009, [REDACTED] submitted documents and asserted that the documents constituted acceptable verification of identity under PEM 221. The documents were: a State of Michigan Department of State driver license stop action letter addressed to [REDACTED] [REDACTED] date of birth [REDACTED] license number [REDACTED] an IRS Form 1099-MISC from [REDACTED] to [REDACTED] which has a Social Security number on it; a letter from State of Michigan Department of Human Services Disability Determination Service to

██████████ stating his application for Social Security disability benefits had been received; and four medical bills to ██████████

(11) On July 27, 2009, the Department of Human Services determined that the documents were not sufficient to verify Claimant's identity. A Notice of Case Action (DHS-1605) was sent out denying the application.

(12) On September 14, 2009, ██████████ submitted a request for hearing.

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 Bridges Administrative Manual (BAM), the Bridges Eligibility Manual (BEM) and the Program Reference Manual (PRM).

In this case Claimant's authorized hearing representative asserts that under Department of Human Services' policy, the documents submitted were sufficient to verify Claimant's identity. Department policy provides the following guidance for case workers. The Department's policies are available on the internet through the Department's website.

VERIFICATION AND COLLATERAL CONTACTS

DEPARTMENT POLICY

All Type of Assistance (TOA)

Verification means documentation or other evidence to establish the accuracy of the client's verbal or written statements.

Obtain verification when:

- Required by policy. BE M 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.
- Information regarding an eligibility factor is unclear, inconsistent, incomplete or contradictory. The questionable information might be from the client or a third party.

Verification is usually required at application/redetermination **and** for a reported change affecting eligibility or benefit level. (BAM 130)

IDENTITY DEPARTMENT POLICY

FIP, SDA, RAPC, CDC and FAP

Identity of head of household (grantee) must be verified. If an authorized representative (AR) applies on behalf of a group, the AR must verify his own and the identity of the head of household.

MA and AMP

Once Medicaid or AMP has been certified the identity of U.S. citizens must be verified for individuals age 16 and above. Refer to BAM 130.

FIP, SDA, RAPC, MA and AMP

Non-U.S. citizens are not required to verify identity unless questionable.

VERIFICATION SOURCES

FIP, SDA, MA and AMP

Acceptable verifications include:

- Current, valid driver's license with a photograph of the individual.
- Federal, state, or local government issued identification card with the same information included on a driver's license.
- School-issued identification with a photograph.

- U.S. military card or draft record.
- Benefit award letter or other document indicating an individual's receipt of benefits under a program that requires verification of identity (for example, SSI, RSDI).
- A cross match with a federal or state governmental, public assistance, law enforcement, or correction agency's data system.
- A U.S. passport.
- A Certification of Naturalization (Department of Homeland Security, (DHS) Forms N-550 or N-570).
- A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561).
- Military dependent's identification card.
- Certificate of Degree of Indian Blood, or other U.S. American Indian/Alaska Native tribal document.
- U.S. Coast Guard Merchant Mariner card.
- School records, such as report cards, are acceptable for children age 16-18.
- Three or more corroborating documents such as marriage licenses, divorce decrees, high school diplomas, college degrees, or employer ID cards. This option is only available to individuals who submitted second or third tier proof of U.S. citizenship, **not** fourth tier; see BEM 225 for citizenship tiers. When this is used for proof of identity, choose **other acceptable** as the verification source on citizenship/residency screen in the individual demographics logical unit of work (LUW).
- Disabled individuals in residential care facilities may have their Identity attested to by the facility director or administrator when the individual does not have or cannot get any document from the preceding list. The affidavit is signed under penalty of perjury but does not need to be notarized.

Note: Recently expired (30 days) id entity docum ents are acceptable as long as th ere is no reason to believe the do cument does not match the individual. (BEM 221)

Before beginning analysis of the documents it is important to clarify that the purpose of verifying identity is not to prove that a person exists but to prove who the person applying for benefits is. The letter from Department of State shows that [REDACTED] has a Michigan license but it is not a current valid license with a photograph of [REDACTED] on it and does not identify the person applying for benefits as [REDACTED]. The letter from Disability Determination Services shows that [REDACTED] applied for benefits but it does not show that [REDACTED] identity has been verified by the Social Security Administration. The IRS form shows that [REDACTED] received some form of income from Caps Auto Spa but it does not show us that [REDACTED] is the person applying for benefits. The medical bills show that [REDACTED] incurred medical expenses but it does not show us that the person applying for benefits is actually [REDACTED]. The documents submitted by [REDACTED] do not meet the Department of Human Services policy requirements to verify identity.

DECISION AND ORDER

The Administrative Law Judge, based upon the above findings of fact and conclusions of law, decides the Department of Human Services properly denied Claimant's application for Medical Assistance (MA) due to failure to provide verification of identification.

It is ORDERED that the actions of the Department of Human Services, in this matter, are UPHELD.

/s/

Gary F. Heisler
Administrative Law Judge
for Ismael Ahmed, Director
Department of Human Services

Date Signed: May 17, 2010

Date Mailed: May 18, 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.

GFH/alc

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